



DATE: MARCH 2, 2012
TO: PROSPECTIVE APPLICANTS
FROM: MINNEAPOLIS DEPARTMENT OF HEALTH AND FAMILY SUPPORT
RE: REQUEST FOR PROPOSAL TO EXPAND THE REACH AND IMPACT OF HEALTHY LIVING STRATEGIES

Department of Health & Family Support

250 South 4th Street – Room 510
Minneapolis, MN 55415-1372

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www.minneapolismn.gov/health

The enclosed materials provide information to guide your application process for the Minneapolis Department of Health and Family Support's Healthy Living Request for Proposals (RFP). The purpose of this RFP is to expand the reach and impact of Healthy Living strategies to reduce obesity and

tobacco use and to prevent or manage the chronic diseases that they cause. MDFHS seeks 3-4 organizations to articulate and implement a vision of healthy environments for a small and clearly defined population. Selected organizations will leverage existing Healthy Living opportunities (and create new ones) in order to increase healthy eating, physical activity and smoke-free living within their target populations.

The department will award contracts to 3-4 organizations for up to \$35,000 each. The contracts will span from May 2012 to June 2013. Eligible applicants are 501(c)(3) not-for-profit or governmental agencies providing service in Minneapolis who have experience providing related outreach services in the target areas.

The enclosed materials provide information to guide your application. Included for your review are:

- I. Notice of Request for Proposals
- II. Application Instructions
- III. Review Process and Scoring Criteria
- IV. Appendix 1: Description of Existing Healthy Living Strategies
- V. Attachments
 - A. Attachment A – Proposal Cover Sheet template
 - B. Attachment B – Budget Form template
 - C. Attachment C - General Requirements, City of Minneapolis; and Contract Conditions for Grant Contracts

We suggest that agencies applicant agencies conduct the following process:

1. Review the enclosed application packet to determine your agency's eligibility and capacity to meet service requirements
2. Review the Questions and Answers document that will be posted on the department's website between March 12-30th. Staff will accept questions until noon

on Friday, March 30th 2012, and post answers to the questions on the website <http://www.minneapolismn.gov/health> on Wednesdays and Fridays, until Friday, March 30th, 2012.

3. Use application instructions as a guide during the proposal writing process
4. Use the Proposal Cover Sheet as a checklist to ensure the inclusion of all required documents

A pre-proposal conference for interested applicants will be held on:
Wednesday, March 7, 2012
9:00–10:30 a.m. at UROC, 2001 Plymouth Avenue North, Minneapolis.

While attendance at the pre-proposal conference is not mandatory, it is strongly encouraged as it will be the only opportunity to ask questions directly of staff. If you are unable to attend the pre-proposal conference, or have additional questions following the conference, questions may be submitted in writing to Contract Administrator, Fax 612-673-3866, or by email to health.familysupport@minneapolismn.gov (please reference: Healthy Living RFP in the subject line). Staff will accept questions until noon on Friday, March 30th 2012, and post answers to the questions on the website on Wednesdays and Fridays, until Friday the 30th.

An original and seven (7) copies of the completed application are due no later than **4:00 p.m. on Monday, April 9, 2012.**

Please mail or deliver to:

Minneapolis Healthy Living RFP
Minneapolis Department of Health and Family Support
250 South 4th Street, Room 510
Minneapolis, MN 55415

Proposals received after the deadline may not be considered. Faxed or emailed copies of proposals will not be accepted.

If you need this document in an alternative format, please notify the department by fax (612) 673-3866 or email at health.familysupport@minneapolismn.gov, or TTY (612) 673-2157 (General City Information). Please allow a reasonable amount of time for special needs accommodation.

Attention: If you want help translating this information, call – **Hmong** – Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 612-673-2800; **Spanish** – Atención. Si desea recibir asistencia gratuita para traducir esta información, llama 612-673-2700; **Somali** – Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' an wac 612-673-3500.

MINNEAPOLIS DEPARTMENT OF HEALTH AND FAMILY SUPPORT

Request for Proposals to Expand the Reach and Impact of Healthy Living Strategies

I. NOTICE OF REQUEST FOR PROPOSALS

A. BACKGROUND

The Minneapolis Department of Health and Family Support's **Healthy Living** initiative is a collection of 14 strategies aimed at:

- Increasing healthy eating
- Increasing physical activity
- Increasing smoke-free living
- Improving clinical care for prevention of obesity and tobacco use and management of related chronic diseases

The overall goals of these efforts are to reduce obesity, tobacco use, and the chronic diseases that they cause (examples: diabetes, heart disease, asthma) and to improve disease management for people with obesity- and tobacco-related chronic conditions.

Healthy Living Minneapolis projects are funded through the Statewide Health Improvement Program (SHIP) from the Minnesota Department of Health, Blue Cross and Blue Shield of Minnesota and the Community Transformation Grant from the Centers for Disease Control and Prevention.

Healthy Living strategies strive to make long-term, sustainable improvements in schools, clinics, neighborhoods, and other settings through policy, systems and environmental strategies. Improving policy, systems and environmental factors that influence health behaviors is the primary approach for reducing obesity and tobacco use in Minnesota and across the nation. Policy strategies can include enacting, implementing and enforcing a law, ordinance, resolution, regulation or rule (formal and informal). Policy strategies can be applied at the local, state and federal levels or to institutions such as worksites. Systems strategies are changes that impact all elements of an organization, institution, or system. These changes typically affect "how" things work. Environmental strategies involve physical or material changes to the economic, social, or physical environment. For more information and examples related to obesity and tobacco use prevention, go to:

<http://www.health.state.mn.us/healthreform/ship/techassistance/pse02222012.pdf>.

Since 2009, the health department and its partners have improved approximately 230 settings through changes to policies, systems, and environments. Some notable accomplishments include:

- improved access to fruits and vegetables through integration of Electronic Benefit Transfer (EBT) systems at five Minneapolis farmers markets; development of mini

farmers markets at two low-income housing properties; and increased access to fruits and vegetables at 8 convenience stores, where produce sales increased as much as 70%.

- Passage of an Urban Agriculture Plan that sets a policy framework for zoning and other regulatory policies for commercial and non-commercial growing; completion of a land use inventory that resulted in 16 plots of city-owned land released for community gardening; and development of a Local Food Resources Hubs Network that provides neighborhood-level support for growing and preserving food
- Practice and system changes at nine clinics and the Park Nicollet clinic system, which increased the percent of patients who are properly screened for obesity and associated risk factors and referred to community programs; development of Healthy Living Minneapolis, a network of affordable and accessible community organizations that will accept patient referrals from health care providers for weight-related programs and smoking cessation services
- Passage and initial implementation of smoke-free housing policies at one of the city's largest housing properties and seven additional properties.
- Increased support for active transportation (biking and walking) in North Minneapolis through the startup of Venture North Bike Walk and Coffee, the installation of bike and pedestrian way-finding signs, the expansion of Nice Ride Bike Sharing kiosks, and the implementation of a campaign to promote biking and walking
- Passage and implementation of a Healthy Food Policy for the City of Minneapolis and Wellness Policies at 20 charter and alternative schools
- Improvements to the quality and quantity of physical activity at recess at 14 schools; improved infrastructure and systems to increase biking and walking at 22 schools

While some strategies have citywide application, most have been concentrated in areas of Minneapolis that experience the greatest health disparities, including Near North, Camden, Powderhorn, and Phillips communities and the following neighborhoods in Northeast Minneapolis: Beltrami, Holland, Logan Park, Marshall Terrace, Northeast Loop, Sheridan and St. Anthony East. Appendix A provides more detail about the health department's existing Healthy Living strategies.

The health department's Healthy Living strategies have created numerous opportunities for improving healthy eating, physical activity, smoke-free living, and clinical care; however the reach and intended impacts of these opportunities must be amplified in order to change norms, increase healthy behaviors, and reduce health disparities related to obesity, tobacco use, and chronic disease management. To significantly improve health and achieve healthy equity in Minneapolis, these Healthy Living strategies must be more deeply concentrated in communities experiencing the greatest health disparities and tailored to their needs and cultural values.

B. PURPOSE OF THE RFP

The purpose of this Request for Proposals (RFP) is to select up to four community-based organizations to extend the reach and impact of the health department's prevention and chronic

disease management efforts within small, clearly defined populations of 2000-5000 people through:

- an intentional concentration and integration of existing policy, systems and environmental approaches to obesity, tobacco use, and chronic disease management; and
- community engagement to increase participation in these opportunities

This RFP provides an opportunity for communities to leverage existing Healthy Living strategies and tailor them to meet the needs and values of specific communities. As a result, members of these communities will perceive and experience healthier environments across many parts of their lives (for example: where they live, work, learn, play, and receive health care) and start to expect healthy environments in their communities. Ultimately, healthier environments and social norms that support healthy living will result in healthier behaviors among the target population. These communities can be:

- geographic areas such as a specific housing property, neighborhood or business corridor in the health department's target areas*
- members of a specific ethnic or cultural population that is concentrated in the health department's target areas*

*The health department's target areas include Near North, Camden, Powderhorn, **University, Central**, and Phillips communities and the following neighborhoods in Northeast Minneapolis: Beltrami, Holland, Logan Park, Marshall Terrace, Northeast **Park Loop**, Sheridan and St. Anthony East.

Expected Roles of Selected Organizations

To accomplish the intent of the RFP, selected orgs will:

- **Articulate a vision of concentrated, multi-layered approach to creating healthier environments for a small, clearly defined population.**
The proposed vision should be realistic and achievable given the limited budget and timeline for this project.
- **Facilitate implementation of the health department's Healthy Living strategies to achieve the vision**
Selected organizations are expected to facilitate policy, systems, and environmental changes by connecting entities serving their target populations to the health department's existing Healthy Living opportunities and related community efforts. These connections will result in additional, tangible improvements for the target population. In a "connector" role, organizations do not necessarily have to implement specific health department strategies. For example, selected organizations are not expected to implement a Safe Routes to School program; instead, they might connect a local school to the Safe Routes program at Minneapolis Public Schools and recruit parents to serve as walking school bus volunteers.
- **Increase target population's engagement and participation in healthy living opportunities**
Selected organizations are expected to implement strategies to increase residents' use of and participation in opportunities that will help them to manage or prevent chronic

diseases (examples: promote sources of healthy food in the community; promote available clinical services).

Additional descriptions of Healthy Living strategies are included in Appendix 1, and provide multiple examples of how organizations can fulfill the connecting and engaging functions. Applicants are encouraged to assess the presence and utilization of existing strategies for their target populations and select strategies that will be most appropriate and impactful. Applicants are expected to propose activities for introducing and/or expanding the strategies in the target population, tailoring strategies to meet residents' needs, and increasing utilization of existing opportunities. Applicants are expected to propose a comprehensive approach that includes at least one strategy aimed at each of the following areas: healthy eating, physical activity, and smoke-free living.

Opportunity to implement additional innovative strategies

Organizations may also propose additional innovative strategies for increasing access to healthy foods, opportunities for physical activity, smoke-free living, and utilization of clinical care.

Additional strategies must meet the following criteria:

- be related to policies, systems, and/or environmental change strategies
- have a direct and immediate impact on the applicant's target population
- meet demonstrated needs or gaps
- complement existing Healthy Living strategies

Though organizations may propose new activities, the primary purpose of this RFP is to expand the reach and impact of existing opportunities.

Measurable Outcomes

The health department seeks the following, measurable outcomes from selected organizations:

- Greater concentration of health-promoting environments, which could mean:
 - Greater access to healthy foods for target populations (e.g., increase in number of food outlets selling fresh produce)
 - More opportunities and support for physical activity (e.g., creation of walking school bus routes at a local school)
 - More opportunities for smoke-free living and cessation services (e.g., increase in the number of multi-unit housing properties with smoke-free policies)
 - More links between clinics and the Healthy Living resources in their patients' communities (e.g., increase in local programs included in the Healthy Living referral network)
- Increase in the use of and participation in healthy living opportunities by the target population. Results related to this outcome include:
 - More patients utilizing obesity prevention, tobacco cessation, and chronic disease management services at clinics
 - Increases in sales of produce from corner stores or farm stands
 - Increases in participation in Nice Ride Minnesota bike share program
 - More students participate in the local schools' Safe Routes to School efforts.

Applicants are expected to describe the results they expect to achieve (related to these outcomes) for each of the strategies they propose; however, the health department will work with selected organizations to refine evaluation activities.

C. ROLE OF MINNEAPOLIS DEPARTMENT OF HEALTH AND FAMILY SUPPORT

Because the focus of this RFP is to extend the reach and impact of health department's Healthy Living strategies, the health department will serve as an essential partner to selected organizations and their activities. The health department will provide:

- Orientation, training, and ongoing technical assistance, if appropriate, on selected Healthy Living strategies, policy, systems and environmental approaches, and the practice of storytelling as a means of engaging target populations in health improvement solutions
- Helpful resources for implementing or tailoring Healthy Living strategies (examples: templates for healthy food policies, resources for promoting smoke-free multi-unit housing).
- Connections and relationships to community-based organizations, city departments, and others involved in selected Healthy Living strategies.
- Assistance navigating City regulations and processes (for example: the process for leasing city-owned land for gardening, the staple foods ordinance for corner stores)
- Assistance and funding to "brand" the activities of selected organizations so that target populations perceive a comprehensive, multi-layered effort to improve health
- Assistance designing and conducting evaluation activities to measure intended outcomes (increased concentration of improvements and participation in healthy living opportunities). This could entail help in identifying appropriate indicators, designing evaluation tools, and analyzing data.

Selected organizations will be expected to include health department staff in planning meetings and will be expected to serve on and report to the health department's Community Leadership Team that advises the department on Healthy Living strategies.

D. EXAMPLES OF HUB ACTIVITIES

Example 1

Scenario

At a large, Section 8 housing property, smoking is permitted in units, exposing the 1,000 residents (including children) to secondhand smoke. The onsite food shelf offers healthy foods when they are available. The most immediate source of food is a nearby convenience store. A nearby church hosts a weekly farmers market that accepts EBT (SNAP); however, few residents shop there and it's not within walking distance. Many children living at this housing site attend a school that's within walking distance, yet most take the bus or get rides to school. Although some residents have high blood pressure and high cholesterol not all of them seek the medical care they need for these conditions.

Example activities for expanding the reach and impact of Healthy Living strategies

The selected organization convenes residents to explore their needs and ideas related to creating a healthier environment in and around the housing property. Because of their interest in reducing their exposure to secondhand smoke, the selected organization connects the landlord with the health department to explore the process of passing a smoke-free policy. The organization also connects with a clinic that can lead a smoking cessation group on-site. The selected organization engages the church and farmers market operators to increase their promotion and outreach to the market. As a result, a market representative and SNAP representative attend a Resident Council meeting to help people register for SNAP and explain how to use SNAP benefits at the farmers markets. In addition, the selected organization recruits a volunteer group within the church to provide van shuttle service between the market and housing site. Furthermore, the organization connects the church to the Local Foods Resources Hubs and other services provided by Gardening Matters so that unused church land can be used for gardening. Produce from the garden is donated to a local food shelf. The selected organization arranges for its clinic partner(s) to conduct outreach at the church and the housing site to screen for high blood pressure and high cholesterol, and to link residents to medical services.

Example 2

Scenario: In part of Minneapolis, members of a particular cultural group are served primarily by a community clinic, two faith-based institutions, cultural organizations, and schools focused on their language/cultural group. Though a neighborhood park and bike trails exist, many members do not use them because of language barriers and other factors. Members of the target population want more opportunities for physical activity. This close-knit community enjoys many events and cultural celebrations throughout the year. Smoking rates are high in this population.

Example activities for expanding the reach and impact of Healthy Living strategies

The selected organization convenes the major entities and residents in its population to identify opportunities for creating a new norm of healthy eating and physical activity for the target population. Using model policies and standards from the health department, the organization facilitates the adoption and implementation of nutrition standards (e.g., healthy foods at celebrations). In partnership with the clinic, the organization helps to coordinate common messages and strategies (e.g., outreach by the clinic's community health worker and other providers) for encouraging the target population to visit the clinic and participate in community-based health promoting opportunities. The organization also recruits appropriate entities to host culturally appropriate cessation support groups. In addition, the organization facilitates the introduction of language-specific physical activity offering at the local park and recruits a local bike shop to take residents on guided bike rides so they feel more comfortable using the existing infrastructure.

D. DESIRED QUALIFICATIONS

Ideal applicant organizations will:

- Demonstrate existing effective and positive relationships with entities in or serving the target populations

- Demonstrate successful experience working with low-income, limited English proficient and culturally diverse communities on health-related issues
- Have experience working with policy, systems, and environmental approaches to support healthy eating, physical activity, smoke-free living and clinical care access

E. FUNDING

The Minneapolis Department of Health and Family Support will provide contracts for 3 to 4 organizations of up to \$35,000 per organization to implement their proposed activities between May 2012 and June 2013.

Funding can be used for:

- Costs of staff and staff related expenses (e.g. mileage and computer/phone expenses). Stipends or sub-contracts to partner entities (faith-based organizations, stores, clinics, etc.)
- Promotional activities such as community engagement events, signage, posters and promotional materials. Advertising and promotion must be tied to a policy, system or environmental improvement.
- Food for taste-testing or demonstration projects, foods for community engagement events
- Food preparation and storage equipment:
 - small appliances such as canning equipment, steamers, small refrigerators and dehydrators
 - Large appliances such as refrigerators or freezers
- Supplies directly related to sustainable fitness, nutrition or smoke-free living efforts:
 - Start-up gardening supplies such as shovels, rakes, hoses, seeds, and dirt
 - Paint for marking walking paths, bike lanes, etc.
 - Office supplies, printing and postage
- Evaluation activities
- Administrative costs not to exceed 10% of direct costs.

Funding cannot be used for:

- Provision of direct service, clinical care, or treatment
- Transportation, except mileage expenses of project staff
- Capital improvements or construction projects such as building or improving a fitness center, buying or installing fitness or playground equipment
- Liability insurance to start/maintain a community garden, park, fitness center, or cooking class
- Physical activity programs, classes or camps, nutrition or gardening classes, and tobacco cessation programs unless they directly contribute to the implementation of selected strategies and sustainable funding is pre-identified for the program/classes' ongoing implementation.
- Instructors for programs, classes, and trainings
- Entrance fees or ongoing subsidies for facilities or equipment
- Lobbying or advocacy activities or materials that advocate for the adoption or rejection of an official action

Because of the strict funding requirements of its funders (Minnesota Department of Health and the Centers for Disease Control), the health department will require that selected organizations seek prior approval for all programmatic and promotional expenses.

F. PROPOSED TIMELINE

March 7 th	Pre-proposal conference: 9:00-10:30 a.m. at UROC, 2100 Plymouth Avenue North, Minneapolis
April 9 th	Proposals due by 4:00 p.m. to the Minneapolis Department of Health and Family Support, 250 South 4 th Street, Room 510, Minneapolis
April 16 th	Up to six finalists notified and invited to host a site visit
April 19-20 th	Site visits
April 24 th	Selected applicants will be notified by email; non-selected applicants will be sent a letter
May 4 th	Contracts generated by the health department; work can begin once contracts are fully executed between the health department and selected organizations

II. APPLICATION

A. INSTRUCTIONS

1. Complete the Application Cover Sheet (Attachment A)
2. Complete the Proposal Narrative. Respond to every question in the order presented (maximum 8 pages)
3. Complete budget form (Attachment B) and budget narrative
4. Include letters of commitment from entities listed as partners in conducting the proposed activities
5. Assemble appendices (these documents will not count towards your page limits):
 - resumes of key staff
 - organizational chart reflecting existing or new positions for this project
6. Administrative documents – include one copy only of each document:
 - most recent audit and management letter, or financial statements for the past three years
 - IRS determination letter for non-profits
7. Submit original and seven copies of #1-#5 above and one copy of the administrative documents (#6 above) to the Minneapolis Department of Health and Family Support. Proposals

must be received no later than 4:00 p.m. on Monday, April 9, 2012. Proposals received after the deadline may not be considered.

B. PROPOSAL NARRATIVE

The Proposal Narrative should outline the applicant's capacity and experience related to program responsibilities and requirements. Please answer the following questions in the order they are presented. The Proposal Narrative must not exceed 8 pages (1-inch margins, single-spaced, minimum 12-pt.font).

Agency Description and Qualifications

1. What are the history, mission and major activities of your organization?
2. What is your organization's past experiences and accomplishments related to focus of this RFP, including:
 - a) efforts to address health disparities in specific populations?
 - b) experience conducting policy, systems and environmental change approaches to support healthy eating, physical activity, smoke-free living, and clinical care?
 - c) experience serving in a connector/facilitator role to achieve improved community conditions?

Target population and proposed activities

3. What small, clearly defined population do you intend to target with your proposed activities, and what is your previous experience with this population?
 - a) For geographically-based target populations: clearly describe the geographical boundaries that define your target population, the number of people in your target population, their characteristics (e.g., race, ethnicity, languages spoken, ages, household characteristics, income, employment, etc.), and health disparities they experience, especially those related to obesity and chronic diseases. The geographical boundaries of your target population must be within—but can extend beyond—the health department's target areas.
 - b) For culturally-based target populations: clearly describe how you define the culturally-based target population and if relevant, the geographic area where they live (example: Southeast Asian residents of North Minneapolis). Describe the number of people in your target population, their characteristics (e.g., race, ethnicity, languages spoken, ages, household characteristics, income, employment, etc.), and the health disparities they experience, especially those related to obesity and chronic diseases. The majority of the members of your target population must live within the health department's target areas.
4. How is the target population currently affected (or not) by existing efforts (by MDFHS and others) to increase healthy eating, physical activity and smoke-free living?
5. What is your vision for an intentional, concentration of healthy environments and opportunities in your target population? In your vision, how do the policies, practices and environments of entities in or serving the target population complement each other to

meaningfully impact people in across many facets of their life and to change community norms around healthy living?

6. What specific activities do you propose for achieving this vision? (Be sure to include at least one healthy eating, one physical activity, and one smoke-free living strategy)
 - a) Which MDHFS Healthy Living strategies (described in Appendix 1) will you facilitate implementing (either introducing or expanding these strategies) by serving the “connector” role? How many people do you expect will be impacted by each strategy that you select? (For example, 300 people will be affected by a new food policy at a faith-based organization).
 - b) What, if any, additional innovative strategies do you propose to conduct? How many people do you expect will be impacted by these strategies?
 - c) How will you increase the target population’s awareness and participation in health promoting opportunities?
 - d) What entities and stakeholders will you engage in the proposed activities, and how will you partner with them to facilitate the implementation of Healthy Living and other strategies?
 - e) How will your proposed activities be layered and integrated with each other so that your target population experiences them as a coordinated effort?
7. What are your organization’s current or past partnerships with the entities and stakeholders that you will engage to conduct the proposed activities?
8. What changes do you expect to see as a result of your activities? How will you measure greater concentration of healthy environments and increased participation in healthy promoting activities?
9. How do you plan to sustain the impacts of your work after funding for this project has ended?

Qualifications of Staff Performing Requested Services

10. What are the relevant qualifications and experience of the staff who will work on this project? Describe their experience providing community engagement and outreach services, working on efforts related to nutrition, physical activity, tobacco control and clinical care access, and working with members of your target population. (Please include resumes or other supporting documents of proposed staff as an appendix to your application.)

C. BUDGET AND BUDGET NARRATIVE

Budget

Please complete the Budget Form found in Attachment B. The proposed budget should cover the period of early May, 2012 through June 30, 2013, and should not exceed \$35,000.

Budget Narrative

Please provide the following information about the proposed budget:

1. Personnel (Salary/Wages)

For all individuals funded by the grant, describe their role on the project and their qualifications for this role. If an individual is to be hired for the project, describe the qualifications sought for the position. Justify the time allocated to the project for each individual (e.g., explain why a full-time position is needed, or a quarter-time position is adequate, to accomplish the assigned responsibilities).

2. Fringe Benefits

For the amount provided in the table, indicate whether the calculation was based on an across-the-board fringe benefits rate used by your agency (e.g., 25% of salary), or whether it was calculated based on actual costs for each individual. Identify what benefits are included (e.g., health insurance, dental insurance, life or disability insurance, FICA, pension, etc.)

3. Other Expenses

Mileage: Describe the purpose for the travel; provide the anticipated number of miles and mileage rate used (cannot exceed the annual IRS approved rate).

Office supplies: Describe the supplies and their applicability to the project.

Printing: Estimate costs for printing or photocopying and explain how the amount was derived.

Postage/courier: If mailing costs are expected to be more than a minimal amount, provide an explanation for the amount requested.

Other (specify): Add an explanation for any other categories identified in the budget table.

4. Program Expenses

Stipends or subcontracts to partner entities: Please identify partners and the amount of the stipend or subcontract to each partner. Please specify stipend or subcontract.

Strategy implementation activities: Describe costs related to implementing specific strategies (examples: memberships to Local Food Resource Hubs, stop paddles and reflective vests for Safe Routes to School activities, printing of multi-lingual maps showing sources of healthy food and physical activity opportunities).

Engagement activities: Outline the costs of events, promotional activities, outreach and other strategies for increasing use and participation of healthy eating, physical activity, smoke-free living and clinical services.

5. Administrative Costs: Specify the rate used (not to exceed 10% of the direct costs) and indicate agency costs covered by the rate (example: rent, computer services, phone, etc.).

III. REVIEW PROCESS AND SCORING CRITERIA

Proposals will be reviewed by a panel of representatives from the Minneapolis Department of Health and Family Support and members of the Minneapolis SHIP Community Leadership Team. The panel's recommendations will be forwarded to the City of Minneapolis Commissioner of Health for final approval.

Proposals will be scored according to the following criteria:

- The fit of this project with applicants' mission, other initiatives, and past experience

- Existing connections and past successes with clinics, schools, stores, social service organizations, parks, faith-based organizations, businesses, multi-unit housing properties, and other entities that serve the defined cultural population or geographic area/neighborhood.
- Identification of a clear, appropriately-sized target population that is within the health department's Healthy Living target communities and that experiences health disparities
- Demonstrated experience and success working with this target population
- Knowledge of the target populations' interests and needs related to healthy eating, physical activity, smoke-free living and clinical care access and their experience and perceptions (or lack thereof) of the health department's Healthy Living strategies
- Selection of impactful activities that can be realistically completed and that 1) connect existing community resources and entities, 2) amplify or build on the health department's Healthy Living work, 3) address all Healthy Living areas (healthy eating, physical activity, smoke-free living and clinical care), 4) have clear, measurable outcomes, and 5) impact a large percentage of the target population in as many settings (school, work, healthcare, community) as possible.
- A clear, realistic vision for a concentrating Healthy Living environments and integrating activities so that the target population experiences them as a coordinated effort
- Ability to sustain impacts of activities beyond City funding
- Appropriateness of proposed budget and staffing
- Overall quality of the proposal and fit with the health department's Healthy Living goals

Selection of contractors is anticipated to be made by late April, with contracts initiated in early May, 2012.

Administrative Requirements

Please review carefully the attached General Conditions for Requests for Proposals (Appendix C), and particularly the insurance requirements. All agencies receiving a contract must provide documentation of insurance coverage for Workers Compensation (including coverage for subcontractors), General Liability, Commercial Auto Liability, and Professional Liability. Failure to maintain required insurance coverage may result in contract termination.

Additional information may be required from agencies awarded funding, including but not limited to:

- Articles of Incorporation
- List of Board of Directors
- Most recent programmatic Annual Report of agency activities and services provided
- Copy of written policies and procedures for handling client complaints

Appendix 1

Existing Healthy Living Minneapolis Strategies and Opportunities

The following tables describe the health department’s current and recent Healthy Living opportunities and offer examples for connecting target populations to them, or expanding them. The examples are provided as suggestions, not requirements. Applicants may propose activities for expanding the reach and impact of these strategies among the target population. They may propose additional, innovative strategies not listed here. In either case, applicants are expected to propose activities that cover each of the health department’s Healthy Living focus areas: healthy foods, physical activity and smoke-free living.

Increase Access to Healthy Foods

Minneapolis Healthy Corner Store Program

<p>Description and accomplishments</p>	<p>This initiative aims to support store owners in making fresh produce and healthy foods more attractive, visible, and affordable to neighborhood residents. The health department and its partners provide the following services to stores: physical store enhancements (internal and external), produce handling, marketing and pricing support, community engagement activities, and events to attract resident to healthy food offerings.</p> <p>As a result of these efforts through the first SHIP grant, participating stores prominently displayed fresh produce and significantly increased their variety of fruits and vegetable offerings and increased produce sales by as much as 70%.</p>
<p>Current reach/future plans</p>	<p>Between 2009-2011, the health department partnered with: Lowry Food Market, Onestop Gas Station, Neighborhood Grocery, Shabelle Grocery, Westbank Grocery, Cedar Food and Grill, Vitalife Pharmacy*, Northside Food Market*, Flag Foods* and Glenwood Halal*</p> <p>The health department developed a replicable model, including templates and tools for building owners’ capacity and effectively implementing the project. Going forward, the health department aims to transition its role to supporting community-based entities to expand the program to 20 stores and enhance community buy-in and engagement.</p> <p><i>* no longer participating in the program</i></p>

<p>Example activities that selected organizations could conduct to connect or expand strategy to the target population</p>	<p>Recruit corner store(s) frequented by your target population to participate in the health department's healthy corner store program</p> <p>Promote and/or hold events at corner stores that provide healthy food options to members of your target population</p> <p>Work with corner store owners to ensure that produce offerings are culturally tailored to targeted population; help store owners develop language-specific marketing materials</p>
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Healthy Food Policies and Practices at Institutions

<p>Description and accomplishments</p>	<p>This health department initiative aims to improve healthy eating environments at Minneapolis institutions by promoting the adoption of healthy food standards and practices.</p> <p>The health department has worked with the City of Minneapolis to develop a healthy food policy, which passed the City Council in 2011. It applies to internal and external meetings, contracts where food is procured using City funds, vending machines, and cafeterias. The health department has also worked with the Minneapolis Park and Recreation Board to develop a policy, which is currently pending approval of the Park Board. The health department can offer guidelines for vending</p>
<p>Current reach/future plans</p>	<p>The health department is currently supporting implementation of the policy with food guidelines, tools and training for vending machine operators and sample menus and ideas for procuring and serving healthy foods. These materials are available to modify or replicate.</p> <p>Starting in 2012, the Health Department will be identifying institutions within Minneapolis and supporting them in developing, passing, and implementing healthy food policies and practices.</p>
<p>Example activities that selected organizations could conduct to connect or expand strategy to the target population</p>	<p>Use materials and templates provided by the health department to guide institutions serving your target population in developing healthier food practices. For example, health department staff could train vending machine operators on how to offer and price healthy foods. Promote institutions that have healthy food policies to the target population</p>

Supporting EBT and Market Bucks at Minneapolis Farmers Markets

<p>Description and accomplishments</p>	<p>Since 2010, the health department has partnered with Blue Cross Blue Shield of Minnesota and various Minneapolis farmers markets to establish Electronic Benefit Transfer (EBT) systems that allow food stamp recipients to use their benefits for eligible food items at farmers markets. The health department also supports a “Market Bucks” incentive program to encourage customers to use their EBT dollars at the market. Each customer who spends at least \$5 in EBT receives a \$5 Markets Bucks coupon, essentially doubling their purchasing power for fresh, healthy foods. The health department works with markets to promote the EBT program through direct outreach, community events, and media. Promotional materials are available in Spanish, Hmong, Somali and Oromo. Since 2010, there has been over \$90,000 in EBT sales and Market Bucks redemptions, with over 1,600 unique low-income customers served.</p>
<p>Current reach/future plans</p>	<p>During the 2012 season, the health department will partner with the following markets to support EBT and the Market Bucks incentive program:</p> <ul style="list-style-type: none"> • Minneapolis Farmers Market (Lyndale Ave. location) • Midtown Farmers Market (2225 E Lake St.) • West Broadway Farmers Market (North Minneapolis, location TBD) • Northeast Farmers Market (7th Ave. NE & University Ave. NE) • West Bank Farmers Markets (Brian Coyle Center and Augsburg College locations) • Kingfield Farmers Market (4310 Nicollet Ave. S) <p><i>Note: Some of these markets may offer EBT at mini-markets located near their sites.</i></p>
<p>Example activities that selected organizations could conduct to connect or expand strategy to the target population</p>	<p>Partner with organizations and institutions serving your target population to promote farmers markets to EBT users (distribute EBT promotional materials, connect eligible individuals with food assistance benefit application process, refer residents to nearby farmers markets, etc.)</p> <p>Assist farmers markets in offering cooking demos, taste-testing events, recipe cards, shopping lists, or other nutrition education tools that help EBT customers consume the healthy foods they are able to purchase from the markets.</p>

	Assist markets in securing additional resources needed to continue the EBT and Market Bucks program for future seasons (funding, committed volunteers/staff, program supplies, etc.)
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Increasing Healthy Foods at Minneapolis Food Shelves

Description and accomplishments	Beginning in March 2012, the health department will work with Minneapolis food shelves and key hunger-relief organizations to increase capacity to purchase and distribute more healthy food options to food shelf clients. Over the next few months, partners will identify barriers to securing healthy food items and develop solutions that can be implemented and replicated across the Minneapolis food shelf system. Issues to be addressed may include: building relationships with local farmers and community gardens to secure an adequate supply of healthy fresh produce, creating the necessary infrastructure to receive and distribute fresh produce, and working with food shelf clients to promote healthy foods and provide nutrition education to increase demand for these items.
Current reach/future plans	The health department is currently recruiting interested partners from a pool of approximately 70 food shelf organizations across the city. The health department will work to convene these partners on a regular basis in order to facilitate information sharing, resource pooling, and build a sustainable network of people who are willing to work collectively to solve common problems that impact all food shelves.
Example activities that selected organizations could conduct to connect or expand strategy to the target population	<p>Connect individual/community gardeners and local farmers near your target population to food shelves accepting fresh produce donations; facilitate systems for growing or gleaning produce that can be donated to food shelves.</p> <p>Promote participating food shelves and their healthy food options to members of your target population.</p> <p>Facilitate systems for entities, residents and other volunteers to preserve and distribute produce procurements that cannot be distributed before spoiling.</p> <p>Assist food shelves in providing nutrition education and programming to encourage food shelf clients to select and consume more healthy food options.</p>

Local Food Resource Hubs Network/Homegrown Minneapolis

<p>Description and accomplishments</p>	<p>The health department has partnered with Gardening Matters to create the Local Food Resource Hubs Network (LFRHN) to build community residents' capacity for gardening and urban agriculture. The LFRHN provides its members with the resources and education they need to grow, preserve, cook and compost their own fresh produce, thus increasing access to healthy, affordable food options. For a low cost, members receive a supply of seeds and seedlings, access to gardening tools and educational classes/events, as well as opportunities to connect and learn from fellow gardeners and urban agriculture enthusiasts. Membership packages are currently available on a sliding scale ranging from \$10 - \$100, and scholarships are available for those who cannot afford memberships. More information can be found at: www.gardeningmatters.org</p> <p>The health department has also provided leadership to the Homegrown Minneapolis initiative, which is designed to build a healthy, local, and sustainable food system. A variety of efforts to increase access to healthy foods are underway as part of Homegrown Minneapolis including a community garden program to connect residents with vacant City-owned parcels suitable for growing, an assistance center for local food small business entrepreneurs, and support for neighborhood composting. More information can be found at: http://www.minneapolismn.gov/health/homegrown/index.htm</p>
<p>Current reach/future plans</p>	<p>In the 2011 pilot season, 3 Local Food Resource Hubs were established (North Minneapolis, Powderhorn/Central, and Phillips/Ventura Village) and over 600 individuals and community gardens joined the Network. In 2012, the Network will add a Northeast/Southeast Hub (and a St Paul Midway Hub). The health department and Gardening Matters will also focus on conducting targeted outreach to members of various cultural communities throughout the city to engage them in the LFRHN and support their efforts to start or expand gardening/urban agriculture activities that are culturally relevant.</p>
<p>Example activities that selected organizations could conduct to connect or expand strategy to the target population</p>	<p>Encourage individual residents, community gardens, and other institutions (e.g. schools, faith-based organizations, etc.) related to your target population to join the LFRHN and leverage its resources to facilitate the creation or expansion of gardens throughout the target population.</p> <p>Assist Gardening Matters in connecting with members of cultural communities and organizational partners associated</p>

	<p>with your target population who are interested in starting or expanding gardening/urban agriculture activities (e.g. connect residents with leaders of a faith-based institution, a public housing site, or a school to start a new garden).</p> <p>Provide support to the LFRHN and its members (e.g. donating tools, equipment, providing experts to teach culturally relevant educational classes, hosting gardening events, etc.)</p>
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Increase Opportunities for Physical Activity

Supporting opportunities for active transportation

<p>Description and accomplishments</p>	<p>In the past two years, The health department has been promoting the use of active transportation (i.e., biking and walking to destinations) through a variety of strategies:</p> <ul style="list-style-type: none"> • In April 2011, health department funded the installation of new Nice Ride bike share kiosks in North Minneapolis. More than 4,800 rides were taken to or from health department-funded kiosks in 2011. • In summer 2011, the health department funded the installation of over 400 bike and pedestrian way-finding signs that point residents to safe biking and walking routes. • The health department funded the start-up costs for Venture North Bike Walk & Coffee, which opened in October 2011 and is the only shop of its kind in North Minneapolis. Venture North increases access to biking and walking resources for residents • The health department partnered with Bike Walk Twin Cities to fund the Bike Walk Move campaign in North Minneapolis, which promoted the benefits of bicycling and walking and encouraged residents to use active transportation
<p>Current reach/future plans</p>	<p>Most of the activities listed above have been concentrated in North Minneapolis neighborhoods with the exception of the way-finding signs, which were installed in Near North, Webber Camden, Cedar Riverside, Seward, and Phillips.</p> <p>In 2012, the health department will begin to work on two new active living strategies:</p> <ul style="list-style-type: none"> • Working with various partners to develop Complete Streets concepts and practices for the

	<p>City of Minneapolis, which will ensure that roads are designed and operated in ways that meet the needs of all users (including bicyclists and pedestrians)</p> <ul style="list-style-type: none"> • Partnering with Public Works to develop plans for converting a low-volume street to a greenway in North Minneapolis
<p>Example activities that selected organizations could conduct to connect or expand strategy to the target population</p>	<p>Develop biking and walking maps for your target population and encourage residents to use active transportation; help the target population navigate bike resources</p> <p>Partner with the health department to actively engage residents in the greenway selection and planning processes (North Minneapolis only).</p> <p>Connect residents to existing biking and walking resources and programming (such as that offered by bike shops and the City of Minneapolis Bike Walk Ambassadors' neighborhood based biking events and classes designed to help people feel more comfortable biking for recreation or commuting.</p> <p>Participate in spring and fall bike walk weeks</p> <p>Promote Nice Ride memberships among residents through entities that serve your target population, and connect those entities to Nice Ride's programs targeted at low-income populations.</p>

Safe Routes to School

<p>Description and accomplishments</p>	<p>Safe Routes to School (SR2S) encourages and supports walking and biking to school. In partnership with the health department, Minneapolis Public Schools (MPS) have developed 17 school-specific initiatives that have increased biking and walking among students and worked with City of Minneapolis Public Works to install bike racks at 20 MPS schools.</p>
<p>Current reach/future plans</p>	<p>In recent years, MPS worked with the following schools on SR2S with health department funding:</p> <ul style="list-style-type: none"> • Bethune Community School • Kenny Community School • Northeast Middle School • Andersen United Elementary School • Waite Park Community School • Armatage Montessori School

	<ul style="list-style-type: none"> • Edison High School • Nellie Stone Johnson Community School • Lucy Laney School • Green Central School • Lyndale Community School • Windom Dual Immersion School • Clara Barton Open School • Pillsbury Community School • Burroughs Community School • Hale Community School • Seward Montessori <p>In the 2012-2013 school year, MPS will work with an additional six schools, which have not yet been identified. MPS will also be making district-level changes to support SR2S.</p>
<p>Example activities that selected organizations could conduct to connect or expand strategy to the target population</p>	<p>Connect schools serving your target population to SR2S resources at the Minneapolis Public Schools.</p> <p>Serve as a liaison to limited English communities; facilitate parent-led groups that walk or bike students to school.</p> <p>Identify potential business or parent champions that volunteer to lead walking school busses.</p>

Create smoke-free environments

Smoke-free multi-unit housing

<p>Description and accomplishments</p>	<p>This health department initiative focuses on partnering with multi-unit housing properties to adopt building-wide smoke-free policies. In 2009-2011, the health department and its partners conducted surveys of residents at 13 buildings, met with building management and conducted activities to raise awareness about the negative health effects of secondhand smoke and the benefits of smoke-free policies. For properties interested in becoming smoke-free, the health department and its partners provided technical assistance, model lease language, signage and strategies for transitioning to a smoke-free property.</p> <p>As a result of these efforts, the health department and its partners developed strong relationships with building management and/or administrators reaching over 9,000</p>
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	residents across 15 properties, 8 which adopted smoke free policies.
Current reach/future plans	Previous efforts targeted: Properties owned by CommonBond Communities, Minneapolis Public Housing Authority, Aeon, Heritage Park, Little Earth of United Tribes, Riverside Plaza, Grand Marc, Blue Goose, and Legacy Village. Going forward, the health department will continue to pursue smoke-free policies in large multi-unit housing properties located in target communities.
Example activities that selected organizations could conduct to connect or expand strategy to the target population	<p>Convene residents of target area to explore their interest in living in smoke-free properties; promote the benefits of going smoke-free to area landlords and facilitate their process by connecting them to health department resources and technical assistance services.</p> <p>Promote multi-unit housing properties that have implemented smoke-free policies.</p> <p>Facilitate common messaging and support across multiple entities to encourage smoking cessation and connect the target population to cessation resources. Facilitate appropriate entities in offering/developing cessation support groups or classes by connecting them to American Lung Association training and other cessation resources.</p>

Increase Delivery of High Quality Health Care

Clinic Best Practices Program

Description and accomplishments	This health department initiative aims to expand the use of best practices for obesity and tobacco use prevention at clinics, with additional emphasis on chronic disease management and emotional health in some clinics. There is a specific focus on improving management of high blood pressure and high cholesterol for patients with these conditions. The effort focuses on clinical teams measuring and discussing patient risk factors, setting patient-centered goals, and arranging follow-up. It also works to improve reimbursement for these services.
Current reach/future plans	<p>Between 2009-2011, the health department partnered with the following clinics:</p> <ul style="list-style-type: none"> • Cedar Riverside People’s Center • Minneapolis School Based Clinics • Neighborhood HealthSource (Central, Fremont,

	<p>and Sheridan clinics)</p> <ul style="list-style-type: none"> • Neighborhood Involvement Program • NorthPoint Health and Wellness Center • Park Nicollet <p>For 2012-2013, the health department is partnering with the following clinics:</p> <ul style="list-style-type: none"> • Community University Health Care Center (CUHCC) • Crown Medical (Minneapolis site) • Indian Health Board • Native American Community Clinic • Neighborhood Health Source (Central, Fremont, Heritage Park and Sheridan clinics) • Neighborhood Involvement Program • Phillips Neighborhood Clinic • Minneapolis School Based Clinics • St. Mary’s Clinics (Minneapolis site) • and, in partnership with Hennepin County, HCMC clinics <p>In the future, the health department will expand this work in Federally Qualified Health Centers and other clinics serving low-income populations.</p>
<p>Example activities that selected organizations could conduct to connect or expand strategy to the target population</p>	<p>Assist residents and families in setting and documenting their own achievable Healthy Living goals and developing a plan to meet them. Encourage residents to meet with their medical providers to discuss these goals and plans.</p> <p>Encourage residents with high blood pressure and/or high cholesterol to access available clinical services to manage these conditions.</p> <p>Provide venues for clinics serving your target population to conduct community outreach to link residents with their prevention, obesity, tobacco and chronic disease management services. For example, invite community health workers or other health care providers to talk to residents (via radio show, presentations, etc.).</p> <p>Facilitate dialogue between clinics and the target population to identify and address (if appropriate) barriers that patients face in their encounters.</p>

HealthyLiving Minneapolis Network: Connecting Clinics to Community Resources

<p>Description and accomplishments</p>	<p>This health department initiative aims to increase referrals to disease self-management programs and to HealthyLiving Minneapolis, a network of organizations that provide free or low-cost tobacco cessation, physical activity, and nutrition classes and programs. There is also a focus on improving management of high blood pressure and high cholesterol for patients with these conditions. The effort focuses on building relationships between clinics and resource providers, developing clinic processes to identify and refer patients to resources, and developing feedback loops between clinics and resource providers to track patient progress.</p>
<p>Current reach/future plans</p>	<p>HealthyLiving Minneapolis Network organizations:</p> <ul style="list-style-type: none"> • Minneapolis Community Education • Minneapolis Park and Recreation Board • University of Minnesota Extension, Simply Good Eating, and Cooking Matters • WellShare International • YMCA of Metropolitan Minneapolis (including the YMCA Diabetes Prevention Program: Y-DPP) • YWCA of Minneapolis <p>Between 2009-2011, the health department partnered with the following clinics to link them to community resources:</p> <ul style="list-style-type: none"> • AXIS Medical Center • Broadway Family Medicine • Cedar Riverside People’s Center • Neighborhood HealthSource (Central, Fremont, and Sheridan clinics) • Neighborhood Involvement Program • NorthPoint Health and Wellness Center • Park Nicollet (Minneapolis Clinic) • Phillips Neighborhood Clinic <p>For 2012-2013, the health department is partnering with the following clinics to link them to community resources:</p> <ul style="list-style-type: none"> • Community University Health Care Center (CUHCC) • Crown Medical (Minneapolis site) • Indian Health Board • Native American Community Clinic • Neighborhood Health Source (Central, Fremont, Heritage Park and Sheridan clinics) • Neighborhood Involvement Program • Phillips Neighborhood Clinic • Minneapolis School Based Clinics

	<ul style="list-style-type: none"> • St. Mary’s Clinics (Minneapolis site) • and, in partnership with Hennepin County, HCMC clinics <p>In the future, the health department will expand this work in Federally Qualified Health Centers and other clinics serving low-income populations.</p>
<p>Example activities that selected organizations could conduct to connect or expand strategy to the target population</p>	<p>Assist in building relationships between clinic staff and representatives of the HealthyLiving Minneapolis network and other community partners providing physical activity, nutrition, tobacco cessation, and chronic disease management resources available to your target population to increase referrals to these resources.</p> <p>Encourage residents, including those with high blood pressure and/or high cholesterol, to access available physical activity, nutrition, tobacco cessation and chronic disease management programs.</p> <p>Utilize HealthyLiving Minneapolis network materials (maps, pedometers, walking logs, patient goal and referral forms) to connect clinics and residents to network resources.</p> <p>Provide community events and venues that highlight the HealthyLiving Minneapolis network and other community resources providing physical activity, nutrition, tobacco cessation and chronic disease management that increase resident and patient engagement in utilizing these resources.</p> <p>Develop communication and feedback loops between clinics and community resources that track patient utilization and progress.</p>

Attachment A

Minneapolis Healthy Living RFP
COVER SHEET AND CHECKLIST

Applicant Agency Information	
Agency name	
Agency address	
Agency telephone Number	
Agency fax number	
Agency Director Name	
Agency Director telephone number	
Agency Director e-mail address	
Contact Person for this Proposal (if different from Agency Director)	
Name	
Title	
Telephone number	
Fax number	
e-mail address	

Checklist for Required Documents

Original + seven copies of the following:

- Cover sheet
- Proposal narrative
- Budget form and budget narrative
- Letters of commitment
- Resumes of staff members implementing the proposed activities
- Agency organizational chart

One copy of each of the following required documents (or provide an explanation as to why any of the documents cannot be provided):

- Most recent audit and management letter, or financial statements for the past three years
- IRS determination letter

Attachment B
BUDGET FORM

MAXIMUM \$35,000 TOTAL PROJECT COSTS

PERSONNEL	Role on project	Base salary or annual wage	% time on project*	Salary/wages charged to project
Name 1 (or "To be named")	Project Director	\$0		\$0
Name 2		\$0		\$0
Name 3		\$0		\$0
Name 4		\$0		\$0
TOTAL SALARY/WAGES				\$0
FRINGE BENEFITS				\$0
TOTAL PERSONNEL COSTS				<u>\$0</u>
OTHER EXPENSES [categories below may be modified as needed]				
Mileage				\$0
Supplies				\$0
Printing				\$0
Postage/courier				\$0
Other (specify)				\$0
Other (specify)				\$0
TOTAL OTHER EXPENSES				<u>\$0</u>
CONTRACTUAL COSTS (INCLUDING CONSULTANTS)				
Contract 1				\$0
Contract 2				\$0
TOTAL CONTRACTUAL COSTS				<u>\$0</u>
TOTAL DIRECT COSTS (sum of Total Personnel, Total Other Expenses, and Total Contractual)				<u>\$0</u>
ADMINISTRATIVE COSTS (not to exceed 10% of Total Direct Costs)				<u>\$0</u>
TOTAL PROJECT COSTS (sum of Total Direct Costs and Administrative Costs)				<u>\$0</u>

Note: You may add or delete lines as needed.

Attachment C
General Conditions for Request For Proposals (RFP)
(Revised - 12/2011)

The General Conditions are terms and conditions that the City expects all of its Contractors to meet. By proposing, the proposer agrees to be bound by these requirements unless otherwise noted in the Proposal. The proposer may suggest alternative language to any section. Some negotiation is possible to accommodate the proposer's suggestions.

1 City's Rights

The City reserves the right to reject any or all proposals or parts of proposals, to accept part or all of proposals on the basis of considerations other than lowest cost, and to create a project of lesser or greater expense and reimbursement than described in the Request for Proposal, or the respondent's reply based on the component prices submitted.

2 Interest of Members of City

The Contractor agrees that it has complied with Minnesota Statutes, Section 471.87 and Chapter 3, Section 22 of the City Charter. Therefore unless authorized in Chapter 15 of the City's Code of Ordinances, no member of the governing body, officer, employee or agent of the City shall have any interest, financial or otherwise, direct or indirect, in the Contract.

3 Equal Opportunity Statement

Contractor agrees to comply with the provisions of all applicable federal, state and City of Minneapolis statutes, ordinances and regulations pertaining to civil rights and nondiscrimination including, without limitation, Minnesota Statutes, Section 181.59 and Chapter 363A, and Minneapolis Code of Ordinances, Chapter 139, incorporated herein by reference.

4 Non-Discrimination

The Contractor will not discriminate against any employee or applicant for employment because of race, color, creed, religion, ancestry, sex, national origin, affection preference, disability, age, marital status or status with regard to public assistance or as a disabled veteran or veteran of the Vietnam era. Such prohibition against discrimination shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training, including apprenticeship.

If required by the City, the Contractor shall agree to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the City, setting forth this nondiscrimination clause. In addition, the Contractor shall, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, creed, religion, ancestry, sex, national origin, affectional preference, disability, age, marital status or status with regard to public assistance or status as disabled veteran or veteran of the Vietnam eras, 1991 Gulf and current Afghanistan and Iraq wars, and comply in all other aspects with the requirements of the Minneapolis Code of Ordinances, Chapter 139.

5 Disability Compliance Requirements

All Contractors hired by the City of Minneapolis are required to abide by the regulations of the U.S. Americans with Disabilities Act of 1990 (ADA) which prohibits discrimination against individuals with disabilities. The Contractor will not discriminate against any employee or applicant for employment because of their disability and will take affirmative action to ensure that all employment practices are free from such discrimination. Such employment practices include but are not limited to the following: hiring, promotion, demotion, transfer, recruitment or recruitment advertising, layoff, discharge, compensation and fringe benefits, classification, referral and training. The ADA also requires Contractors associated with the City to provide qualified applicants and employees with disabilities with reasonable accommodation that does not impose undue hardship. Contractors also agree to post in a conspicuous place, accessible to employees and applicants, notices of their policy on non-discrimination. The above requirements also apply to the Minnesota Human Rights Act, Minnesota Statutes Chapter 363A.

In the event of the Contractor's noncompliance with the non-discrimination clauses of this Contract, this Contract may be canceled, terminated, or suspended, in whole or part, and the Contractor may be declared ineligible by the Minneapolis City Council from any further participation in City Contracts in addition to other remedies as provided by law.

6 Insurance

Insurance secured by the Contractor shall be issued by insurance companies acceptable to the City and admitted in Minnesota. The insurance specified may be in a policy or policies of insurance, primary or excess. Such insurance shall be in force on the date of execution of the Contract and shall remain continuously in force for the duration of the Contract. The Contractor and its sub-contractors shall secure and maintain the following insurance:

- a) **Workers Compensation** insurance that meets the statutory obligations with Coverage B- Employers Liability limits of at least \$100,000 each accident, \$500,000 disease - policy limit and \$100,000 disease each employee.

- b) **Commercial General Liability** insurance with limits of at least \$2,000,000 general aggregate, \$2,000,000 products - completed operations \$2,000,000 personal and advertising injury, \$100,000 each occurrence fire damage and \$10,000 medical expense any one person. The policy shall be on an "occurrence" basis, shall include contractual liability coverage and the City shall be named an additional insured. Amount of coverage will be automatically increased if the project amount is expected to exceed \$2,000,000 or involves potentially high risk activity.
- c) **Commercial Automobile Liability** insurance covering all owned, non-owned and hired automobiles with limits of at least \$1,000,000 per accident.
- d) **Professional Liability** Insurance or Errors & Omissions insurance providing coverage for 1) the claims that arise from the errors or omissions of the Contractor or its sub-contractors and 2) the negligence or failure to render a professional service by the Contractor or its sub-contractors. The insurance policy should provide coverage in the amount of \$2,000,000 each occurrence and \$2,000,000 annual aggregate. The insurance policy must provide the protection stated for two years after completion of the work.
- e) **Computer Security and Privacy Liability** for the duration of this agreement providing coverage for, but not limited to, Technology and Internet Errors & Omissions, Security and Privacy Liability, and Media Liability. Insurance will provide coverage against claims that arise from the disclosure of private information from files including but not limited to: 1) Intentional, fraudulent or criminal acts of the Contractor, its agents or employees. 2) Breach of the City's private data, whether electronic or otherwise. The insurance policy should provide minimum coverage in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If written on a Claims-Made basis, the policy must remain in continuous effect for at least 3 years after the service is provided or include a 3 year extended reporting period.

Acceptance of the insurance by the City shall not relieve, limit or decrease the liability of the Contractor. Any policy deductibles or retention shall be the responsibility of the Contractor. The Contractor shall control any special or unusual hazards and be responsible for any damages that result from those hazards. The City does not represent that the insurance requirements are sufficient to protect the Contractor's interest or provide adequate coverage. Evidence of coverage is to be provided on a current ACORD Form. A thirty (30) day written notice is required if the policy is canceled, not renewed or materially changed. The Contractor shall require any of its subcontractors, if sub-contracting is allowable under this Contract, to comply with these provisions, or the Contractor will assume full liability of the subcontractors.

7. Hold Harmless

The Contractor agrees to defend, indemnify and hold harmless the City, its officers and employees, from any liabilities, claims, damages, costs, judgments, and expenses, including reasonable attorney's fees, resulting

directly or indirectly from any negligent act or omission of the Contractor, its employees, its agents, or employees of subcontractors, in the performance of the work or services provided by or through this Contract or by reason of the failure of the Contractor to fully perform, in any respect, any of its obligations under this Contract. If a Contractor is a self-insured agency of the State of Minnesota, the terms and conditions of Minnesota Statutes, section 3.732 et seq. shall apply with respect to liability bonding, insurance and liability limits. The provisions of Minnesota Statutes, Chapter 466 shall apply to other political subdivisions of the State of Minnesota.

8. Subcontracting

The Contractor shall provide written notice to the City and obtain the City's authorization to sub-contract any work or services to be provided to the City pursuant to this Agreement. As required by Minnesota Statutes, Section 471.425, the Contractor shall pay all subcontractors for subcontractor's undisputed, completed work, within ten (10) days after the Contractor has received payment from the City.

9. Assignment or Transfer of Interest

The Contractor shall not assign any interest in the Contract, and shall not transfer any interest in the same either by assignment or novation without the prior written approval of the City, provided, however, that claims for money due or to income due to the Contractor may be assigned to a bank, trust company or other financial institution, or to a Trustee in Bankruptcy without such approval. Notice to any such assignment or transfer shall be furnished to the City. The Contractor shall not subcontract any services under this Contract without prior written approval of the City Department Contract Manager designated herein.

10. General Compliance

The Contractor agrees to comply with all applicable Federal, State and local laws and regulations governing funds provided under the Contract.

11. Performance Monitoring

The City will monitor the performance of the Contractor against goals and performance standards required herein. Substandard performance as determined by the City will constitute non-compliance with this Contract. If action to correct such substandard performance is not taken by the Contractor within a reasonable period of time after being notified by the City, Contract termination procedures will be initiated. All work submitted by Contractor shall be subject to the approval and acceptance by the City Department Contract Manager designated herein. The City Department Contract Manager designated herein shall review each portion of the work

when certified as complete and submitted by the Contractor and shall inform the Contractor of any apparent deficiencies, defects, or incomplete work, at any stage of the project.

12. Prior Uncured Defaults

Pursuant to Chapter 8, Section 24 of the City's Charter, the City may not contract with persons or entities that have defaulted under a previous contract or agreement with the City and have failed to cure the default.

13. Independent Contractor

Nothing contained in this Contract is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Contractor shall at all times remain an independent contractor with respect to the work and/or services to be performed under this Contract. Any and all employees of Contractor or other persons engaged in the performance of any work or services required by Contractor under this Contract shall be considered employees or sub-contractors of the Contractor only and not of the City; and any and all claims that might arise, including Worker's Compensation claims under the Worker's Compensation Act of the State of Minnesota or any other state, on behalf of said employees or other persons while so engaged in any of the work or services to be rendered or provided herein, shall be the sole obligation and responsibility of Contractor.

14. Accounting Standards

The Contractor agrees to maintain the necessary source documentation and enforce sufficient internal controls as dictated by generally accepted accounting practices (GAAP) to properly account for expenses incurred under this Contract.

15. Retention of Records

The Contractor shall retain all records pertinent to expenditures incurred under this Contract in a legible form for a period of six years after the resolution of all audit findings, with the exception that such records shall be kept for a period of ten years after both the terms of a monitoring agreement have been fulfilled and all audit findings have been resolved for abatement programs. Records for non-expendable property acquired with funds under this Contract shall be retained for six years after final disposition of such property.

16. Data Practices

The Contractor agrees to comply with the Minnesota Government Data Practices Act and all other applicable state and federal laws relating to data privacy or confidentiality. The Contractor must immediately report to the City any requests from third parties for information relating to this Contract. The City agrees to promptly respond to inquiries from the Contractor concerning data requests. The Contractor agrees to hold the City, its officers, and employees harmless from any claims resulting from the Contractor's unlawful disclosure or use of data protected under state and federal laws.

All Proposals shall be treated as non-public information until the Proposals are opened for review by the City. At that time, the names of the responders become public data. All other data is private or non-public until the City has completed negotiating the Contract with the selected Contractor. At that time, the Proposals and their contents become public data under the provisions of the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13 and as such are open for public review.

17. Inspection of Records

All Contractor records with respect to any matters covered by this Contract shall be made available to the City or its designees at any time during normal business hours, as often as the City deems necessary, to audit, examine, and make excerpts or transcripts of all relevant data.

18. Living Wage Ordinance

The Contractor may be required to comply with the "Minneapolis Living Wage and Responsible Public Spending Ordinance" Chapter 38 of the City's Code of Ordinances (the "Ordinance") (http://www.minneapolismn.gov/www/groups/public/@finance/documents/web_content/convert_255695.pdf). Unless otherwise exempt from the ordinance as provided in Section 38.40 (c), any City contract for services valued at \$100,000 or more or any City financial assistance or subsidy valued at \$100,000 or more will be subject to the Ordinance's requirement that the Contractor and its sub-contractors pay their employees a "living wage" as defined and provided for in the Ordinance.

19. Applicable Law

The laws of the State of Minnesota shall govern all interpretations of this Contract, and the appropriate venue and jurisdiction for any litigation which may arise hereunder will be in those courts located within the County of Hennepin, State of Minnesota, regardless of the place of business, residence or incorporation of the Contractor.

20. Conflict and Priority

In the event that a conflict is found between provisions in this Contract, the Contractor's Proposal or the City's Request for Proposals, the provisions in the following rank order shall take precedence: 1) Contract; 2) Proposal; and last 3) Request for Proposals (only for Contracts awarded using RFP).

21. Travel

If travel by the Contractor is allowable and approved for this Contract, then Contractor travel expenses must be reimbursed in accordance with the *Contractor Travel Reimbursement Conditions*, which can be found at: http://www.minneapolismn.gov/www/groups/public/@clerk/documents/webcontent/convert_282125.pdf

22. Billboard Advertising

City Code of Ordinance 544.120, prohibits the use of City and City-derived funds to pay for billboard advertising as a part of a City project or undertaking.

23. Conflict of Interest/Code of Ethics

By signing this Contract, the Contractor agrees that it will not represent any other party or other client which may create a conflict of interest in its representation with the City. If the Contractor is unclear if a conflict of interest exists, the Contractor will immediately contact the City representative identified as the Contract manager in this contract and ask for an interpretation.

In so far as it relates to its relationship with the City created by this Contract, the Contractor agrees to comply with the City's Code of Ethics, as codified at Minneapolis City Code of Ordinances, Title 2, Chapter 15. Contractor certifies that to the best of its knowledge all City employees and officers participating in this Contract have also complied with Title 2, Chapter 15 of that Ordinance as it related to their relationships between the City and the Contractor created by this Contract. Compliance with the Code of Ethics by the Contractor will be in its potential role as an "interested person", "lobbyist" or "lobbyist principal" and not as a "local official" or "local employee" (except to the extent that a Contractor representative or member of its board of directors is already a City official or employee). It is agreed by the Parties that any violation of the Code of Ethics constitutes grounds for the City to void this Contract. All questions relative to this section shall be referred to the City and shall be promptly answered.

24. Termination

The City may cancel this Contract for any reason without cause upon thirty (30) days written notice. Both the City and the contractor may terminate this Contract if either party fails to fulfill its obligations under the Contract in a proper and timely manner, or otherwise violates the terms of this Contract. The non-defaulting party shall have the right to terminate this Contract, if the default has not been cured after ten (10) days written notice has been provided. If termination shall be without cause, the City shall pay Contractor all compensation earned to the date of termination. If the termination shall be for breach of this Contract by Contractor, the City shall pay Contractor all compensation earned prior to the date of termination minus any damages and costs incurred by the City as a result of the breach. If the Contract is canceled or terminated, all finished or unfinished documents, data, studies, surveys, maps, models, photographs, reports or other materials prepared by the Contractor under this Contract shall, at the option of the City, become the property of the City, and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.

Notwithstanding the above, the Contractor shall not be relieved of liability to the City for damages sustained by the City as a result of any breach of this Contract by the Contractor. The City may, in such event, withhold payments due to the Contractor for the purpose of set-off until such time as the exact amount of damages due to the City is determined. The rights or remedies provided for herein shall not limit the City, in case of any default by the Contractor, from asserting any other right or remedy allowed by law, equity, or by statute.

25. Ownership of Materials

All finished or unfinished documents, data, studies, surveys, maps, models, photographs, reports or other materials resulting from this Contract shall become the property of the City upon final approval of the final report or upon request by the City at any time before then. The City may use, extend, or enlarge any document produced under this Contract without the consent, permission of, or further compensation to the Contractor.

26. Intellectual Property

Unless the Contractor is subject to one or more of the intellectual property provisions in the paragraphs below, the City own all rights, title, and interest in all of the intellectual property rights, including copyrights, patents, trade secrets, trademarks, and service marks in any "Work" created, in progress, produced or completed and paid by this Contract. Work covered includes inventions, improvements, discoveries, databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, or other media.

All Work produced by the Contractor under this Contract will be the exclusive property of the City and will be surrendered to the City immediately upon completion, expiration, or cancellation of this Contract. The Contractor represents and warrants that the Work does not and will not infringe upon any intellectual property rights of other persons or entities.

This section will be modified to provide that the Contractor is the sole owner of any software, program or application where the Contractor is providing services from a proprietary system for which the Contractor has proprietary rights.

Each party acknowledges and agrees that each party is the sole and exclusive owner of all right, title, and interest in and to its services, products, software, source and object code, specifications, designs, techniques, concepts, improvements, discoveries and inventions including all intellectual property rights thereto, including without limitations any modifications, improvements, or derivative works thereof, created prior to, or independently, during the terms of this Contract. This contract does not affect the ownership of each party's pre-existing, intellectual property. Each party further acknowledges that it acquires no rights under this Contract to the other party's pre-existing intellectual property, other than any limited right explicitly granted in this Contract.

27. Equal Benefits Ordinance

Minneapolis Code of Ordinances, Section 18.200, relating to equal benefits for domestic partners, applies to each contractor and subcontractor with 21 or more employees that enters into a "contract", as defined by the ordinance that exceeds \$100,000. The categories to which the ordinance applies are personal services; the sale or purchase of supplies, materials, equipment or the rental thereof; and the construction, alteration, repair or maintenance of personal property. The categories to which the ordinance does not apply include real property and development contracts.

Please be aware that if a "contract", as defined by the ordinance, initially does not exceed \$100,000, but is later modified so the Contract does exceed \$100,000, the ordinance will then apply to the Contract. A complete text of the ordinance is available at

http://www.minneapolismn.gov/www/groups/public/@finance/documents/webcontent/convert_261694.pdf

It is the Contractor's and subcontractor's responsibility to review and understand the requirements and applicability of this ordinance.

28. Cardholder Data and Security Standards

Should the Contractor collect revenue on behalf of the City through the acceptance of credit cards offered by cardholders to pay for services offered under the terms of this Contract, then Contractor represents and acknowledges that the Contractor will comply with Payment Card Industry (PCI) regulatory standards including the Data Security Standards (DSS). Contractor represents that it will protect cardholder data. Contractor will be annually certified as a PCI compliant service provider and agrees to provide evidence of said certification to the City upon request. Contractor agrees at reasonable times to provide to the City or to its assigns, the audit rights contained herein for all physical locations, systems or networks that process credit cards on behalf of the City. Contractor also agrees to provide written notice to the City of any breach of a system owned, operated or maintained by the Contractor that contains cardholder data or information.

29. Small & Underutilized Business Program (SUBP) Requirements

The selected proposer must comply with the Small & Underutilized Business Enterprise Program (SUBP), as detailed in Chapter 423 of the Minneapolis Code of Ordinances. The SUBP Ordinance applies to any construction/development project, in excess of one hundred thousand dollars (\$100,000), and any contract for the provision of goods and services in excess of fifty thousand dollars (\$50,000). Should the respondent find an opportunity to contract or partner with other business concerns to complete portions of the task solicited, we ask that they would entertain contracts with businesses owned by women or minority persons. Such business arrangements and dollar amounts should be identified in the proposal. Documented efforts and results will be considered favorably during the review and selection process. For more information on locating certified businesses you may contact the CERT web site at www.govcontracts.org or by calling 612 673-2112