

## Community-Driven Healthy Living Projects RFP

Question and Answer:

**Q: Can an applicant organization be physically located outside of the target areas identified in the RFP?**

A: Yes, as long as the applicant organization proposes to serve people in the target communities/neighborhoods that are outlined in the RFP.

**Q: Would the grant support operational costs (staff time) necessary for community organizing elements of your project?**

A: Yes, the staff time necessary to carry out projects is an allowable cost.

**Q: Can the grant funds pay for physical/capital objects?**

A: In most cases, no, permanent structures are not an eligible expense. We follow the financial guidelines of our funder, the Minnesota Department of Health. Their Financial Guide can be found at [www.health.state.mn.us/healthreform/ship/docs/SHIP3FinancialGuideUPDATED010614.pdf](http://www.health.state.mn.us/healthreform/ship/docs/SHIP3FinancialGuideUPDATED010614.pdf).

**Q: Can you explain what you mean by programs that are ineligible?**

A: Educational or program-based classes (e.g. nutrition classes, youth development programs) are not eligible unless they will result in a tangible and sustainable change to the community.

**Q: Can the funding support part of a larger PSE project?**

A: Yes, if it is supporting a specific, tangible project that is above and beyond what you are already doing.

**Q: What about organizations that are not able or don't have the capacity to do this kind of work or who are more interested in programming? What funding or opportunities are available for those types of groups?**

A: As part of the work they propose for this RFP, these organizations may partner with other groups that can provide programming (for example, a hospital's community benefits program or U of M Extension's Simply Good Eating). These organizations may still apply, and the Health Department will be available to help build the capacity to achieve the type of goals/projects they are interested in.

**Q: We conducted a survey of groups in Phillips neighborhood and found that people's biggest interest was safety. If we were to submit a proposal, the goal of which was safety, would that be acceptable if the end goal was to address the safety concerns of residents so that they would feel comfortable pursuing the healthy goals identified in the RFP?**

A: Yes, if you could demonstrate that the focus on safety would have tangible, specific impacts on the goals identified in the RFP.

**Q: A lot of the examples involve advocacy and government processes, is this considered lobbying, would there be issues related to this?**

A: Official lobbying is not allowed, meaning grantees would not be allowed to ask elected officials to take an official action or vote a certain way. However, educating elected officials is allowed, and staff at the Health Department will work with grantees who would like to communicate with elected officials to ensure that lobbying does not occur. Working with public organizations (ex. Public Works) to address areas that need change/improvement in your community is perfectly allowable.

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**Q: Could a project be developed around making people feel safer in a park, for example?**

A: Yes, as long as it addresses the goals outlined in the RFP. Past groups receiving Health Department funding have worked to make parks more engaging to citizens and advocated for changes to improve public safety, cultural accessibility, and usage.

**Q: Under #2, page 5 for the RFP, where it lists ways organizations could provide assistance to the Health Department, are these just examples? Does the 25 hours include contract management time, check-ins, etc.? How does that work?**

A: Yes, the list provided is examples of ways organizations might provide assistance to the Health Department; this list is not prescriptive. The Health Department will work with each selected organization during the contracting process to develop a plan based on areas of mutual interest. When we write contracts, they are deliverable-based. You are paid for deliverables, not specific staff time. When we are negotiating the contract, you need to determine how you would fit the administrative pieces of the project into your budget; these would not be a part of the 25 hours.

**Q: Can Health pay for infrastructure? If not, how could they leverage these funds to get things done to make changes in the neighborhood? Can you use the funding to pay for signage or lights?**

A: Signage and paint/pavement markings for bike lanes and crosswalks are allowed; lights would not be an allowable cost.

**Q: Should applicants include the 25 hours staff time to support the Health Department in their budgets? Or is it an in-kind contribution?**

A: It is not in-kind; you should include the staff time in your budget.

**Q: What is the difference between the budget we develop and the deliverables identified in the contract?**

A: We will work with contractors to help develop the deliverables and fit them to a budget.

**Q: How many deliverables per project are required?**

A: There is no requirement that we set; you will tell us what it will take to get to your identified outcome(s).

**Q: Can we prepare a deliverable-based budget for our proposal? Should we identify deliverables in our budget?**

A: Please develop a budget as requested in the RFP using the form provided – do not develop a deliverable-based budget, and do not include deliverables in the budget you submit with your proposal. A deliverable-based budget will be developed during the contracting process.

**Q: Do you have an estimate of how many hours a month will be devoted to check-ins with city contract managers?**

A: Contract manager will check in regularly and review quarterly to review progress on deliverables and address invoicing and contract needs. There is one set meeting and quarterly report that are required to go over the contract deliverables. There is also one final report combined with the final quarterly report. Reports are simple and will ask organizations to demonstrate the progress they have made on contract deliverables.

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**Q: Do you know how many projects will be funded, will there be required meetings for all of the funded organizations?**

A: We will not likely be having regular meetings of the funded organizations, perhaps one or two.

**Q: Would we be able to use the funding for mini-grants for other organizations?**

A: Yes, this would be an allowable cost

**Q: What is the cycle of funding, will it be three or two year?**

A: This is a one-time, 14 month funding opportunity.

**Q: If you have an idea of who you may want to collaborate with, but don't have formal agreements, can we address those organizations in our proposal?**

A: You can mention these collaborations; however, having established relationships with partners will make for a stronger proposal. The RFP asks for letters of commitment for intended partners. We are more interested in letters of commitment than letters of support.

**Q: Can you clarify implementing two projects? Do the projects need to be distinctly different, or could they be similar projects in different communities or with different populations.**

A: The projects should be distinct, and focus on one, targeted group that receives the benefit of two projects.

**Q: Are organizations that have fiscal agents allowed to apply?**

A: Yes, the fiscal agent would then be the entity that contracts with the city.

**Q: For target group, would we have to focus on just one community if our organization works with multiple refugee groups for example?**

A: You would just need to clearly define the group in your proposal and demonstrate that you could have a tangible community impact by focusing on the population that you've identified.

**Q: Would you expect that all people in your target group actually participate in the projects/interventions?**

A: No, they would just need to have access to the project/intervention.

**Q: Could one project be the implementation of something you've been piloting and also further piloting of another project/program component? Would these be seen as separate programs?**

A: We are focused on outcomes and changes; if you are piloting something, you should also focus on how you will make a tangible change/improvement to the community within the grant period.

**Q: You use the word change and outcome interchangeably, what exactly are you looking for, a project that is producing a physical change, or quantitative data documenting changes among your target population (like a change in diabetes rates)?**

A: Grantees will not be expected to produce dramatic, quantitative changes to health outcomes. They will, however, be expected to have completed two projects that result in changes to the community that increase community members' access to the things they need to be healthy and that work toward improving health outcomes.

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**Q: If we are working toward developing a physical location of a co-op, for example, would educating the community and advocating for the development be an allowable cost?**

A: You would need to define milestone and achievable outcomes along the way and be able to show the outcomes/changes that would be achieved by the end of the grant period in your proposal.

**Q: Can you address what would make a proposal more competitive?**

A: The proposal should address all of the criteria and requirements of the RFP and be able to show specific changes and outcomes will be achieved. The RFP includes review criteria that applicants can use to assess how well their proposals fulfill the intent and requirements of the RFP.

**Q: Would a project that brings attention to an area or opportunity that exists in a specific neighborhood be eligible?**

A: As long as you are addressing the target community identified in your proposal, and the attention will result in a community change that increases the neighborhood's access to healthy opportunities.

**Q: Who is the decision-making group for the proposals?**

A: Members of the Department's Healthy Living Community Leadership Team (CLT) <http://www.minneapolis.gov/health/living/WCMS1P-120887> will comprise the committee that reviews the proposals. The CLT will make recommendation to the Commissioner of Health, who will make the final decision about the grant awards.

**Q: Could you provide examples of organizations that have done this kind of work?**

Yes. The Corcoran Neighborhood Organization has received funds from the Minneapolis Health Department (MHD) to improve healthy living opportunities for Corcoran residents. Some of the projects they have done or are doing include (but are not limited to): organizing students to improve bike/pedestrian signage to South High; working with a local park to offer more culturally and linguistically appropriate programming and services; establishing a new community garden; establishing and promoting produce collection at the Midtown Farmers Market for local food shelves; connecting MHD to corner stores and holding customer engagement events; and communicating regularly via The Corcoran News, at the farmers market, through an event, and door-knocking.

*We are Healthy! We are Assumption!* is a partnership of Assumption Church, La Misión, St. Mary's Health Clinics, Fairview Southdale Hospital, and Bloomington Public Health (BPH). BPH funds the partnership to improve healthy living opportunities primarily for low-income Latino residents of Richfield and Bloomington. Other members of the congregation are also reached through the work of the partnership. Some of the work being pursued by the partnership includes (but is not limited to): convening partners who can offer programming like fitness classes (St. Mary's Health Clinics and Fairview Southdale Hospital; Simply Good Eating; volunteer bike mechanics); adopting and implementing a healthy food and beverage policy and a tobacco-free grounds policy; opening a community garden on their grounds; installing bike racks; generating community involvement in open streets, complete streets, and Safe Routes to School; and communicating "We are healthy! We are Assumption!" via bilingual fliers, church bulletin, events, and community leaders.