



# Regional and Local Dementia Grant Request for Proposals Responders' Conference

January 7, 2026

Jane Cunningham | Grants Specialist Senior

# Getting Connected to the Conference

**Microsoft Teams meeting link:** Dementia Grant Responders Conference (opens in Teams)

- Meeting ID: 279 197 918 397 5
- Passcode: QH3Ud3Lx

**Dial in by phone +1 651-395-7448, 748024395# United States, Minneapolis**

- Phone conference ID: 748 024 395#

**Join on a video conferencing device**

- Tenant key: mn@m.webex.com
- Video ID: 116 274 732 2

# AGENDA

- 1:00 p.m. About the Minnesota Board on Aging
- 1:05 p.m. Overview of State Fiscal Year 2027 Request for Proposal
- 1:10 p.m. Insurance Requirements
- 1:30 p.m. Online Application Review (“walk through”)
- 2:05 p.m. Proposal Evaluation and Selection Process
- 2:15 p.m. Key Dates
- 2:20 p.m. Final Reminders
- 2:30 p.m. Questions

## Mission

The Minnesota Board on Aging's (MBA's) charge is to ensure that older Minnesotans and their families are effectively served by State and local policies and programs so they can age well and live well. MBA does this through its three major roles: administrator, advisor, and advocate.

### MBA provides:

#### 1) Direct service programs

- Office of Ombudsman for Long-Term Care
- MN Aging Pathways (formerly Senior LinkAge Line)

#### 2) Grant programs

- Regional and Local Dementia Grants
- Senior Volunteer Program
- Senator Tomassoni Caregiver Support Program Administered by the ALS Association

#### 3) Designation, oversight, and funding of Area Agencies on Aging (AAAs)

# Request for Proposal Overview and Objectives

## **Purpose and Objective**

- The Regional and Local Dementia Grant Program was established in State Statute in 2015. The State Fiscal Year (SFY) 2027 grant round represents the 11<sup>th</sup> cycle of awards.
- Annual funding is for regional and local projects to increase awareness of Alzheimer's Disease and Related Dementias (ADRD), promote the benefits of early identification, and increase the rate of cognitive testing.
- Projects should stimulate community relationships or partnerships that promote the benefit of physician consultation for persons suspected of having memory or cognitive issues.

# Funding Categories for State Fiscal Year 2027

## Responders can propose work in one or more of these funding categories:

- 1) **Increase Awareness** – Programs or projects that increase the public's awareness of Alzheimer's disease and other dementias.
- 2) **Promote Early Identification** – Programs or projects that use culturally appropriate screening tools to facilitate and increase referrals to healthcare professionals for cognitive assessment testing.
- 3) **Increase Cognitive Testing** – Programs or projects that increase the rate of cognitive testing and promote cross-referral and communication protocols between the partnering entities.
- 4) **Connect Family, Friends and Neighbors Caregiving** – Programs or projects that connect those caregiving for persons with Alzheimer's disease and other related dementias to services, education, and resources.

# Priority Categories for State Fiscal Year 2027

- In SFY 2027, MBA shall prioritize applications focusing on Category 2., Promote Early Identification and/or Category 3., Increase Cognitive Testing.
- MBA shall also prioritize Responders who are first-time applicants for Regional and Local Dementia Grants and/or have not received prior funding.
- Applications proposing to reach underserved populations or regions of the state are also a priority in SFY 2027.
- Refer to page eight (8) of the SFY 2027 Request for Proposal document for additional guidance about priority categories.

## **Qualified Applicants (often referred to as “Responders”)**

- Community health boards, school districts, colleges and universities, tribal nations, nonprofit and for-profit organizations, home and community-based service providers, community clinics and health care organizations.
- Organizations with a current Regional and Local Dementia Grant are eligible to apply for SFY 2027 funds as long as they propose a new project and budget distinct from their current award.
- Responders may submit multiple proposals providing the projects and budgets are clearly distinct.



# Request Amounts, Term and Match Requirements

Available grant funds in SFY 2027: \$750,000.

- **Maximum grant request:** Up to \$150,000.
- **Proposed Grant or Contract Term:**
  - July 1, 2026 – June 30, 2027
  - July 1, 2026 – June 30, 2028
- **Project Budget:** Submit one budget for a 12-month project; create a two-year project budget if requesting a 24-month grant period. Maximum grant request is \$150,000 for either.
- **Required Match:** Projects with proposed budgets greater than \$50,001 require a 25% match of the project's total budget. Requests of \$50,000 or less have no match requirement (see pp. 19-20 of the Request for Proposal document for additional guidance on calculating match).

# Required Insurance

**ACORD**  
**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/CC/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> XYZ Insurance Agency, Inc. Address Line 1 Address Line 2	<b>CONTACT</b> Name: _____ Insurance Agent Name: _____ Phone: _____ (Ind. or Ext.): _____ FAX: _____ E-Mail: _____ Address: _____ <b>INSURER(S) AFFORDING COVERAGE</b> <table style="width: 100%;"> <tr> <td style="width: 70%;">INSURER A: Insurer Name</td> <td style="width: 30%;">NAIC #</td> </tr> <tr> <td>INSURER B: Insurer Name</td> <td>888888</td> </tr> <tr> <td>INSURER C: Insurer Name</td> <td>888888</td> </tr> <tr> <td>INSURER D: Insurer Name</td> <td></td> </tr> <tr> <td>INSURER E: Insurer Name</td> <td></td> </tr> <tr> <td>INSURER F: Insurer Name</td> <td></td> </tr> </table>	INSURER A: Insurer Name	NAIC #	INSURER B: Insurer Name	888888	INSURER C: Insurer Name	888888	INSURER D: Insurer Name		INSURER E: Insurer Name		INSURER F: Insurer Name	
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INSURER E: Insurer Name													
INSURER F: Insurer Name													

**INSURED**  
 Smart Center  
 Address Line 1  
 Address Line 2

**COVERAGES**      **CERTIFICATE NUMBER:** 123456789      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	TYPE OF INSURANCE	INSURER	POLICY NUMBER	INSURANCE PERIOD	COVERAGE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAMS-AND-OCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> AGG <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____	Y		7/1/2022	6/30/2023	EACH OCCURRENCE \$2,000,000 PRODUCTS - COMP/OP AGG \$ GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> CLAIMS-AND-OCUR			7/1/2022	6/30/2023	COMBINED SINGLE LIMIT \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in MN) If yes, describe after DESCRIPTION OF OPERATIONS below	Y/N		7/1/2022	6/30/2023	<input checked="" type="checkbox"/> STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000
C	<input checked="" type="checkbox"/> Professional Liability Description of Operations / Locations / Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The State of MN is listed as an Additional Insured for the Employee Theft/Dishonesty Policy. The State of MN is listed as an Additional Insured for the General Commercial Policy.			7/1/2022	6/30/2023	Limit \$1,000,000 Each Occurrence \$1,000,000 Aggregate \$1,000,000

<b>CERTIFICATE HOLDER</b> MN Department of Human Services Disability Services PO Box 54567 St. Paul, MN 55164-0567	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: _____
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ACORD 25 (2016/03)

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- The Department of Administration Risk Management Office sets required amounts of insurance coverages for state agency contracts (see pp. 22-25 of RFP document).
- If you contract with MBA, the process will include confirmation of required types of insurance and coverage levels for the duration of the grant period.
- Costs of getting additional insurance for your project term can be built into a proposal budget. Check with your agent as you create budgets.

# General Liability and Workers Compensation

## **Workers Compensation**

- \$100,000 – Bodily Injury by Disease per employee
- \$500,000 – Bodily Injury by Disease aggregate
- \$100,000 – Bodily Injury by Accident

## **General Liability Coverage**

- \$2,000,000 per occurrence and \$2,000,000 annual aggregate

## **The following coverages shall be included:**

- Premises and Operations Bodily Injury and Property Damage
- Personal and Advertising Injury \$2,000,000 per occurrence
- Blanket Contractual Liability
- Products and Completed Operations Liability - \$2,000,000 per occurrence

# General Commercial Auto Liability

## **Commercial Automobile Liability Coverage**

- \$2,000,000 – Combined Single limit for Bodily Injury and Property Damage per occurrence
- In addition, the following coverages should be included (as relevant): Owned, Hired, and Non-owned Automobile.
- In the case that any work is subcontracted, GRANTEE will require the subcontractor to maintain Commercial Automobile Liability insurance that conforms to this section.
- An Umbrella or Excess Policy can generally be used to supplement shortfalls in General Liability, Auto Liability or Workers Compensation.

# Professional Liability Insurance

## Professional Liability

This policy will provide coverage for all claims the GRANTEE may become legally obligated to pay resulting from any actual or alleged negligent act, error, or omission related to Grantee's professional services required under the CONTRACT. GRANTEE is required to carry the following minimum insurance limits:

- \$2,000,000 – per claim or event
- \$2,000,000 – annual aggregate
- Contractor shall maintain such insurance for a period of at least three (3) years, following completion of the work, through Extended Reporting Period (ERP) coverage.
- Excess or umbrella policies may supplement professional liability insurance.
- Subcontractors, including Independent Contractors, may also need professional liability coverage.

# Employee Theft and Dishonesty

## Employee Theft Coverage

GRANTEE agrees to keep in force a Blanket Employee Theft & Employee Dishonesty Policy in at least the total amount of the first year's grant award as an addendum on its property insurance policy. If it is not feasible to include a blanket employee theft and employee dishonesty policy as an addendum to a property insurance policy, then GRANTEE must keep in force a stand-alone employee theft/employee dishonesty policy.

STATE will be named as both a joint payee and a certificate holder on the employee theft/employee dishonesty policy.

Only in cases in which the first year's grant award exceeds the available employee theft/employee dishonesty coverage may grantees provide blanket employee theft/employee dishonesty insurance in an amount equal to either 25% of the yearly grant amount, or the first quarterly advance amount, whichever is greater.

# MBA Dementia Grant Application Webpage



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[Minnesota Aging Pathways Referrals](#)

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[Home](#) > [Direct Services](#) > [Grants](#) > [Dementia Grants](#) > [Dementia Grants RFP](#)

Direct Services

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[Grants](#)

[Dementia Grants](#)

[Dementia Grants RFP](#)

[Dashboard](#)

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## Regional and Local Dementia Grants

The Minnesota Board on Aging administers a competitive grant program focusing on Alzheimer's disease and other dementias and their impact on family, friends and caregivers. Grants should:

- Increase awareness of Alzheimer's disease and other dementias
- Increase the rate of cognitive testing
- Promote the benefits of early identification
- Connect family, friends and neighbors who are caregiving with education, support and resources.

Grants should stimulate collaboration and coordination and strengthen community relationships and partnerships that promote the benefit of physician consultation for all people who may have a memory or cognitive concern.



### Program Information

- **Grant term:** Up to 24 months (July 1, 2026 — June 30, 2028)
- **Maximum request:** \$150,000
- **Total funds available:** \$750,000
- **Match requirement:** 25 percent match is required for requests above \$50,000

### Grant application and portal

- [SFY 2027 Regional and Local Dementia Grants RFP \(PDF\)](#)
- To apply, go to the [grant portal](#).

### Key dates

- Dec. 1, 2025: Request for Proposal (RFP) posted
- Jan. 7, 2026: Dementia Grant Responders Conference, 1-3:30 p.m. Central Time
  - Microsoft Teams meeting link: [Dementia Grant Responders Conference \(opens in Teams\)](#)  
Meeting ID: 279 197 918 397 5  
Passcode: QH3Ud3Lx
  - The Microsoft Teams link above will become active approximately 10 minutes before the broadcast.
  - Dial in by phone +1 651-395-7448, 748024395# United States, Minneapolis

# MBA Dementia Grant Application Webpage, 2

## Key dates

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  - The Microsoft Teams link above will become active approximately 10 minutes before the broadcast.
  - Dial in by phone +1 651-395-7448, 748024395# United States, Minneapolis
  - Phone conference ID: 748 024 395#  
Join on a video conferencing device  
Tenant key: [mn@m.webex.com](mailto:mn@m.webex.com)  
Video ID: 116 274 732 2
- Jan. 14, 2026: FAQ with responses to questions asked during the Responders' Conference will be posted to the MBA Regional and Local Dementia Grants page. An updated FAQ with responses to questions emailed after the Responders' Conference will be posted every other week, through March 6, 2026.
- **March 20, 2026: Applications due by 4 p.m. Central Time**
- April 1, 2026: Phase I denial notices sent to responders
- April and May, 2026: Review and scoring applications
- June 2026: Negotiate contracts
- July 1, 2026: SFY 2027 grantee anticipated start date

**Grant Contact:** Jane Cunningham — [jane.e.cunningham@state.mn.us](mailto:jane.e.cunningham@state.mn.us)

## Application Documents

- [SFY27 MBA Budget Workbook \(XML\)](#)
- [Dementia Knowledge Capture Form \(XML\)](#)
- [Dementia Knowledge Capture Form Instructions \(PDF\)](#)

## Required statements

- [MBA Disclosure of Funding Form 7018 \(PDF\)](#)
- [MBA Exceptions to Terms and Conditions Form 7019 \(PDF\)](#)
- [MBA Responder Declarations Form 7020 \(PDF\)](#)
- [MBA Documentation to Establish Financial Responsibility 7896 \(PDF\)](#)

## Dementia Grants Awarded

- [State Fiscal Year 2026 \(PDF\)](#)
- [State Fiscal Year 2025 \(PDF\)](#)
- [State Fiscal Year 2024 \(PDF\)](#)



# Online Grant Portal Login Page

[Online grant portal webpage link](#)



Logon

Email Address\*

Password\*

[Log On](#) [Create New Account](#)

[Forgot your Password?](#)

Welcome to the State of Minnesota's Department of Human Services and the Minnesota Board on Aging's online grant portal.

SFY 2027 Regional and Local Dementia Grant Request for Proposal - Open December 1, 2025 through March 20, 2026 at 4:00 pm Central Time

**New Users:** Please click on "Create New Account" to complete the registration process and create your logon credentials.

**Not Sure?** If you think that you or someone at your organization has already registered in the system, do not create a new account. For MN Board on Aging Dementia Grants, please contact Jane Cunningham at jane.e.cunningham@state.mn.us for help.

**Helpful Hints:**

1) We recommend that you bookmark this page for ease of access.

# Applicant Tutorials

> Grant & Scholarship Lifecycle Manager > GLM & SLM - User Workflows > GLM & SLM - Applicant Workflow

## GLM Applicant Tutorial

Last Updated 2 months ago

The content contained in this article is applicable to the applicant and is meant to be shared with them.

There are two sections below, the New Dashboard and the Legacy Dashboard. If you are unsure of which dashboard is available to you, reach out to the foundation's grant manager.

GLM Applicant Tutorial (New Dashboard)



GLM Applicant Tutorial (Legacy Dashboard)



GLM Applicant Tutorial Video



### Articles In This Section

>> [Applicant Tutorial - Multiple Organizations](#)

>> [Applicant Tutorial - Submit A Follow Up Form](#)

>> [Applicant Dashboard](#)

>> [Guiding Applicants Through The Process](#)

>> [GLM Applicant Tutorial](#)

### Logon

Email Address\*

jane.e.cunningham@state.mn.us

Password\*

.....

Log On

Create New Account

[Forgot your Password?](#)

**New Users:** Please click on "Create New Account" to complete the registration process and create your logon credentials.

**Not Sure?** If you think that you or someone at your organization has already registered in the system, do not create a new account. For MN Board on Aging Dementia Grants, please contact Jane Cunningham at jane.e.cunningham@state.mn.us for help.

#### Helpful Hints:

- 1) We recommend that you bookmark this page for ease of access.
- 2) Please remove the following email: 'MN Department of Human Services' from your spam filters to ensure you receive emails from the system.
- 3) We suggest using the following internet browsers, Google Chrome or Firefox for the optimal system experience.

Click on the link here for short videos and written instructions on creating an account, applying for funding, or managing your applicant dashboard. The Legacy Dashboard Tutorial will best match your experience.

# Online Application – Preview

Application


Preview As

Applicants

▼

Question List

[Process Manager](#) / [FINAL SFY 2027 MBA Dementia Grants](#) / [Final SFY 2027 MBA Dementia Grants](#) / [Preview](#)

 Fields with an asterisk (\*) are required.

> Required Statements

> Applicant Tutorial

> Proposal Contents

> Responder Info

> Work Plan: Goal, Objectives, Activities, and Outcomes

> Evaluation Plan

> Budget

# SFY 2027 Application: Required Statements

## About Required Statements

The Required Statements will be evaluated on a pass or fail basis. Responders must "pass" this phase by completing each of the SFY 2027 Required Statements fully and correctly.

- **Disclosure of Funding Form (7018)**
- **Responder Information and Declarations Form (7020)**
- **Exceptions to Terms Form (7019)**
- **Documentation to Establish Fiscal Responsibility (7896)**

If you have difficulty downloading the Required Statements, please access them through the [Regional and Local Dementia Grant webpage](#). Complete each form and upload to your online application.

# SFY 2027 Application: Required Statements, continued

Required Statements

**About Required Statements\***

The Required Statements will be evaluated on a pass or fail basis. Responders must "pass" each of the requirements identified in the RFP to move to Phase II. Failure to submit a Required Statement or to use the most current forms is at the Responder's risk and may, at the discretion of STATE, result in disqualification of the Proposal for non-responsiveness. DHS requires DocuSign electronic signatures or scanned wet signatures for the required statements.

If you have difficulty downloading the Required Statements, please access them through the MBA Dementia Grant Homepage at [Required Statements](#) and then upload each to your online application.

Complete the forms by clicking the links within each question and submitting them within the appropriate section of your proposal below. **\*\* Please ensure that every applicable field on the form is completed and required signatures and dates affixed before uploading\*\***

**Disclosure of Funding Form (7018)**

In order to comply with federal law, Responder is required to fill out the "Disclosure of Funding" form available at the above link and submit it with their Proposal.

Form 7018 now requires Responders to provide their Unique Entity Identifier (UEI) to uniquely identify business entities. If a Responder does not already have a UEI, it may be obtained from <https://sam.gov/entity-registration>

**Disclosure of Funding Form (7018)**

[Upload a file](#) [4 MiB allowed]

**Responder Information and Declarations Form 7020**

If you are required to submit additional information as a result of the declarations, include the additional information as part of this form.

The Responder may fail the Required Statements review in the event that the Responder does not affirmatively warrant to any of the warranties in the Responder Information and Declarations. Additionally, the STATE reserves the right to fail a Responder in the event the Responder does not make a necessary disclosure in the Responder Information and Declarations or makes a disclosure which evidences a conflict of interest.

**Responder Information and Declarations Form (7020)**

[Upload a file](#) [4 MiB allowed]

**Additional Information Required for Form 7020**

Upload here supplemental information supporting response to Form 7020 (e.g., list of Principals whom applicant is certifying; authorization from Parent Company, Affiliate or Subsidiary entity; or information about conflicts of interest.)

[Upload a file](#) [2 MiB allowed]

**Exceptions to RFP Terms Form (7019)**

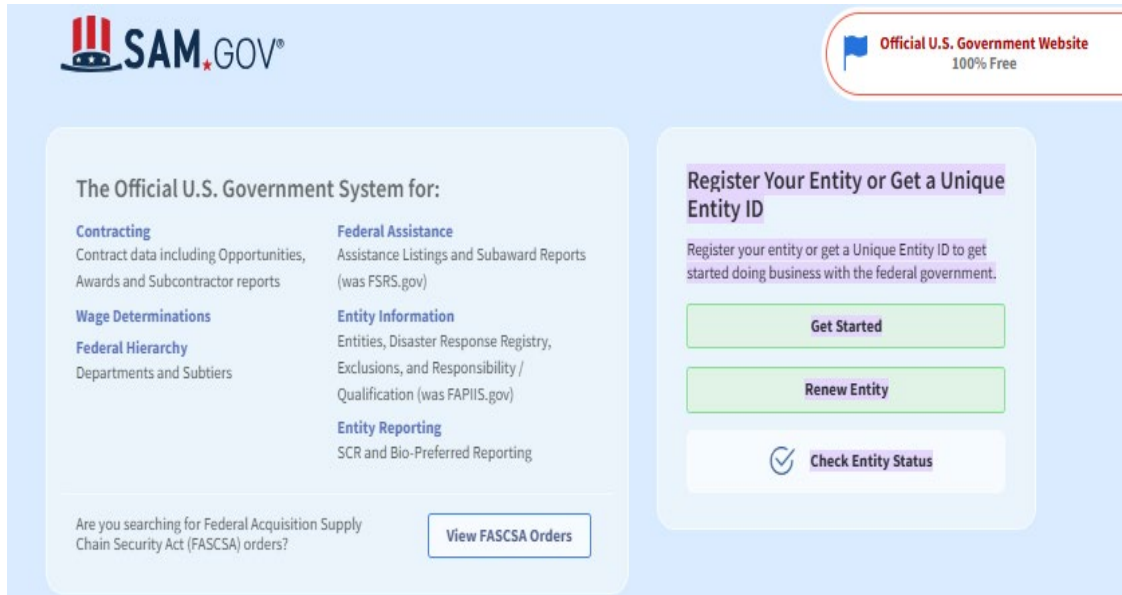
The contents of this RFP and the Proposal(s) of the successful Responder(s) may become part of the final contract if a contract is awarded. A Responder who objects to any condition of this RFP or in the attached Sample Contract should note objection(s) on the "Exceptions to Sample Contract and RFP Terms and Conditions" form and submit it with its Proposal.

Much of the language reflected in the sample contract is required by statute. Only those exceptions indicated in your response to the RFP will be available for discussion or negotiation.

# Required Statements SFY 2027, Form 7018

## Form 7018 – Disclosure of Funding

- Requires a Unique Entity Identifier (UEI) number available at <https://sam.gov/>



The Official U.S. Government System for:

- Contracting**  
Contract data including Opportunities, Awards and Subcontractor reports
- Federal Assistance**  
Assistance Listings and Subaward Reports (was FSRS.gov)
- Wage Determinations**
- Federal Hierarchy**  
Departments and Subtiers
- Entity Information**  
Entities, Disaster Response Registry, Exclusions, and Responsibility / Qualification (was FAPIIS.gov)
- Entity Reporting**  
SCR and Bio-Preferred Reporting

Are you searching for Federal Acquisition Supply Chain Security Act (FASCSA) orders? [View FASCSA Orders](#)

**Register Your Entity or Get a Unique Entity ID**  
Register your entity or get a Unique Entity ID to get started doing business with the federal government.

[Get Started](#)

[Renew Entity](#)

[Check Entity Status](#)

Official U.S. Government Website  
100% Free



MBA-7018

### Disclosure of Funding Form – Grant RFP

Per the Federal Funding Accountability and Transparency Act of 2006 "Transparency Act" or "FFATA" (Public Law 109-282), all entities and organizations receiving federal funds are required to report full disclosure of funding (United States Code, title 31, chapter 61, section 6101).

The purpose of FFATA is to provide every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires information on federal awards to be made available to the public through a single, searchable website. Federal awards include grants, sub-grants, loans, awards and delivery orders.

To comply with the federal statute, the Minnesota Board on Aging is required to obtain and report by the grantee's Unique Entity Identifier (UEI); determine if grantee meets specific requirement that would require additional reporting items; and collect additional information on executive compensation if required. Respond by answering the following questions:

UNIQUE ENTITY IDENTIFIER (required)	GRANTEE NAME
-------------------------------------	--------------

In the preceding fiscal year:

- Did you receive 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?  
☐ Yes ☐ No
- Are those revenues greater than \$25 million or more annually?  
☐ Yes ☐ No
- Does the public not have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C 78m(a), 78(d)) or section 6104 of the Internal Revenue Code of 1986?  
☐ Yes ☐ No

If you answer "yes" to all of the top questions, provide the following information:

- Project Description (should capture the overall purpose of the award)
- Place of performance (including congressional district)
- Name and compensation of top five executives



# Required Statements SFY 2027, Form 7019

## Form 7019 – Exceptions to Terms and Conditions

- The Exceptions to Terms and Conditions encompasses both the Request for Proposal (RFP) document and the attached Sample Grant Contract appended to the SFY 2027 RFP.
- Be sure to indicate “NONE” if there are no exceptions to declare and then sign and date on page two.



MBA-7019

### Exceptions to Terms and Conditions Form – Grant RFP

A responder shall be presumed to be in agreement with the terms and conditions of the RFP unless the responder takes specific exception to one or more of the conditions on this form.

**RESPONDERS ARE CAUTIONED THAT BY TAKING ANY EXCEPTION THEY MAY BE MATERIALLY DEVIATING FROM THE RFP SPECIFICATIONS. IF A RESPONDER MATERIALLY DEVIATES FROM AN RFP SPECIFICATION, ITS PROPOSAL MAY BE REJECTED.**

A material deviation is an exception to a specification that 1) affords the responder taking the exception a competitive advantage over other responders, or 2) gives the state something significantly different than the state requested.

**INSTRUCTIONS:** Responders must explicitly list all exceptions to state terms and conditions (including those found in the attached sample contract in the appendix, if any. Reference the actual number of the state's term and condition and page number for which an exception(s) is being taken. If no exceptions exist, state "NONE" specifically on the form below. Whether or not exceptions are taken, the responder must sign and date this form and submit it as part of their proposal. (Add additional pages if necessary.)

RESPONDER NAME
----------------

Term and condition number/provision	Explanation of exception

By signing this form, I acknowledge that the above-named responder accepts, without qualification, all terms and conditions stated in this RFP (including the sample contract) except those clearly outlined as exceptions above.

SIGNATURE		DATE
PRINTED NAME		TITLE

# Required Statements SFY 2027, Form 7020

## Form 7020 – Responder Information/Declarations Form

B. Authorized Signature must come from “persons with the authority to contractually bind the Responder.”

D. Review Organizational Conflicts of Interest verbiage. Attach (upload) additional page identifying relationships that “...create, or appear to create, a conflict of interest with the work contemplated...”



MBA-7020

### Responder Information/Declarations Form – Grant RFP

The undersigned certifies, to the best of the undersigned's knowledge and belief, that:

A. **Response Contents.** The information provided is true, correct, and reliable for purposes of evaluation for potential contract award, and the Responder is competent to provide all the services set forth in its proposal. The submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the Responder to suspension or debarment proceedings as well as other remedies available by law.

B. **Authorized Signature.** This declaration is signed by the appropriate person(s), with the authority to contractually bind the Responder, as required by applicable articles, bylaws, resolutions, minutes, and ordinances.

C. **Non-Collusion Certification.**

1. The Proposal has been arrived at by the Responder independently and has been submitted without collusion and without any agreement, understanding or planned common course of action with any other vendor designed to limit fair or open competition; and
2. The contents of the Proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any other individual prior to the due date and time of this Solicitation. Any evidence of collusion among Responders in any form designed to defeat competitive responses will be reported to the Minnesota Attorney General for investigation and appropriate action.

D. **Organizational Conflicts of Interest.** State grant policy requires that steps and procedures are in place to prevent organizational conflicts of interest per 08-01 Conflict of Interest in State Grant-Making Policy. To the best of Responder's knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to an organizational conflict of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons:

1. A Responder is unable or potentially unable to render impartial assistance or advice to the State due to competing duties or loyalties; or
2. The Responder's objectivity in performing the grant contract work is or might be otherwise impaired due to competing duties or loyalties.

If it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for proposals, responder will provide, along with this form, a list containing the names of the entities, the relationship, and a discussion of the conflict.

In cases where a conflict of interest is in question, discovered, or disclosed, the Responders or grantees will be notified and given an opportunity to respond. Based on a review of the response and relevant facts, one or more of the following actions may be pursued:

- revising the grant work plan or grantee duties to mitigate the risk,
- requesting the grant applicant to submit an organizational conflict of interest mitigation plan,
- disqualification from eligibility for the grant award, amending the grant, or termination of the grant contract agreement.



# Required Statements SFY 2027, Form 7020, continued 2

## Form 7020 – Responder Information/Declarations Form

**E. Lobbying** – Relevant for requests of \$100,000+ and those using federal funds for proposed project.

**F. Subcontractors** – Indicate relevant percentages in Budget Narrative in Budget Workbook.

**G. Parent Company, Affiliates or Subsidiary** – must provide “written authorization from the parent, affiliate, or subsidiary organization granting the right to examine directly books, documents, papers, and records ...related to the resulting contract

**H. (a), (b) & (b)** – Complete this section using text box to describe past relevant work and organization’s staffing, current budget, and capacity related to RFP deliverables.

- E. Certification Regarding Lobbying.** For State of Minnesota contracts and grants over \$100,000 that will use (or may potentially use) any amount of federal funds to pay for all or part of the work under the contract, the undersigned certifies, to the best of the undersigned’s knowledge and belief that:
1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
  2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.
  3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.
- This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- F. Subcontractors.** Any proposed subcontractors will be identified in the RFP and the percentage of work under the contract to be performed by the prime contractor and each subcontractor will be indicated.
- G. Parent companies or affiliates.** If there is a reasonable expectation that the responder is or would be associated with any parent, affiliate, or subsidiary organization in order to supply any service, supplies or equipment to comply with the performance requirements under the resulting contract of the RFP, responder must include with this form written authorization from the parent, affiliate, or subsidiary organization granting the right to examine directly, pertinent books, documents, papers, and records involving such transactions that are related to the resulting contract. This right will be given to the Minnesota Department of Human Services, U.S. Department of Health and Human Services, and comptroller general of the United States. If, at any time after a proposal is submitted and a contract has been awarded, such an association arises as described in the paragraph above, responder will obtain a similar certification and authorization from the parent, affiliate, or subsidiary organization within 10 working days after forming the relationship.
- H. Performance Capacity:** Please respond to these questions as required by Minn. Stat. § 16B.981, subd. 2(1):
- a) Describe Responder’s history of performing the work that will be funded by the grant.
  - b) This includes describing the organization’s current staffing, current budget and grant capacity requirements related to the deliverables as set forth in the RFP.
- DESCRIBE
- 
- b) Has Responder been awarded or have an active grant from the Minnesota Board on Aging in the past 5 years?
- ☐ Yes ☐ No

# Required Statements SFY 2027, Form 7020, continued 3

## Form 7020 – Responder Information/Declarations Form

I. Certifying No Felony Financial Crime:  
Upload an organizational chart or list of organizational principals being certified.  
NOTE definition of PRINCIPAL.

J. Current Registry (“In Good Standing”) with MN Secretary of State

Company, Title of RFP (Dementia Grants),  
Signature, Date and Contact Info

- I. **No Felony Financial Crime:** Minn. Stat. § 16B.981, subd. 2(6) requires that no current principals of a grantee have been convicted of a felony financial crime in the last 10 years. *A principal is defined as a public official, a board member, or staff (paid or volunteer) with the authority to access funds provided by this grant opportunity or to determine how those funds are used.*  
By signing this form, Responder warrants that no current principal of Responder’s organization has been convicted of a felony financial crime in the last 10 years. **Upload or attach an organizational chart or list of principals to Responder’s Proposal for whom Responder is certifying.**
- J. **Evidence of Good Standing:** Potential grantees must certify that the organization has a status of “In Good Standing” with the Secretary of State as required by Minn. Stat. § 16B.981, subd. 2(3) and as part of the response to this RFP.

Is your organization (for-profit or nonprofit) registered with the Secretary of State and have a status of “In Good Standing”?

☐ Yes ☐ No

By signing this form, Responder acknowledges and certifies compliance with all applicable requirements indicated above and that all information is true and correct.

COMPANY NAME		TITLE OF RFP	
SIGNATURE		DATE	
PRINTED NAME		TITLE	
PHONE NUMBER	EMAIL ADDRESS		



For accessible formats of this information or assistance with additional equal access to human services, write to [DHS.info@state.mn.us](mailto:DHS.info@state.mn.us),

# Required Statements SFY 2027, Form 7896



MBA-7896

## Documentation to Establish Financial Stability – Grants

RESPONDER/COMPANY NAME

It is the policy of the State of Minnesota (State) to make grants to organizations that are sufficiently financially stable to carry out the purpose of the grant.

The information collected in response to this form will be used in State's determination of the award of the contract and is mandated by Minnesota law. It may be shared with other persons within the Minnesota Department of Human Services who may be involved in the decision-making process, and/or with other persons as authorized by law. If a Responder does not provide the requested financial information prior to grant contract execution upon State's request as indicated below, the Proposal will be found nonresponsive and given no further consideration. If a Responder's submission in response to this component does not demonstrate its financial stability, Responder may fail this requirement and be disqualified from further consideration. State reserves the right to request any additional information to assure itself of a Responder's financial reliability. In order to comply with this requirement, the documents identified will need to be submitted in response to the State's request before the grant contract agreement is fully executed.

All grantees as defined in Minn. Stat. §16B.981, subd. 1 (c) applying for grants in the state of Minnesota must undergo a financial review prior to a grant award of \$50,000 and higher. Select the option below that applies to Responder's organization. State will contact the Responder and request the indicated documentation upon its determination that Responder is a finalist in the solicitation process.

### 1. Nongovernmental Organizations

Responders must establish their financial stability consistent with the Office of Grants Management [Policy 08-06](#) by submitting the indicated documentation upon State's request.

1. Was Responder required to submit a 990 or 990-EZ for Responder organization's last fiscal year?

☐ Yes ☐ No

2. If Responder is exempt from filing or the organization has been in business for less than one year, please describe the internal controls Responder has over business expenditures and outcomes of the grant funds, if awarded. Examples of internal controls include, but are not limited to: documented policies and procedures; segregation of duties such as having different staff who enter receivables versus those who post payments; using a payroll system; requiring usernames and passwords, along with appropriate levels of access to systems; supervisor review and approval of payments and timecards; and other internal controls, including but not limited to those listed in the RFP, to ensure compliance with laws and regulations and safeguard use of grant funds.

3. Is Responder a charitable organization that made over \$750,000 in the last fiscal year and was required to have an audited financial statement per Minn. Stat. § 309.53?

☐ Yes ☐ No

4. Non-profit grant applicants may be required to submit the following documents upon State's request, as applicable to the organization and as required by Minn. Stat. § 16B.981, subd. 2(2) and 2(5) as part of the pre-award risk assessment:

- Most recent 990 or Form 990-EZ filed with the IRS
- If not in existence long enough or not required to file Form 990, Form 990-EZ or most recent audit, the nonprofit grant applicant must:
  - Demonstrate exemption – i.e., Provide a copy of the IRS determination letter
  - Submit the most recent set of board-reviewed (or managing group if applicable) financial statements
- Most recent audit as required, under Section 309.53, subd. 3.

## Three organizational types and questions for each:

1. Non-governmental Organizations – complete if you are not considered a formal unit of government.
  - Submission of IRS 990 or 990-EZ in past fiscal year.
  - Revenues >\$750,000 in last fiscal year.
  - Supplemental documents that non-governmental applicants may be asked to submit.



# Required Statements SFY 2027, Form 7896, continued

## 2. Governmental Organizations

Responders that have either 1) had an audit in the last year by the State Auditor or an outside auditing firm or 2) meet the requirements of the Single Audit Act are *not required to submit financial statements under this section*. State reserves the right to request financial information to assure itself of a governmental organization's financial status.

## 3. For-Profit Organizations

Please answer the following questions and certify the following:

1. Has the for-profit entity filed its most recent state and federal tax returns?

☐ Yes ☐ No

2. If Responder has been in business less than a year, please describe the internal controls Responder has over business expenditures and outcomes of the grant funds, if awarded. Examples of internal controls include but are not limited to: documented policies and procedures; segregation of duties such as having different staff who enter receivables versus those who post payments, using a payroll system, requiring usernames and passwords along with appropriate levels of access to systems, supervisor review and approval of payments and timecards, and other internal controls, including but not limited to those listed in the RFP, to ensure compliance with laws and regulations and safeguard use of grant funds.

DESCRIBE

3. Asset lien disclosure:

☐ Responder does not have any liens on assets

☐ Responder does have liens on assets: Please describe the assets and associated liens below:

DESCRIBE

4. Certify not under bankruptcy proceedings:

By signing this form, Responder certifies that the business is not under bankruptcy proceedings.

5. For-profit business Responders may be required to submit the appropriate documents upon State's request, pursuant to Minn. Stat. § 16B.981, subd. 3 as part of the pre-award risk assessment:

- Most recent federal and state tax returns
- Current financial statements

## 2. Governmental Organizations

- Unit of government (City or County) – generally not required to submit financials.

## 3. For-Profit Organizations

- Current on tax filings.
- Controls in place for new for-profits.
- Disclosure about any liens.
- Entity not under bankruptcy proceedings.

# Required Statements SFY 2027, Form 7896, continued 2

## 4. Supplemental Documentation

Responders concerned that their most recent IRS Form 990 does not demonstrate their organization's fiscal responsibility may supplement their Proposal with any of the additional material described in section 3.5(a)(1) above.

The submission of inaccurate or misleading information may be grounds for disqualification from the grant contract agreement award and may subject an organization to suspension or debarment proceedings, as well as other remedies available to the State, by law.

By signing this statement, Responder certifies that all information provided is true, correct, and reliable and that all indicated financial documentation will be provided to State upon State's request.

SIGNATURE		PRINTED NAME	
TITLE		PHONE NUMBER	DATE

## 4. Supplemental Documentation for non-profit applicants

- Opportunity to submit additional documents besides the IRS 990 to establish fiscal responsibility.

# Application - Responder Info

## ▼ Responder Info

### Project Name\*

### Project Focus Categories

All projects must perform work within one or more of the below categories. Choose all that apply.

- ☐ Increase Awareness
- ☐ Promote Early Identification
- ☐ Increase Cognitive Testing
- ☐ Connect Family, Friends, and Neighbors Caregiving

### Requested Project Grant Period\*

Please indicate if you are requesting a one year (12 months) or two year (24 month) project period.

### Counties in Project Area\*

Available Counties:

- |  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> Aitkin County     | <input type="checkbox"/> Dakota County    | <input type="checkbox"/> Lac qui Parle County     | <input type="checkbox"/> Olmsted County    | <input type="checkbox"/> Stearns County  |
| <input type="checkbox"/> Anoka County      | <input type="checkbox"/> Dodge County     | <input type="checkbox"/> Lake County              | <input type="checkbox"/> Otter Tail County | <input type="checkbox"/> Steele County   |
| <input type="checkbox"/> Becker County     | <input type="checkbox"/> Douglas County   | <input type="checkbox"/> Lake of the Woods County | <input type="checkbox"/> Pennington County | <input type="checkbox"/> Stevens County  |
| <input type="checkbox"/> Beltrami County   | <input type="checkbox"/> Faribault County | <input type="checkbox"/> Le Sueur County          | <input type="checkbox"/> Pine County       | <input type="checkbox"/> Swift County    |
| <input type="checkbox"/> Benton County     | <input type="checkbox"/> Fillmore County  | <input type="checkbox"/> Lincoln County           | <input type="checkbox"/> Pipestone County  | <input type="checkbox"/> Todd County     |
| <input type="checkbox"/> Big Stone County  | <input type="checkbox"/> Freeborn County  | <input type="checkbox"/> Lyon County              | <input type="checkbox"/> Polk County       | <input type="checkbox"/> Traverse County |
| <input type="checkbox"/> Blue Earth County | <input type="checkbox"/> Goodhue County   | <input type="checkbox"/> Mahnommen County         | <input type="checkbox"/> Pope County       | <input type="checkbox"/> Wabasha County  |
| <input type="checkbox"/> Brown County      | <input type="checkbox"/> Grant County     | <input type="checkbox"/> Marshall County          | <input type="checkbox"/> Ramsey County     | <input type="checkbox"/> Wadena County   |

# Application - Responder Info, continued

## Area Agencies on Aging\*

Please use the checkboxes to indicate Areas Agencies on Aging that will be served by your project. A map of Minnesota's Area Agencies on Aging can be found [here](#)

- ☐ Arrowhead Area Agency on Aging - Duluth
- ☐ Central Minnesota Council on Aging - Sartell
- ☐ Dancing Sky Area Agency on Aging - Warren
- ☐ Metropolitan Area Agency on Aging (d/b/a Trellis), Arden Hills
- ☐ Minnesota Indian Area Agency on Aging
- ☐ Minnesota River Area Agency on Aging - Mankato
- ☐ Southeastern Minnesota Area Agency on Aging - Rochester

## Minnesota Legislative District\*

What legislative district is your project primarily operating in? Click [here](#) to find your legislative district.

## Additional Minnesota Legislative Districts That You Serve

List here any additional Minnesota Legislative Districts you serve.

## Type of Service Agency\*

## Are you a returning grantee?\*

Have you received an MBA Dementia grant within the last four years?

- ☐ Yes
- ☐ No

## If yes:

Please identify the year of your most recent award. Describe what is different or what you plan to expand upon from your past project and this grant request.

# Application – Proposal Contents

## ✓ Proposal Contents

*The following will be considered minimum requirements of the proposal content with emphasis on completeness and clarity of content.*

### Executive Summary (25 points)

This component of the proposal should demonstrate the responder's understanding of the services requested in this RFP and any problems anticipated in accomplishing the work. Write a brief description of the proposed project, including: state funds requested, project focus category(ies), region where the project will occur as defined by the planning and service areas of the [Area Agencies on Aging](#), the project/program goals, and a short list of objectives and products/services to be developed.

The Executive Summary should also clearly describe/outline the responder's overall design of the project in response to achieving the purpose & deliverables as defined in this RFP. Specifically, the Executive Summary should demonstrate the responder's familiarity with: (a) the project elements; (b) its solutions to the problems presented; and (c) knowledge of the proposed services. **The executive summary from applicants awarded a grant may be posted on the Minnesota Board on Aging's public web page.**

1,400 characters left of 1,400

### Applicant Description (100 points)

This section must include information on:

- The existing programs and activities of the agency
- The number of people served, geographic area served
- Population served
- Staff experience- **include prior Dementia and Knowledge Training Completed and associated certificates; and completed Dementia and Knowledge Capture form (upload below)**
- Programmatic accomplishments.

Responders should include reasons why your organization is able to effectively complete the services outlined in the RFP. Be certain to demonstrate the length, depth, and applicability of all prior experience in providing the requested services. The responder should also demonstrate the skill and experience of lead staff and identify within the proposal a project manager with experience in planning and providing the proposed services.


3,000 characters left of 3,000

**Upload completed Dementia and Respite Knowledge Capture Form**



# Application – Proposal Contents, continued

## Description of Target Population\*

Everyone 

### Description of Target Population (175 points)

In this section, responders should clearly describe the need for the proposed project in their community that includes an overview of the overall project design.

*It is the policy of the State of Minnesota to ensure fairness, precision, equity and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. Policy 08-02 establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.*

This grant will serve:

- Racial and ethnic communities
- LGBTQI communities
- Native Americans
- Disabled Persons
- Veterans
- Geographic diversity within and across Minnesota (e.g., Greater Minnesota and/or urban/metro).

Grant outcomes will include one or more of the following:

- Increased awareness of Alzheimer's disease and other dementias
- Increased rate of cognitive testing
- Promoting the benefits of early identification
- Connecting family, friends and neighbors who are caregiving with education, support and resources

Grantees will measure performance in serving the diverse populations identified above by completing quarterly progress or "follow up" reports that align with the populations targeted for services.

In the text box below, Responders should describe the level of need for services in the community and what group or groups of individuals will be targeted for services by the Responder's program. Describe how Responder's program will serve diverse populations, and especially populations experiencing inequities and/or disparities in this area. Be sure to address any underserved populations specifically identified in this RFI.

If Responder is proposing work focused on a specific diverse or underserved population listed above—and if the Responder's staff is not representative of those community—the proposal and supporting budget must include a Cultural Consultant from that population.

6,000 characters left of 6,000

# Application – Work Plan

## ✓ Work Plan: Goal, Objectives, Activities, and Outcomes

### Work Plan: Goal, Objectives, Activities, and Outcomes. (300 points)

In this section, responders will start by providing one sentence that summarizes the goal of your project or program. Next, responders will identify a minimum of two (2) and a maximum of five (5) objectives of your project in order to reach the one or more identified focus categories as defined in Section II.B, Project Focus Categories, of the RFP. For each objective, choose a project activity from the drop-down menu. The proposed objectives will be used to measure progress and demonstrate the program's effectiveness, and will carry forward to the grantee's annual report.

**Describing plans to implement at least one evidence-based or evidence-informed program will be worth 100 of the total 300 points available in Section 4, Project Goals, Objectives, and Outcomes. This section is a required part of the application document for the scoring grid.**

To aid in maximizing their score, responders should involve at least one of the following groups as a partner in their proposal: human or social service organization; community-based organization; healthcare organization; a quasi-formal or other service provider; and/or local not-for-profit (e.g., an ethnic or culturally-focused organization) or for-profit business (e.g., an employer, a commercial venture), educational institution, unit of government, transportation agency, or trade association.

#### Optional: Scores can also be maximized in this section by including a description of how the proposed project:

- Is supported by the targeted population(s);
- Will use or enhance existing activities and resources or involve innovative approaches to achieving the proposed project's success;
- Will be coordinated with other community activities or health initiative(s); and/or
- Will strengthen community relationships or partnerships with health care entities.
- Includes and clearly identifies evidence-based or promising evidence-informed interventions intended to support family/friend caregivers.

For the last three bullet points listed above, responders should identify partners within the "people responsible" section for each Objective. Responders should clearly define roles and responsibilities in the project. Document the resources outlined within the explanation in the budget and responsibilities in the work plan that each partner will contribute to the project.

#### Project/Program Goal

In one sentence, summarize the goal of your project or program.

# Application – Work Plan, continued

## Objective #1: Estimated Outcomes (narrative)

Describe specific results that aim to achieve the overall project goal, such as skills and knowledge obtained, community connections made, services provided to people, etc.

## Objective #1: Estimated Outcomes (result)

Enter the estimated numerical result of the outcome described above (i.e., # of units/people served, community connections made, etc.).

#	<input type="text"/>
---	----------------------

## Objective #1: Estimated Outcomes (type)

Please identify the type of result corresponding to the numeric result above (e.g., # of: *workshops, training sessions, caregiver consultations, respite hours, dementia education events*

## Objective #1: Estimated Start Date

Dates should be incremental in regards to the overall project and not just the entire timeframe of the grant.

	<input type="text"/>
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## Objective #1: Estimated End Date

Dates should be incremental in regards to the overall project and not just the entire timeframe of the grant.

	<input type="text"/>
---	----------------------

# Application – Evaluation Plan

## ▼ Evaluation Plan

### Evaluation Plan (100 points)

The State is committed to funding services that produce a measurable result for the people of Minnesota. A successful responder must develop indicators of the success and effectiveness of the program and be able to measure and evaluate them to determine outcomes.

In this section, describe what lasting effects will be produced by the project and how your organization will continue the proposed project after it ends. Program and financial sustainability must be explicitly addressed in your proposed evaluation plan.

Discuss the relationship with other organizations that you have or will develop further that will help maintain the proposed project long- term, and describe the value of any coordination across service providers and any secondary benefits that happened and/or you propose will happen due to this coordination.

List surveys or other assessment tools you propose to use to assess and measure pre- and post-participant outcomes and how results will be summarized.

3,500 characters left of 3,500

# Application – Budget

## ▼ Budget

### Budget Proposal (300 points)

This section should specify the grant amount requested and detail all expenses for the proposed project. Using the template describe and explain what the estimated costs pay for. Identify what other ancillary services are being provided that have costs with them and which components are essential to delivering quality services. See pages 15-18 of the SFY 2027 RFP for instructions on how to complete the budget. Explain the proposed use of the grant funds and matching funds. **A twenty-five (25) percent match of the program/project total is required on estimated budgets between \$50,001 and \$150,000. No match is required for budgets less than \$50,000. To ensure your match is correctly calculated, please consult the match formulas on pages 18-19 of the SFY 2027 RFP document. Incorrectly calculated match may result in points reduction.**

### Budget Instructions\*

Your narrative should provide sufficient detail to justify the total amount budgeted in each category. The project budget must be complete and reasonable, must link to the proposed project activities, and must specify how the amounts for each budget item were determined. Responders are encouraged to apply for only the amount needed for their proposed projects. The total available funds will not necessarily be divided equally, nor will selected responders be guaranteed the entire amount requested. Budget proposals will be judged on efficient use of funds (that is, funds are being spent on direct services versus administrative costs, as detailed in their budget proposal) and overall cost-effectiveness. The purchase of all technology related items (computers, routers, etc.) must be specifically listed and detailed as either a supply or equipment as instructed below.

Please download the MBA SFY27 Budget Workbook form (XLSX) [here](#). Once completed, you can upload it below.

Upload a file [8 MiB allowed]

### Total Grant Funds Requested

This amount should match the Grant Funds Budget Total amount listed on the bottom of the Grants Funds Budget (Detail) page of the Grant Funds Budget worksheet. Please note that the total maximum grant request is \$150,000, regardless of grant period requested.

### Total Match Funds

This amount should reflect the total amount from all categories of the Match Funds Budget worksheet.

Required match for State Dementia Grants with requested funding between \$50,001 - \$150,000 is 25% of the total budget. Please consult the formula for calculating match that is in the RFP budget guidance section. **Do not submit a budget with an over-match amount.**  
No match is required for budgets less than \$50,000.

# Budget Template – Grant Funds Tab

## Regional and Local Dementia Grant Attachment B - Grant Funds Budget

Enter Responder Organization Name Here

SFY 2027 (July 1, 2026 - June 30, 2027 **or** June 30, 2028)

Please note, up to two-year budget proposal is allowed

Cost Categories	Explanation	SFY 2027 July 1, 2026 - June 30, 2027	SFY 2028 July 1, 2027 - June 30, 2028 (optional)	Total
<b>1. Personnel</b>	<b>Name, title, rate per hour, number of hours, FTE</b>			\$0
<a href="#">Instructions</a>				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
	<b>Subtotal</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>2. Fringe</b>	Percentage rate			\$0
<a href="#">Instructions</a>				\$0
				\$0
				\$0
	<b>Subtotal</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>3. Travel</b>				\$0
<a href="#">Instructions</a>				\$0
				\$0
				\$0
	<b>Subtotal</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>4. Building Space/Utilities</b>				\$0
<a href="#">Instructions</a>				\$0
				\$0
				\$0
	<b>Subtotal</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>5. Construction</b>				\$0
<a href="#">Instructions</a>				\$0
				\$0
				\$0
	<b>Subtotal</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>6. Equipment</b>				\$0
<a href="#">Instructions</a>				\$0
				\$0
				\$0
	<b>Subtotal</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

# Budget Template – Match Funds Tab

Match Funds Budget					
Enter Responder Organization Name Here					
SFY 2027 (July 1, 2026 - June 30, 2027 or June 30, 2028)					
Please note, up to two-year budget proposal is allowed					
Cost Categories	Explanation	Funding Source	Cash	In-Kind	Total
<b>1. Personnel</b> <a href="#">Instructions</a>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Subtotal	\$0	\$0	\$0
<b>2. Fringe</b> <a href="#">Instructions</a>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Subtotal	\$0	\$0	\$0
<b>3. Travel</b> <a href="#">Instructions</a>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Subtotal	\$0	\$0	\$0
<b>4. Building Space/Utilities</b> <a href="#">Instructions</a>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Subtotal	\$0	\$0	\$0
<b>5. Construction</b> <a href="#">Instructions</a>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Subtotal	\$0	\$0	\$0
<b>6. Equipment</b> <a href="#">Instructions</a>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0



# Budget Template – Subcontract Detail, Total Budget

## Sub-Contract Detail

Enter Responder Organization Name Here

SFY 2027 (July 1, 2026 - June 30, 2027 or June 30, 2028)

Please note, up to two-year budget proposal is allowed

[Instructions](#)

Subcontractor Name	Explanation and Computation of Costs	Grant	Match	Total
Name				\$0
				\$0
				\$0
	Subtotal	\$0	\$0	\$0
Name				\$0
				\$0
				\$0
	Subtotal	\$0	\$0	\$0
Name				\$0
				\$0
				\$0
	Subtotal	\$0	\$0	\$0
Name				\$0
				\$0
				\$0
	Subtotal	\$0	\$0	\$0
Sub-Contract Budget Total		\$0	\$0	\$0

< > Grant Funds Budget (Detail) Match Funds Budget (Detail) Sub-Contract (Detail) Total Budget Instructions

## Total Budget

Enter Responder Organization Name Here

SFY 2027 (July 1, 2026 - June 30, 2027 or June 30, 2028)

Please note, up to two-year budget proposal is allowed

NOTE: these values will auto-fill from the other budget worksheets.

Cost Categories	Grant Funds	Match Funds	Total
1. Personnel	\$0	\$0	\$0
2. Fringe	\$0	\$0	\$0
3. Travel	\$0	\$0	\$0
4. Building Space/Utilities	\$0	\$0	\$0
5. Construction	\$0	\$0	\$0
6. Equipment	\$0	\$0	\$0
7. Supplies	\$0	\$0	\$0
8. Administrative/ Indirect cost	\$0	\$0	\$0
9. Contractual	\$0	\$0	\$0
10. Other Costs (Specify)	\$0	\$0	\$0
Totals	\$0	\$0	\$0

> Grant Funds Budget (Detail) Match Funds Budget (Detail) Sub-Contract (Detail) Total Budget Instructions



# Proposal Evaluation and Selection Process

**MBA uses a three-part evaluation process** (see pp. 26-29 of RFP).

## **Phase I - Required Statements Review**

- Required Statements will be evaluated on a pass or fail basis. Responder will receive notification by April 1, 2026, on their Applicant Dashboard within the online portal if they will not be moving forward to Phase II, committee review.

## **Phase II - Evaluation of Proposal Requirements – Reviewer Scoring Components**

Proposal Components	Possible Points
1. Executive Summary	25
2. Description of the Applicant Organization	100
3. Description of Target Population	175
4. Project goals, objectives and workplan	300
5. Evaluation Plan	100
6. Budget proposal	300
Total Possible Points	1000

- Total of 1,000 possible points.
- Consider the number of points assigned to each component area.
- Note inclusion of evidence-based program is needed in 4. Project goals, objectives and workplan, to get maximum points for this component.

# Selection Process, continued

## **Phase III - Selection of the Successful Responder(s)**

- Only the proposals found to be responsive, or complete, under Phases I & II, will be considered by a review committee.
- Reviewers' role is to recommend a slate of proposals to the MBA.
- MBA staff vets recommended proposals using a Pre-Award Risk Assessment protocols (Minnesota Statute 16B.981 and Office of Grants Management Policy 08-06).
- Members of the MBA approve a final slate for SFY 2027.
- MBA staff will notify in writing those responders invited to enter contract negotiations.

# Proposal Evaluation and Selection Process, continued (2)

## **Pre-Award Risk Assessment:**

For grants of \$50,000 or more and subject to section 16B.98, before an agency awards a competitive, legislatively named, single-source, or sole-source grant, the agency must complete a pre-award risk assessment to assess the risk that a potential grantee cannot or would not perform the required duties. In making this assessment, the agency must review the following information as applicable:

- Grantee's history of performing duties similar to those required by the grant.
- For a potential grantee that is a nonprofit organization, the potential grantee's most recent Form 990 or Form 990EZ.
- For a potential grantee that is a for profit, the grantee's most recent federal and state tax returns, financial statements, certification the business is not under bankruptcy proceedings and disclosure of any liens on its assets.

# Key Dates for SFY 2027

- March 20, 2026: Applications are due by 4 p.m. Central Time.
- April 1, 2026: Phase I denial notices sent to responders.
- April & May 2026: Review and scoring applications; MBA staff-conduct Pre-Award Risk Assessment.
- June 2026: Negotiation Conferences.
- July 1, 2026: SFY 2027 grantee anticipated project start date.

# Important Items to Remember

- Submit ahead of deadline – online grants portal closes automatically at 4 p.m. on March 20, 2026.
- A Unique Entity Identifier (UEI) is needed in SFY 2027 to complete Form 7018.
- \$150,000 is the maximum total request for a 12-month or 24-month project.
- If electing a 24-month project period, please complete a two-year Grant Funds Budget (tab 1 of the Budget Workbook).
- Make sure you are calculating required match correctly. See formula on pp. 19-20 of the Request for Proposal document.
- Make sure Required Statements (7018, 7019, 7020, 7896) are current to SFY 2027, completely filled out, and signed and dated by an Authorizing Official.

# Important Items to Remember, continued

- Build costs of additional insurances needed into your budget for duration of grant period chosen.
- Connect with your **ElderCare Development Partnership** for technical assistance for your proposal.
- Questions submitted via email to [Jane.E.Cunningham@state.mn.us](mailto:Jane.E.Cunningham@state.mn.us) will be answered in a FAQ document updated and posted bi-weekly between Jan. 14, 2026, and March 13, 2026.



## Questions?

[Email Jane Cunningham](#) with additional questions of a technical nature.

MBA will update and post a FAQ document every two weeks, if needed, through March 13, 2026.

# Thank You!