

MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD  
Zoom Meeting – Web Access

September 10th, 2020  
9 AM to 11 AM  
Agenda

1. Meeting called to order
2. Introduction of Berit Spors, McLeod's HHS Director
3. Additions to the Agenda
4. Approval of August 13th 2020 meeting minutes\*
5. Fiscal Administration
  - a. Approval of Expense Report\*
  - b. Approval of Financial Statements\*
6. Administrative Items
  - a. Influenza Vaccine Project 2020\*
  - b. Credit Card Policy\*
  - c. Credit Card Agreement\*
  - d. WIC Peer opening
7. Other Agenda Items
  - a. County Updates (McLeod, Meeker, Sibley)
  - b. CHS update

Adjourn

Attachments:

- August 13th, 2020 Meeting Minutes
- Expense Report
- Financial Statements
- Influenza Vaccine Project 2020
- Credit Card Policy
- Credit Card Agreement
- WIC Peer Job Description

2020 Meeting Dates

October 8<sup>th</sup>  
November 12<sup>th</sup>  
December 10<sup>th</sup>

*All meetings are 9-11 unless  
otherwise specified*



**MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD Meeting Minutes**  
**Thursday, August 13, 2020**  
**9AM to 11AM**  
**Held via Zoom Meeting**

**Board Members**

Beth Oberg.....present  
Joe Tacheny.....absent  
Mike Housman.....present

Ron Shimanski.....present  
Joe Nagel.....absent  
Rich Pohlmeier.....present

Bill Pinske.....present  
Bobbie Harder.....present  
Joy Cohrs.....absent

**Staff Present**

Kiza Olson.....present  
Diane Winter.....present  
Rose Anderson.....present

Amanda Maresh.....present  
Meghan Mohs.....absent

Klea Rettman.....present  
Rachel Fruhwirth... present

**Guests:** State Auditors: Brittany Palmain and Stephanie Erickson

**1. Meeting called to order by Chair Mike Housman at 9:08 a.m.**

**2. Introduction of Intern, Kimberly Thielen\***

**3. Additions to the Agenda**

Motion to approve the agenda by Ron Shimanski and seconded by Bill Pinske to approve the agenda with addition of: audit group joining meeting at 9:15 a.m. Motion carried by unanimous consent.

**4. Approval of April 9th, 2020 Meeting Minutes\***

Motion by Bobbie Harder and seconded by Ron Shimanski to approve the June 11, 2020 minutes as written. Motion carried by unanimous consent.

**5. Audit Group Report**

Stephanie Erickson gave a brief status statement. Stated responsibilities and outlined plan, scope and time of audit, and reviewed findings in last year's letter. CHS and CDS materials requested and received. There will be a single audit of WIC. Audit to be completed by September 30, 2020 with an auto extension of 3 months, if necessary. Currently, timeframes are being met. Meeting will be held in September, if single audit met as anticipated.

**6. Fiscal Administration**

a. Approval of Expense Report

Expense reports were not included in board packet and will be reviewed at next meeting.

b. Approval of Financial Statements\*

On motion by Bill Pinske and seconded by Rich Pohlmeier it was agreed by unanimous consent to approve the financial statements for June and July 2020.

c. Updates from the MMS CHB Finance Committee

Kiza Olson reported on short meeting held via Zoom where the navigation and monetary request of Cares Funding was discussed. It was determined no requests need to occur and counties are right on track.

**7. Administrative Items**

a. County Updates(McLeod, Sibley, Meeker)

Amanda Maresh, McLeod County, (226 positive cases as of today) reported that due to uptick in cases, State Operations Center is open and meet at 4 p.m. each day. A Mass testing site will be held August 20, 2020 in Glencoe.

# ***Meeker-McLeod-Sibley Community Health Services***

1805 Ford Avenue, Suite 200  
Glencoe, Minnesota 55336

Direct Line (507) 766-3531  
Fax Number (320) 864-1484

Diane Winter reported for Meeker County (87 positive cases) stating agency continues to provide essential services to all positive cases. Total public intake complaints and business questions have been fulfilled and satisfied, in compliance. Continue to work with LTC facilities for favorable outcomes. Desire is to open for family visiting, however, testing is necessary. To support increase number of Hispanic cases, working with church to identify needs. Staff is coordinating with school nurses to help with school opening. A temporary, part-time liaison position is open for hire to help support positive cases. The County Board approved hiring a casual part time PHN to conduct case investigations/contact tracing on behalf of Meeker County. Will fund through CARES ACT and contact case funding.

Rachel Fruhwirth reports that Sibley County (84 positive cases) is partnering with McLeod County, to help with mass flu clinics, and due to overlap, working on setting up School Safe Learning Plan and needs with high case levels.

b. CHS update on grants

Kiza Olson stated working on budget plans for MCH and SHIP (for year 5 extension) and are progressing well. A small Radon Grant, due August 21, 2020, is being considered and also a Vaccination Grant for flu immunizations.

It was established that prior to applying for a grant, CHS Administrator, will give awareness to CHB for approval and if/when formal approval of grant is given, it will be presented to CHB for acceptance.

## **8. Other Agenda Items**

a. COVID-19 Update

Kiza Olson, CHS administrator, stated information is being received and communicated well.

b. Safe Learning Plan\*

Kiza Olson shares work is being done with schools towards helping our children return safely to school, following the plan. Commissioners will accept input.

c. Bobbie Harder questioned information she heard on medicine refills being given without medical input. Staff had no knowledge of this. Harder also questions the procedure for workplace testing of positive employees. Staff explained: if employee tested positive, the first step would be to identify other employees they have had "close contact" with, monitor those employees for symptoms/isolate and then state (MDH) would identify if it qualifies as an outbreak vs. cluster for follow up.

## **9. Adjourn**

Board Chair, Mike Housman called meeting adjourned at 9:47 a.m. following motion by Bill Pinske and seconded by Ron Sminanski to adjourn meeting, board gave unanimous agreement.

### **Attachments:**

- Kimberly Thielen Introduction
- June 11, 2020 Meeting Minutes
- Financial Statements (June and July)
- Safe Learning Plan

### 2020 Meeting Dates

September 10<sup>th</sup>

October 8<sup>th</sup>

November 12<sup>th</sup>

December 10<sup>th</sup>

*All meetings at 9-11 a.m. unless  
otherwise specified*

Ron Shimanski, MMS CHS Board Secretary

Date

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MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES  
INVOICE PAYMENTS

June 9, 2020

Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
4Imprint, Inc.	25303 Network Place	Chicago	IL	60673-1253	\$ 4,950.54	19864456	FPSP	Office Supplies	206	6402	Printed Totes & Hand Sanitizer
Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 98.58	25837889	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 17.52	25837888	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll



**MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES  
INVOICE PAYMENTS**

June 24, 2020

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
24-Jun	Conway, Deuth & Schmiesing, PLLP	820 Sibley Ave N	Litchfield	MN	55355	\$ 3,675.00	277055	Local Public Health Grant	Professional Services	100	6265	Accounting Services
24-Jun	Meeker County Public Health	114 N Holcombe Ave, Suite 250	Litchfield	MN	55355	2785.00	Jun-20	Local Public Health Grant	Professional Services	100	6265	Admin. Services
24-Jun	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 99.32	25848043	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
24-Jun	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 224.50	25848044	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
24-Jun	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 5.48	25855557	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
24-Jun	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 204.75	25865881	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
24-Jun	Reliance Standard Life Ins	PO Box 82510	Lincoln	NE	68501-2510	\$ 806.08	Jul-20					Dental, Life & Disability

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES  
INVOICE PAYMENTS

Date Uploaded to CDS:  
July 8, 2020

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
8-Jul	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 5.48	25875439	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
8-Jul	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 87.75	25875440	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
8-Jul	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 224.87	25882566	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
8-Jul	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 99.45	25888718	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
8-Jul	Vivid Image, Inc	897 Hwy 15 S	Hutchinson	MN	55350	\$ 930.00	15773	Local Public Health Grant	Professional Services	100	6265	Website Annual Renewal

**MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES  
INVOICE PAYMENTS**

Date Uploaded to CDS:  
July 22, 2020

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
21-Jul	Conway, Deuth & Schmiesing, PLLP	820 Sibley Ave N	Litchfield	MIN	55355	\$ 3,135.00	278083	Local Public Health Grant	Professional Services	100	6265	Accounting Services
21-Jul	Meeker County IT Department	325 N Sibley Ave	Litchfield	MIN	55355	\$ 1,009.08	Jul-20	Local Public Health Grant	Office Supplies	100	6402	Laptop
21-Jul	Meeker County Public Health	114 N Holcombe Ave, Suite 250	Litchfield	MIN	55355	\$ 2,440.00	20-Jul	Local Public Health Grant	Professional Services	100	6265	Professional Services
21-Jul	Minnesota Counties Computer Cooperative	100 Empire Drive Suite 201	St. Paul	MIN	55103-1846	\$ 6,620.00	2007069	Local Public Health Grant	PH-Doc Software	100	6264	PH-Doc Software Support

**MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES  
INVOICE PAYMENTS**

Date Uploaded to CDS:  
June 5, 2020

Vendor Name	Vendor State	Vendor Zip Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
Kiza Olson	MN	55355	\$ 1,000.00	Jun-20	Project Harmony Grant	Communications	212	6203	HIPAA Complicant Video
Kiza Olson	MN	55355	\$ 999.00	Jun-20	Local Public Health Grant	Communications	100	6203	HIPAA Complicant Video
Patricia Buerkle	MN	55335	\$ 748.50	Jun-20	FPSP	Other Charges & Services	206	6350	College Planners
Peopleready Inc	IL	60677-1000	\$ 17.52	25826785	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
Peopleready Inc	IL	60677-1000	\$ 136.90	25826786	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
Peopleready Inc	IL	60677-1000	\$ 17.52	25830229	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
Peopleready Inc	IL	60677-1000	\$ 54.79	25830230	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
Peopleready Inc	IL	60677-1000	\$ 38.33	25830680	WIC Peer Grant	Professional Services	234	6265	WIC Peer Payroll
Vivid Image, Inc	MN	55350	\$ 6,099.52	15681	FPSP	Professional Services	206	6265	Professional Services







MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES  
INVOICE PAYMENTS

Date Uploaded to CDS:  
August 14, 2020

Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
Regents of the University of Minnesota	NW 5960, PO Box 1450	Minneapolis	MN	55485-5960	\$ 50.00	2110008129	WIC-Admin	Training	225	6360	Webinar Training

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**MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES  
INVOICE PAYMENTS**

Date Uploaded to CDS:  
August 5, 2020

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment
5-Aug	Now Micro Inc	1645 Energy Park Dr Suite 100	St. Paul	MN	55108	\$ 985.00	IV514374	WIC Peer Grant	Small Equipment	234	6612	WIC Peer Laptop
5-Aug	Reliance Standard Life Ins	PO Box 82510	Lincoln	NE	68501-2510	\$ (24.96)	9-08507-0001					Dental, Life & Disability
5-Aug	Vivid Image, Inc	897 Hwy 15 S	Hutchinson	MN	55350	\$ 900.00	15926	Healthy Communities Coalition	Professional Services	103	6265	Annual Website Hosting

**MEEKER - MCLEOD - SIBLEY COMMUNITY HEALTH SERVICES**  
**2020 STATEMENT OF RECEIPTS AND DISBURSEMENTS**

Grant Programs	Balance Forward as of 12/31/2019	2020 Receipts				2020 Disbursements				Balance on Hand as of 8/31/2020
		Grant Dollars	Other Dollars	Total Revenue	Vendors	Employees	Meeker County	McLeod County	Sibley County	Total Expenses
100 Local Public Health Grant	262,693.00	189,834.00	874.00	190,708.00	98,910.52	54,457.00	25,568.00	39,658.00	16,409.00	235,002.52
103 Healthy Communities Act	9,754.67	1,500.00	4,500.00	6,000.00	2,370.00	0.00	0.00	0.00	0.00	2,370.00
104 CRABC	1,045.86	1,500.00	0.00	1,500.00	164.49	0.00	0.00	0.00	0.00	164.49
105 SAVE	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
106 Juniper	3,295.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
203 Early Hearing Detection	600.00	2,100.00	0.00	2,100.00	0.00	0.00	750.00	825.00	600.00	2,175.00
205 Follow Along	0.00	6,072.00	0.00	6,072.00	0.00	0.00	2,024.00	2,024.00	2,024.00	6,072.00
206 FPSP	(2,197.83)	28,059.88	0.00	28,059.88	12,124.89	0.00	3,389.28	5,657.52	5,818.15	26,989.84
209 MCH	0.08	81,891.00	0.00	81,891.00	0.00	0.00	25,648.00	39,783.00	9,566.86	74,997.86
212 Project Harmony Grant	(18,729.36)	134,474.85	2,173.52	136,648.37	20,752.85	26,434.43	49,628.27	28,307.43	3,908.13	129,031.11
224 TANF	0.03	72,094.95	0.00	72,094.95	0.00	0.00	22,317.84	34,616.91	15,160.20	72,094.95
225 WIC-Admin	3,847.94	402,225.09	45.00	402,270.09	22,433.95	69,015.69	105,331.66	126,151.69	51,404.65	374,337.64
226 WIC-Breastfeeding Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
227 WIC Client Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
230 SHIP	(8,039.00)	153,492.77	0.00	153,492.77	22,777.45	39,622.08	55,525.60	0.00	13,940.56	13,588.08
234 WIC Peer Grant	(6,550.54)	14,225.00	7,682.00	21,907.00	10,510.42	6,681.60	795.00	0.00	0.00	17,987.02
237 Suicide Prevention Grant	0.00	6,769.34	0.00	6,769.34	3,000.00	0.00	0.00	2,246.72	0.00	5,246.72
300 Disease Prev. & Control	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
303 Health Disparities	1,518.00	145,122.00	24.83	145,146.83	1,178.17	0.00	31,320.00	48,580.00	20,100.00	101,178.17
401 Healthy Homes	0.00	36,258.62	0.00	36,258.62	0.00	0.00	13,300.27	13,396.38	9,562.00	36,258.65
501 MRC	267.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
502 Emergency Preparedness	(8,931.26)	55,628.61	0.00	55,628.61	16,672.60	33,586.10	0.00	0.00	0.00	50,258.70
505 EP - CRI	(13,654.34)	0.00	0.00	0.00	707.06	10,323.92	0.00	0.00	0.00	11,030.98
601 Child & Teen Checkups (C&TC)	(4,759.67)	176,914.99	0.00	176,914.99	0.00	0.00	69,934.75	71,733.65	35,246.59	176,914.99
Total	220,210.52	1,508,163.10	15,299.35	1,523,462.45	211,602.40	240,120.82	405,532.67	412,980.30	183,740.14	1,453,976.33

WIC - Women Infants Children Grant  
FPSP - Family Planning Special Project  
SHIP - Statewide Health Improvement Program  
PHER - Public Health Emergency Response

**MEEKER - MCLEOD - SIBLEY COMMUNITY HEALTH SERVICES  
AUGUST 2020 STATEMENT OF RECEIPTS AND DISBURSEMENTS**

Grant Programs	Balance on Hand as of 7/31/2020	April 2020 Receipts			April 2020 Disbursements				Balance on Hand as of 8/31/2020		
		Grant Dollars	Other Dollars	Total Revenue	Vendors	Employees	Meeker County	McLeod County		Sibley County	Total Expenses
100 Local Public Health Grant	252,887.59	0.00	874.00	874.00	28,499.11	6,864.00	0.00	0.00	0.00	35,363.11	218,398.48
103 Healthy Communities Act	14,284.67	0.00	0.00	0.00	900.00	0.00	0.00	0.00	0.00	900.00	13,384.67
104 CRABC	2,471.76	0.00	0.00	0.00	90.39	0.00	0.00	0.00	0.00	90.39	2,381.37
105 SAVE	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
106 Juniper	3,295.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,295.00
203 Early Hearing Detection	0.00	525.00	0.00	525.00	0.00	0.00	0.00	0.00	0.00	0.00	525.00
205 Follow Along	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
206 FPSP	4,017.65	0.00	0.00	0.00	0.00	0.00	1,185.20	926.32	3,033.92	5,145.44	(1,127.79)
209 MCH	0.08	6,893.14	0.00	6,893.14	0.00	0.00	0.00	0.00	0.00	0.00	6,893.22
212 Project Harmony Grant	9,591.86	450.03	0.00	450.03	1,697.08	3,129.60	10,728.00	4,718.92	810.39	21,083.99	(11,042.10)
224 YANF	20,336.37	0.00	0.00	0.00	0.00	0.00	7,439.28	11,538.97	1,358.09	20,336.34	0.03
225 WIC-Admin	423.40	42,108.00	45.00	42,153.00	2,420.89	8,375.12	0.00	0.00	0.00	10,796.01	31,780.39
226 WIC-Breastfeeding Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
227 WIC-Client Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
230 SHIP	(15,192.03)	34,825.99	0.00	34,825.99	1,341.88	4,704.00	0.00	0.00	0.00	6,045.88	13,588.08
234 WIC Peer Grant	(6,634.85)	6,733.00	0.00	6,733.00	2,088.79	639.92	0.00	0.00	0.00	2,728.71	(2,630.56)
237 Suicide Prevention Grant	(3,595.49)	4,522.62	0.00	4,522.62	0.00	0.00	0.00	0.00	0.00	0.00	927.13
300 Disease Prev. & Control	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
303 Health Disparities	46,349.51	0.00	0.00	0.00	862.85	0.00	0.00	0.00	0.00	862.85	45,486.66
401 Healthy Homes	9,576.99	14,451.77	0.00	14,451.77	0.00	0.00	10,684.49	5,869.26	7,475.04	24,028.79	(0.03)
501 MRC	267.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	267.94
502 Emergency Preparedness	(7,783.17)	10,073.70	0.00	10,073.70	1,904.66	3,947.22	0.00	0.00	0.00	5,851.88	(3,561.35)
505 EP - CHI	(23,351.10)	0.00	0.00	0.00	83.43	1,250.79	0.00	0.00	0.00	1,334.22	(24,685.32)
601 Child & Teen Checkups (C&TC)	29,888.82	0.00	0.00	0.00	0.00	0.00	14,034.00	8,932.83	11,681.66	34,648.49	(4,759.67)
Total	336,885.00	120,583.25	919.00	121,502.25	39,889.08	28,910.65	44,070.97	31,986.30	24,359.10	169,216.10	289,171.15

WIC - Women Infants Children Grant  
FPSP - Family Planning Special Project  
SHIP - Statewide Health Improvement Program  
PHER - Public Health Emergency Response





# Influenza Vaccine Projects 2020

GRANT REQUEST FOR PROPOSAL (RFP)

Minnesota Department of Health  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-5414  
[health.flu@state.mn.us](mailto:health.flu@state.mn.us)  
[www.health.state.mn.us/flu](http://www.health.state.mn.us/flu)

07/27/2020

To obtain this information in a different format, call: 651.201.5414.

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## RFP Part 1: Overview

### 1.1 General Information

- Announcement Title: Influenza Vaccine Projects 2020
- Minnesota Department of Health (MDH) Program Website: [Request for Proposal \(RFP\) for Influenza Vaccine Projects 2020](https://www.health.state.mn.us/diseases/flu/hcp/vaccine/rfp.html) (<https://www.health.state.mn.us/diseases/flu/hcp/vaccine/rfp.html>)
- Letter of Intent Deadline: August 14, 2020
- Application Deadline: Funds will be awarded until expended, no new applications will be accepted after January 30, 2021.

### 1.2 Program Description

The primary purpose of this funding is to enhance influenza vaccination coverage as a critical part of COVID-19 response work. Increasing influenza vaccination coverage is an essential step to decrease stress on the health care system and at time when SARS-CoV-2 is expected to be circulating. Successful vaccination campaigns during the COVID-19 pandemic will also need to consider disease prevention measures, particularly implementation of social distancing and the use of personal protective equipment (PPE) or cloth face coverings by vaccinators and participants.

Additionally, the infrastructure to effectively deliver flu vaccine is expected to be foundational to COVID vaccine campaigns. Developing effective strategies to improve influenza vaccination in underserved, hard-to-reach and high risk populations this fall (2020) is timely preparation to ensure these populations can access COVID vaccine once it is available.

Funded vaccination activities will include populations with low influenza vaccination coverage, populations at high risk for complications from influenza and from COVID-19, populations with known coverage disparities, and providers/partners that work with these populations.

In addition to funding specific projects, MDH expects additional doses of influenza vaccine to be available to supplement these activities. Additional doses of flu vaccine are likely to be available no earlier than November and should be used to enhance late season vaccination. Providers will need to complete a "Provider Agreement" and be able to demonstrate satisfactory storage and handling practices to receive this vaccine. Completion of these items can be included in applicant's proposals if the organization is not already enrolled in the Minnesota Vaccines for Children program or the Underinsured and Uninsured Adult Vaccine programs.

Applicants may submit an application for either or both of the projects described below.

#### **Project 1: Improve coverage through implementing best practices**

Routinely offering influenza vaccine in settings that serve uninsured and diverse populations has potential to significantly reduce disparities in coverage. However, health care providers serving these communities have constrained resources and are often unable to implement immunization best practices to fully maximize vaccine uptake. This project will fund grantees to



implement evidence-based and evidence-informed practices to increase vaccine uptake among diverse, hard-to-reach or high-risk patients seeking care in a clinic, pharmacy or public health setting. Funding should be focused on activities that have potential for more significant impact such as extended or enhanced hours to provide immunization-only visits, improving the utilization of the Minnesota Immunization Information Connection, conducting reminder or recall efforts, and offering flu vaccine at all patient encounters. MDH will prioritize clinics or organizations enrolled in the [Uninsured and Underinsured Adult Vaccine \(UUAV\) Program](https://www.health.state.mn.us/people/immunize/hcp/uuav/index.html) (<https://www.health.state.mn.us/people/immunize/hcp/uuav/index.html>).

### Project 2: Mobile or Field Flu Vaccination

Convenience of obtaining flu vaccine is a significant predictor in uptake for adults. This project will fund grantees to administer flu vaccine in non-clinic settings such as workplaces, faith-settings, community centers, shelters, correctional facilities, assisted living facilities, and other non-clinic settings where vaccination may be easily accessed. Vaccine should be administered by mobile “field teams” or “strike teams.” Activities will be planned with elements that could help bolster COVID vaccination activities and report out specific metrics on the success of those tasks (e.g. calculating throughput or using MIIC to assess the patient’s vaccination history). MDH will prioritize organizations enrolled in the [Uninsured and Underinsured Adult Vaccine \(UUAV\) Program](https://www.health.state.mn.us/people/immunize/hcp/uuav/index.html) (<https://www.health.state.mn.us/people/immunize/hcp/uuav/index.html>).

The Minnesota Department of Health will be administering the grants, prioritizing grantees best positioned to accomplish the goals described above.

## 1.3 Funding and Project Dates

### Funding

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

#### Project 1: Improve coverage through implementing best practices

Funding	Estimate
Estimated Amount to Grant	\$220,000
Estimated Number of Awards	30
Estimated Award Maximum	\$15,000
Estimated Award Minimum	\$5,000

#### Project 2: Mobile or Field Vaccination

Funding	Estimate
Estimated Amount to Grant	\$1,040,000

Funding	Estimate
Estimated Number of Awards	15
Estimated Award Maximum	\$100,000
Estimated Award Minimum	\$40,000

## Match Requirement

There are no match requirements under this project.

## Project Dates

The funding for these projects are estimated to begin September 14, 2020 and end on June 30, 2021.

## 1.4 Eligible Applicants

Project 1: Education and best practices around flu vaccine.

- Health care organizations, priority given to clinics and community health centers
- Community Health Boards
- County and City Governments
- Tribal Governments
- Community-based organizations
- Pharmacies

Applications to Project #1 must demonstrate:

- Experience providing technical assistance and or training to health care providers administering vaccine

Project 2: Field or On-site Vaccination

- Health care organizations
- Community health boards
- County and city governments
- Tribal governments
- Community-based organizations
- Correctional health providers and correctional facilities
- Pharmacists and pharmacies
- Community vaccinators

Applications to Project #2 must demonstrate:

- The ability to train staff in vaccine administration, including mechanisms to ensure these skills are maintained.
- That all applicable licensing and Board of Practice regulations in the State of Minnesota will be followed.



Applicants to either project should demonstrate:

- The ability to reach adult patients that have limited access or cost barriers to routine immunization services. These groups may include: underinsured or uninsured patients, persons of color, or living in an underserved community (e.g. Amish, recently immigrated, persons experiencing homelessness, people who are incarcerated), or the ability to reach populations at particularly high risk of COVID or influenza, including health care workers, residents of long-term care facilities, or persons with chronic health conditions.
- Previous partnership with MDH, or local public health organization.
- Preparation to track flu doses administered and ideally be able to compare the funded flu season to past seasons.
- The ability to use the entire budget period to complete activities.
- Experience providing vaccine services. In collaborative applications at least one applicant organization must have experience providing vaccine services.

Projects that are aimed at adult populations are highly encouraged, however projects that have the potential to improve vaccine coverage among families will also be considered (e.g. school-located vaccination projects) especially if the project addresses a regional gap in vaccine access. Projects that target families must include both adults and children.

Funded projects will be regionally representative to best ensure access to vaccination in Greater Minnesota.

## Collaboration

Applicants are encouraged to submit collaborative applications to develop a more comprehensive proposal with a broader scope. For example, community health boards may assist clinics in their area with immunization best practices or clinics applying together may implement in multiple sites.

## 1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to [health.flu@state.mn.us](mailto:health.flu@state.mn.us) and will be responded to directly or posted each week on Fridays at [Request for Proposal \(RFP\) for Influenza Vaccine Projects 2020](https://www.health.state.mn.us/diseases/flu/hcp/vaccine/rfp.html) (<https://www.health.state.mn.us/diseases/flu/hcp/vaccine/rfp.html>).

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

## RFP Part 2: Program Details

### 2.1 Priorities

#### Health Equity Priorities

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. [The Policy on Rating Criteria for Competitive Grant Review \(https://mn.gov/admin/assets/08-02%20grants%20policy%20revision%20September%202017%20final\\_tcm36-312046.pdf\)](https://mn.gov/admin/assets/08-02%20grants%20policy%20revision%20September%202017%20final_tcm36-312046.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The goals of this grant are to improve seasonal influenza vaccine coverage among underserved and high risk populations and to improve capacity for COVID vaccine campaigns.

This grant will serve:

- Communities with lower flu vaccination coverage including Black, Latinx, Native American and recently immigrated groups.
- People that have difficulty accessing routine immunization services and primary care.

Grant outcomes will include:

- Successful facilitation of projects that
  - Enhance resources for clinics serving people with barriers to immunization services
  - Increased access to influenza vaccine for underserved communities
- Measurable increase in the number of influenza vaccine doses administered by funded organizations and coverage improvements in their corresponding geographic areas

#### Other Competitive Priorities

Successful applications will:

- Demonstrate successful flu vaccination projects with robust participation and uptake.
- Incorporate MIIC into each step of the vaccination process through training of key staff.
- Demonstrate capability to reach diverse patients.
- Provide adequate access in Greater MN and underserved geographic areas.
- Improve access to flu vaccine through Minnesota's public vaccine programs.
- Develop effective strategies for upcoming COVID vaccination campaigns.
- Establish relationships with critical infrastructure businesses (e.g. healthcare, food production, utilities, first responders) for COVID mitigation strategies.



## 2.2 Eligible Projects

Project 1: Implement or enhance practices for administration of flu vaccine to both improve availability and efficiency in clinic settings. Applicants should briefly describe how their clinic currently uses the Minnesota Immunization Information Connection (MIIC) and include at least one strategy that expands their use of MIIC capabilities. Additionally, projects must include strategies for adapting to vaccination during the COVID-19 Pandemic and a summary of how lessons learned can contribute to pandemic vaccination.

Projects **must** include:

- **Identification of an “immunization champion”** to lead and facilitate this project. This role should include being the MIIC use lead for the applicant organization.
- **Improvement of capability to use MIIC**, specifically related to timely dose entry into MIIC or use of MIIC tools like Client Follow-up and the Single Vaccine Assessment Report. Consultation with [MIIC Regions and Regional Coordinators](https://www.health.state.mn.us/people/immunize/miic/participate/regions.html) (<https://www.health.state.mn.us/people/immunize/miic/participate/regions.html>) should be included where appropriate (for primary care and local public health settings).
- **At least one activity to improve uptake.** (e.g. reminder/recall campaign, social media outreach, patient education, expanded access to vaccination service hours)
- Strategies that **encourage vaccination through January and later.**
- Report of **lessons learned that can be applied to COVID vaccination.** (MDH will provide a template for reporting.)
- Evidence that vaccinators can **adhere to current COVID prevention recommendations**, including social distancing and appropriate use of PPE and source control. (Costs associated with this may be included in the budget or may be a part of the organization’s normal operational budget.)

Projects **may** include:

- Addition of staff time to administer flu vaccine.
- Purchases to increase storage and handling capacity, material purchases to increase the efficiency of vaccinating (e.g. ancillary supplies, data loggers). Purchases should directly relate to best practices described by the Centers for Disease Control’s vaccine [Storage and Handling Toolkit](https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html) (<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>).
- Materials and staff time needed for adoption of guidelines for immunization services during the COVID-19 pandemic [Vaccination Guidance During a Pandemic](https://www.cdc.gov/vaccines/pandemic-guidance/index.html) (<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>).
- Improvement of technical capability, potentially the upgrading of an EMR interface specific to immunization, limited purchase of equipment like iPad or laptops, dedicated staff time or training on MIIC or other immunization-related informatics or technology.

### Resources:

- [Standards for Adult Immunization Practice](https://www.izsummitpartners.org/adult-immunization-standards/) (<https://www.izsummitpartners.org/adult-immunization-standards/>)



- General Best Practice Guidelines for Immunizations  
(<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>)
- Immunization Action Coalition (<https://immunize.org/clinic/>)
- The Community Guide: Vaccination  
(<https://www.thecommunityguide.org/topic/vaccination>)
- Pandemic Guidance: Vaccine Guidance During a Pandemic  
(<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>)

Project 2: Provide flu vaccine in non-clinic settings (field or mobile vaccination). Projects will focus on expanding availability of flu vaccine by vaccinating in convenient settings (pharmacies, shelters, community centers, workplaces, correctional facilities etc). Projects should include plans for entering vaccinations into MIIC within 7 days (sooner if at all feasible). Projects can be a new endeavor or expand existing vaccination projects. Additionally, projects must include strategies for adapting to vaccination during the COVID-19 Pandemic and a summary of how lessons learned can contribute to pandemic vaccination.

Projects **must** include:

- Integration with COVID response activities where applicable and a plan to adhere to current guidelines to prevent COVID transmission.
- Incorporation of MIIC into each step of the vaccination process through training of key staff and plan for entering vaccinations into MIIC within 7 days of administration.
- Report of lessons learned that can be applied to COVID vaccination. (MDH will provide a template for reporting.)

Projects **may** include:

- Expansion of existing health services to include influenza vaccination (e.g. correctional health, community health screenings, workplace vaccination, syringe service providers, long term care facilities).
- Materials and staff time needed for adoption of Guidelines for immunization services during the COVID-19 pandemic Vaccination Guidance During a Pandemic (<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>).
- Strategies that integrate influenza vaccination with other ongoing outbreaks like hepatitis A and syphilis.
- Materials and staff time needed for timely data entry into MIIC.
- Purchases to transport and store vaccines in the field and to increase the efficiency of vaccinating (e.g. ancillary supplies, data loggers). Purchases should directly relate to best practices described by the Centers for Disease Control's vaccine Storage and Handling Toolkit (<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>).
- Stipends for volunteers, interpreters may be included when needed to serve hard to reach communities.
- Enhanced outreach to critical infrastructure and essential workforce groups. Including, but not limited to: health care workers, first responders, utility workers, food production

workers and other Tier 1 or 2 groups listed in the Interim Updated Planning Guidance on Allocating and Targeting Pandemic Influenza Vaccine During an Influenza Pandemic (<https://www.cdc.gov/flu/pandemic-resources/pdf/2018-Influenza-Guidance.pdf>)

#### Resources:

- Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations (<https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf>)
- Vaccine Recommendations and Guidelines of the ACIP (<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>)
- Immunization Action Coalition (<https://immunize.org/clinic/>)
- The Community Guide: Vaccination (<https://www.thecommunityguide.org/topic/vaccination>)
- Vaccination Guidance During a Pandemic: Pandemic Guidance: Vaccination During a Pandemic (<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>)
- MIIC User Guidance and Training Resources (<https://www.health.state.mn.us/people/immunize/miic/train/index.html>)
- Hepatitis A Vaccination Guidance for Outbreak Prevention and Response (<https://www.health.state.mn.us/diseases/hepatitis/a/vaxguideapxb.pdf>)

## Ineligible Expenses

Ineligible expenses include but are not limited to:

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Cost of vaccine
- Incentives
- Refreshments

## 2.3 Grant Management Responsibilities

### Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Once the grant agreement is signed, the grantee is expected to read and comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place.



The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

### Accountability and Reporting Requirements

- It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit **written progress reports at least quarterly, due on the first of the month** until all grant funds have been expended and all of the terms in the grant agreement have been met. Grantees will be expected to track both process measures and number of doses administered and will be provided a reporting form from MDH.

### Technical Assistance

MDH will provide technical assistance to grantees through monthly scheduled conference calls and individual ad hoc calls when requested. MDH will assist with development of materials and messaging for use by grantees as well as providing or facilitating training on the use of MIIC as appropriate.

### Grant Payments

Per State Policy on Grant Payments ([http://www.mn.gov/admin/images/grants\\_policy\\_08-08.pdf](http://www.mn.gov/admin/images/grants_policy_08-08.pdf)), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

The invoicing and payment schedule will be monthly.

## 2.4 Grant Provisions

### Contracting and Bidding Requirements

**(a) Municipalities** A grantee that is a municipality, defined as a county, town, city, school district or other municipal corporation or political subdivision of the state authorized by law to enter into contracts is subject to the contracting requirements set forth under Minn. Stat. § 471.345. Projects that involve construction work are subject to the applicable prevailing wage laws, including those under Minn. Stat. § 177.41, et. seq.

**(b) Non-municipalities** Grantees that are not municipalities must adhere to the following standards in the event that duties assigned to the Grantee are to be subcontracted out to a third party:

- i. Any services or materials that are expected to cost \$100,000 or more must

undergo a formal notice and bidding process consistent with the standards set forth under Minnesota Statutes 16B.

- ii. Services or materials that are expected to cost between \$25,000 and \$99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.
- iii. Services or materials that are expected to cost between \$10,000 and \$24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.
- iv. The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:
  - Minnesota Department of Administration's Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List ([Office of State Procurement TG/ED/VO List Directory \(http://www.mmd.admin.state.mn.us/process/search\)](http://www.mmd.admin.state.mn.us/process/search));
  - Metropolitan Council's Targeted Vendor list: Minnesota Unified Certification Program ([Minnesota Unified Certification Program \(https://mnucp.metc.state.mn.us/\)](https://mnucp.metc.state.mn.us/) or
  - Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: Central Certification Program ([Central \(CERT\) Certification Program \(https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development/central\)](https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development/central)).
- v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.
- vi. The grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.
- vii. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:
  - Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
  - There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.



- viii. Projects that include construction work of \$25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes 177.41 through 177.44.
- ix. Grantee must not contract with vendors who are suspended or debarred in MN: The list of debarred vendors is available at: [Suspended/Debarred Vendor Report \(http://www.mmd.admin.state.mn.us/debarredreport.asp\)](http://www.mmd.admin.state.mn.us/debarredreport.asp).

### Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per [2019 Minnesota Statutes Minn. Stat. §16B.98 \(https://www.revisor.mn.gov/statutes/?id=16B.98\)](https://www.revisor.mn.gov/statutes/?id=16B.98) and [Conflict of Interest Policy for State Grant-Making \(https://mn.gov/bms-stat/assets/grants\\_policy\\_08-01.pdf\)](https://mn.gov/bms-stat/assets/grants_policy_08-01.pdf).

**Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work contemplated by this RFP.** The list must provide the name of the entity, the relationship, and a discussion of the conflict. Submit the list as an attachment to the application. If an applicant does not submit a list of conflicts of interest, MDH will assume that no conflicts of interest exist for that applicant.

Organizational conflicts of interest occur when:

- a grantee or applicant is unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties
- a grantee's or applicant's objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties

In cases where a conflict of interest is suspected, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

### Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minnesota Statute Section 13.599, all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in Minn. Stat. § 13.37, Subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise

protected does not prevent public access to the application or its contents. (Minn. Stat. § 13.599, subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minnesota Statute Section 13.37, the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act (Minnesota Statutes chapter 13) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

## Audits

Per [2019 Minnesota Statutes Minn. Stat. §16B.98](https://www.revisor.mn.gov/statutes/?id=16B.98)

[\(https://www.revisor.mn.gov/statutes/?id=16B.98\)](https://www.revisor.mn.gov/statutes/?id=16B.98) Subdivision 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.



## Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified.

[2019 Minnesota Statutes Minn. Stat. §363A.02](https://www.revisor.mn.gov/statutes/?id=363A.02)

(<https://www.revisor.mn.gov/statutes/?id=363A.02>). The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following:

employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minnesota Rules, part [Minnesota Administrative Rules 5000.3500](https://www.revisor.mn.gov/rules/?id=5000.3500)  
(<https://www.revisor.mn.gov/rules/?id=5000.3500>)

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.

## 2.5 Review and Selection Process

### Review Process

Funding will be allocated through a competitive process with review by a committee representing the Minnesota Department of Health. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

## Selection Criteria and Weight

The review committee will be reviewing each applicant on a numeric scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring factors and weight that applications will be judged are based on scoring criteria outlined in Attachment A.

## Grantee Past Performance and Due Diligence Review Process

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires states to conduct a financial review prior to a grant award made of \$25,000 and higher to a nonprofit organization, in order to comply with [Policy on the Financial Review of Nongovernmental Organizations \(https://mn.gov/bms-stat/assets/grants\\_policy\\_08-06.pdf\)](https://mn.gov/bms-stat/assets/grants_policy_08-06.pdf)

## Notification

MDH anticipates notifying all applicants via email of funding decisions within 30 days of a confirmed receipt of application.



## RFP Part 3: Application and Submission Instructions

### PRE-APPLICATION/LETTER OF INTENT/NOTICE OF INTENT

Applicants are strongly encouraged to submit a non-binding letter of intent by August 14, 2020. While prospective applicants are strongly encouraged to submit a letter of intent, it is not a mandatory requirement of this RFP. This means that an application may still be considered even if the applicant did not submit a letter of intent; likewise, an applicant is not obligated to submit an application just because they submitted a letter of intent.

Applicants may email a letter of intent to Jennifer Heath by 12 a.m. on August 14, 2020 at or to [health.flu@state.mn.us](mailto:health.flu@state.mn.us).

### 3.1 Application Deadline

**Applications will be accepted until all funds are expended or until 4:30 p.m. January 30, 2021.**

**Late applications will not be accepted.** It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer or technology problems.

Applications will be reviewed on an ongoing basis as they are received and must be submitted no later than **4:30 pm on January 30, 2021**. Available funding will be awarded on a first come, first served basis. Awards will be determined based on merits of the proposal and the associated budget (see funding restrictions). Applicants must meet all of the criteria outlined in this notice of availability. If at any time funds become unavailable, MDH reserves the right to cancel this funding announcement.

### 3.2 Application Submission Instructions

Applications must be submitted via email to [health.flu@state.mn.us](mailto:health.flu@state.mn.us).

### 3.3 Application Instructions

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

Attachment B: Agency Information Cover Page and Checklist, Attachment C: Project Narrative Form/Application form and detailed Instructions, Attachment D: Budget Forms, Attachment E: Due Diligence Form, Attachment F: Agency Information Certification.

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as

well as subject the applicant to suspension or debarment proceedings and other remedies available by law. **All costs incurred in responding to this RFP will be borne by the applicant.**



## **RFP Part 4: Attachments**

- Attachment A: Score Sheet and Evaluation Criteria
- Attachment B: Agency Information Cover Page and Checklist
- Attachment C: Project Narrative Form/Application form and detailed Instructions
- Attachment D: Budget Forms
- Attachment E: Due Diligence Form
- Attachment F: Agency Information Certification



# **Meeker-McLeod-Sibley Community Health Services**

## **Procurement Card Policy**

### **A. Purpose**

Purchasing cards provide the Meeker McLeod-Sibley Community Health Services (hereinafter MMS-CHS) with a cost-effective, convenient and streamlined method of purchasing items, thereby reducing the volume of individual payments processed by the MMS-CHS to vendors. In addition, reports on cardholder activity provide the MMS-CHS the information necessary to better manage MMS-CHS purchasing activities.

### **B. Definitions**

A purchasing card in the name of MMS-CHS can be issued to an employee upon approval by the Joint Powers Board. The MMS-CHS is liable to the purchasing card company for all charges made in connection with the purchasing card issued to the individual. A purchasing card cannot be issued to a contractor, contract employee, or student employee.

### **C. Policy Administration**

The MMS-CHS Administrator is the primary contact with the entity providing procurement card services. The MMS-CHS Administrator is responsible for operating the Procurement Card program, properly establishing individual or department card accounts, periodically reviewing activities on the card, and to ensure proper compliance with purchasing rules and regulations, communicating with the card provider, expediting problem resolution, and training card holders and others with regard to the system.

### **D. Requesting a Card**

All requests for a new cardholder will be approved or denied by the MMS-CHS Administrator. The request will be reported to the CHS Joint Powers Board at the next meeting following the request, however the decision to approve or deny a cardholder request lie with the Administrator.

### **E. Authorized Card Use**

Cardholders are authorized to use the card to purchase merchandise or services required as a function of their duties of MMS-CHS. Unauthorized and/or inappropriate card use is addressed below.

A purchase made with a purchasing card may be made in-store, by telephone, fax, internet, or U.S. mail. Please use with extra care on the internet by checking first to make

sure that it is a secure web site. When giving your purchasing card number out, please be sure of whom you are giving it to.

## **F. Unauthorized and/or Inappropriate Card Use**

Unauthorized and/or inappropriate card use includes, but is not limited to:

1. Items for personal use;
2. Items for non- MMS-CHS purposes;
3. Cash or cash advances;
4. Allowing other individuals to have possession of your purchasing card and /or account number;
5. **Food and beverages for an individual employee** as provided for in the Employee Handbook and reimbursed on an employee expense report. Authorized cards may allow for food and non-alcoholic beverages for business-related meetings.. The names of those that will eat & their title or connection to the MMS-CHS and the reason for the purchase of the food need to be included on the receipt.
6. Alcoholic beverages;
7. Weapons of any kind or explosives;
8. Relocation expenses;
9. Vehicle rental insurance for vehicles used within the United States;
10. Entertainment, movies;
11. Recreation;
12. Payment of personal services to an individual;
13. Travel insurance.

**A card user who makes an unauthorized purchase with the card or uses the card in an inappropriate manner** will be subject to revocation of the purchasing card and disciplinary action including restitution to the MMS-CHS for unauthorized purchases, possible card cancellation, termination of employment at MMS-CHS and criminal prosecution.

If any item purchased with a Purchasing card is not acceptable, arrangements must be made for a return for credit or an exchange. **A cash refund or check is prohibited** unless the vendor insists that a refund must be by cash or check, and then the funds must be deposited immediately with the MMS-CHS.



## **G. Consequences for Non-Compliance**

Failure by either the cardholder or the approver to comply with established purchasing card policies and procedures results in immediate suspension or revocation of cardholder privileges and possible disciplinary action.

1st Offense-Card will be suspended immediately. Once completed paperwork is submitted, the card will remain suspended for 30 days.

2nd Offense-Card will be suspended immediately. Once completed paperwork is submitted, the card will remain suspended for 180 days (6 months).

3rd Offense-Card will be revoked immediately. Card will not be reissued.

## **H. Establishing Dollar and Activity Limits**

The CHS Joint Powers Board will determine the control limits for:

- Amount per transaction
- Total spending limit per month

## **I. Responsibility and Accountability**

It is the responsibility of each individual cardholder to:

Safeguard the purchasing card and card account number at all times. **Lost or stolen Purchasing cards** must be reported immediately to the card issuer. Keep purchasing card in a secure location at all times.

- Do not allow anyone else to use the purchasing card and/or account number.**
- Complete a monthly purchase log documenting the expense, reason and identifying the funding source for the expense.**
- Obtain and retain itemized receipts in an acceptable form for goods and services purchased.** Examples of acceptable forms include: itemized receipts/order confirmations delivered to the employee electronically, copies, faxes, or original paper receipts. Copies of purchasing card statements, cancelled checks, and credit card stubs (total amount only) are not acceptable forms of receipts. An employee may be allowed to file an affidavit in lieu of a receipt in limited circumstances. An affidavit needs to list the items and prices of all purchased goods and services (NOT just the name of the vendor). Excessive use of affidavits may result in loss of purchasing card privileges. All credits, including returns, must be documented with itemized receipts referencing the original purchase and purchase date. For Internet purchases, the print out (or PDF) of the order confirmation showing the details, the email confirmation, or the shipping document showing what was purchased, the quantity and the price paid shall suffice as an acceptable form of an itemized receipt.

- d. **Third Party Transactions:** The use of a third party financial servicer is discouraged and should only be used in cases where it is the only means to make a valid authorized state business purchase. Examples of third party financial servicers are Amazon, Ebay, and Paypal. These purchasing card transactions must be:
  - i. For the exact amount of the purchase price from the vendor.
  - ii. For a single purchase and only at the time you make the purchase.
  - iii. Documented by a receipt from both the financial servicer and from the merchant providing the product. Both receipts must be kept together and with the purchasing card log.
  - iv. **Review electronic monthly statement in a timely manner.** If the cardholder does not process their statements in a timely manner and/or turn in the printed statement with proper receipts, their purchasing card will be suspended.
  - v. Check statements from card issuer for accuracy to ensure all transactions posted are legitimate transactions made by the cardholder.
  - vi. Itemized receipts must be attached to the printed statement.
  - vii. Manually sign and submit the printed statement with all documentation/itemized receipts.
  - viii. If you have a charge on your purchasing card statement that you did not make, or don't know anything about, please check it out with the vendor if possible. If not possible, or still believed to be fraudulent, contact card issuer and file a dispute online if needed.
- e. Gift Cards: Gifts cards may be purchased on MMS-CHS purchasing cards.
- f. Surrender the purchasing card to the Joint Powers Board Chair prior to separation from MMS-CHS.
- g. Take any other steps necessary to ensure that the purchasing card is used only for authorized purposes.

The Meeker McLeod-Sibley Community Health Services Joint Powers Board has the right to suspend or terminate the purchasing card program at any time.

## **J. Professional Development Travel**

*Purchasing cards may be used for transportation, lodging and registration fees when traveling for professional development. Original, itemized receipts must be turned in with the Purchasing card statement.*

# Meeker-McLeod-Sibley Community Health Services Purchasing Card User Agreement

I agree to the following regulations regarding the use of the Purchasing Card at Meeker-McLeod-Sibley Community Health Services:

1. I understand that I am making financial commitments on behalf of Meeker-McLeod-Sibley Community Health Services and will strive to obtain the best value for the organization.
2. I will not allow another person to use the card and I am responsible for any and all charges against the card.
3. I understand that under no circumstances will I use the Purchasing Card to make personal purchases for myself or for others.
4. I will report all purchasing activity on the CHS Credit Card Tracking Spreadsheet. All receipts will be scanned/saved in the Receipt Folder.
5. I agree to surrender the Purchasing Card immediately upon termination of employment, whether for retirement, voluntary, or involuntary reasons.

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Employee Signature

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Employee Name Printed

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Date



## Job Description: WIC Breastfeeding Peer Counselor

### General Description:

- A WIC Breastfeeding Peer Counselor is a paraprofessional support person who gives basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers.
- Qualifications:
  - Has breastfed at least one baby (does not have to be currently breastfeeding).
  - Is enthusiastic about breastfeeding and wants to help other mothers enjoy a positive experience.
  - Can work about 8 hours a week.
  - Is willing to make phone calls from home (with a phone that will be provided).
  - Has reliable transportation.

### Training:

- Attends a series of breastfeeding classes. Nursing babies are welcomed.
- Observes other peer counselors or breastfeeding experts helping mothers breastfeed.
- Reads assigned books or materials about breastfeeding.

Supervision: The peer counselor is supervised by the Meeker-McLeod-Sibley WIC Coordinator

### Specific Duties of the WIC Peer Counselor:

1. Attends breastfeeding training classes to become a peer counselor.
2. Receives a caseload of WIC mothers and makes routine periodic contacts with all mothers assigned.
3. Gives basic breastfeeding information and support to new mothers, including telling them about the benefits of breastfeeding, overcoming common barriers, and getting a good start with breastfeeding. She also helps mothers prevent and handle common breastfeeding concerns.
4. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC Program.
5. May counsel women in the WIC clinic.
6. Is available outside the WIC clinic and the usual 8 to 5 working schedule to new mothers who are having breastfeeding problems.
7. Respects each mother by keeping her information strictly confidential.
8. Keeps accurate records of all contacts made with WIC mothers.
9. Refers mothers, according to clinic-established protocols, to:
  - WIC nutritionist or breastfeeding coordinator.
  - Lactation consultant.
  - Mother's physician or nurse.
  - Public health programs in the community.
  - Social service agencies.
10. Attends and assists with prenatal classes and breastfeeding support groups.
11. Attends monthly staff meetings and breastfeeding conferences/workshops as appropriate.
12. Reads assigned books and materials on breastfeeding that are provided by the supervisor.
13. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

I understand the above job responsibilities, and agree to perform these duties as assigned.

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WIC Breastfeeding Peer Counselor

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Date