Health Systems Change for Treating Tobacco Dependence
Fiscal Year 2015

Request for Proposals

Release Date:
September 15, 2014

Letter of Intent Due:
October 14, 2014

Full Application Due:
December 5, 2014
REQUEST FOR PROPOSALS

Health Systems Change for Treating Tobacco Dependence
Fiscal Year 2015

For Questions Regarding This RFP

Please visit: www.clearwaymn.org/health-systems-change-rfp
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ABOUT CLEARWAY MINNESOTA℠

In 1998, ClearWay Minnesota was created as an independent, nonprofit 501(c) (3) organization with a 25-year lifespan. ClearWay Minnesota’s mission is to enhance life for all Minnesotans by reducing tobacco use and exposure to secondhand smoke through research, action and collaboration.

ClearWay Minnesota was created with 3 percent of the settlement paid by tobacco companies for the harm that tobacco has caused Minnesotans. Since inception, ClearWay Minnesota has funded over $78.2 million in program grants and contracts in the areas of research, cessation, public policy, community development and communications.

ClearWay Minnesota’s vision is to eliminate the harm tobacco causes the people of Minnesota. One of our goals is ensuring that everyone in Minnesota has access to comprehensive tobacco dependence treatment. We work to achieve this goal through our funding of QUITPLAN® Services to help tobacco users quit, as well as through our support of programmatic and policy initiatives that support treatment access.

The focus of this funding opportunity is to advance health systems change to ensure that tobacco dependence treatment is fully integrated into the continuum of health care delivery. We believe that health systems play a key role in achieving our vision and look forward to working with grantees that share this vision.

For more information about ClearWay Minnesota, visit www.clearwaymn.org.

OVERVIEW OF HEALTH SYSTEMS CHANGE

According to the U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update, systems change leads to improvements or modifications in the way health care systems operate to enhance or improve clinician interventions and to integrate tobacco into health care delivery using the following strategies:

- Identify all tobacco users at every visit using a system-wide identification system;
- Provide education, resources and feedback to promote provider intervention and referrals for tobacco cessation;
- Dedicate staff to provide tobacco dependence treatment and assess its delivery in staff performance evaluations; and
- Promote hospital policies that support and provide inpatient tobacco dependence services.¹

Data from Minnesota illustrate that there is still substantial room for improvement in integrating comprehensive tobacco dependence treatment into routine care. The 2010 Minnesota Adult Tobacco Survey (MATS) asked tobacco users about how their tobacco use was addressed during their last visit to the doctor. Among smokers who saw any provider in the past 12 months:

- 94 percent reported they were asked about smoking;
- Just over 70 percent were advised not to smoke;
- Fewer than half (43.9 percent) received a referral for assistance to quit smoking;
- Only 37.5 percent received a recommendation for stop-smoking medication;
- Less than one quarter (24.8 percent) received a recommendation for a quit-smoking program; and
- Only 10 percent got help accessing such a program.²

The evolving health care environment has set the stage for more comprehensive implementation of systems strategies to address tobacco use. The Institute for Health Care Improvement describes the need to optimize health system performance in order to meet the “Triple Aim” – improving the patient experience of care (including quality and satisfaction), improving the health of populations and reducing the per capita cost of health care.³ Addressing tobacco use is an ideal candidate for such efforts. Data demonstrate:

- Increased patient satisfaction with their health care when their tobacco use is addressed;
- The positive health effects of quitting tobacco use; and
- A positive return on investment for delivering tobacco dependence treatment.⁴,⁵,⁶

Through this funding initiative and other work, ClearWay Minnesota seeks to ensure that tobacco dependence treatment is recognized as the chronic, relapsing condition that it is, and, as such, is fully integrated into the continuum of health care – akin to the diagnosis and management of other chronic, relapsing conditions such as hypertension. By normalizing the treatment of tobacco dependence within health care, we anticipate that not only will patients’ health be improved but that health care systems will have the potential to realize cost savings. We seek applicants who are willing to work and innovate to fully integrate tobacco dependence treatment into the continuum of care offered by their health systems.

³ http://www.ihi.org/offerings/Initiatives/TripleAim/Pages/default.aspx
OVERVIEW OF RFP

ClearWay Minnesota is seeking to advance tobacco dependence systems change in a variety of health systems throughout Minnesota; therefore, we encourage all types of health systems to apply.

This RFP supports integration of tobacco dependence treatment within a health system that provides primary care, specialty care or both. Specialty care clinics and services may include, but are not limited to, behavioral health, dental, pediatric or hospital services. Applicants must clearly state within which clinics or services they will be implementing their proposed systems change strategies.

Applicants must be able to demonstrate how their proposed systems change strategies will change health care systems processes and lead to a seamless, integrated approach to addressing tobacco use for all patients.

1. Applicants must meet all eligibility and operational requirements.
2. Currently funded ClearWay Minnesota Health Systems Change Grantees cannot apply for this RFP.
3. Questions about this RFP can be directed to Megan Whittet, M.P.H., ClearWay Minnesota Senior Cessation Manager, at mwhittet@clearwaymn.org or 952-767-1415.
4. Questions and answers about this RFP or submitting Letters of Intent will be posted at www.clearwaymn.org/health-systems-change-rfp from September 16 through October 14, 2014.
5. Questions and answers from applicants invited to submit full proposals will be posted in the online submission system. Applicants will receive information about how to access these Q&As as part of their invitation to submit a full proposal.

IMPORTANT FUNDING NOTICE:

Funding to modify electronic health records (EHR) is capped at 10 percent of the total grant award (including indirect costs). In addition, areas that ClearWay Minnesota will not support through this funding opportunity include:

- Funding for cessation medications
- Funding for direct services by providers, including but not limited to tobacco cessation services (e.g. face-to-face counseling, group counseling)
- Funding for communications or marketing to consumers or patients (e.g. advertising, patient education tools/materials)
- Duplicating or supplanting systems changes for tobacco dependence treatment already in your organization’s budget or planned through other related initiatives
- Activities that are not directly related to systems change to integrate tobacco dependence treatment into the continuum of care as defined in this funding opportunity
- Funding for research or research-related projects
TIMELINE

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time Details</th>
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<tbody>
<tr>
<td>RFP is released</td>
<td>September 15, 2014</td>
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<tr>
<td>Applicant Information Webinars</td>
<td>September 26, 2014, from noon-1 p.m.</td>
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<td>September 29, 2014, from 10-11 a.m.</td>
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<tr>
<td>Letters of Intent due</td>
<td>October 14, 2014, by 4:30 p.m. Central Time</td>
</tr>
<tr>
<td>ClearWay Minnesota invites approved applicants to submit full applications</td>
<td>October 31, 2014</td>
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<tr>
<td>Full Applications Due</td>
<td>December 5, 2014, by 4:30 p.m. Central Time</td>
</tr>
<tr>
<td>Award notification</td>
<td>March 18, 2015</td>
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<tr>
<td>Grants begin</td>
<td>May 1, 2015</td>
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REQUIREMENTS

ClearWay Minnesota SM is seeking applications from organizations that meet the following criteria:

ELIGIBILITY REQUIREMENTS

All organizations applying must:

- Be a legally established health care system, operating in Minnesota.
  - The systems change work proposed must be conducted in Minnesota.
- Possess the financial and administrative capacity to manage grant funds and the technical expertise to successfully implement the full range of activities outlined in the applicant’s proposed scope of work.
- Request a funding amount from ClearWay Minnesota that does not exceed 48 percent of the organization’s total budget in any single year.
- Plan to complete the majority of the activities within your clinic/health system. Grantees may use subcontractors, but only for specific components of the grant activities and those activities should be noted in the proposal narrative.
- Comply with all ClearWay Minnesota policies and directives. Certification of compliance is acknowledged by signing and submitting the Acknowledgment of Application Terms and Conditions Form 2 (see Appendices).
- Not apply for funding that would supplant existing funding or duplicate activities or services already being provided.
OPERATIONAL REQUIREMENTS

All organizations funded under this RFP must:

- Hire or designate appropriately qualified staff to implement the activities included in the proposed project.
- Actively participate in any ClearWay Minnesota evaluation efforts.
- Actively participate in all ClearWay Minnesota-sponsored meetings, conference calls and trainings.
- Adhere to ClearWay Minnesota’s expense reimbursement and travel policy requirements.

FUNDING GUIDELINES

Estimated Number, Size and Duration of Awards

ClearWay Minnesota expects to award up to four grants through this initiative. Awards may be made for up to 24 months and total project costs may not exceed $200,000 (including indirect costs).

All proposals must include adequate justification for the project objectives, timeline and budget to support the requested award amount and duration.

Please note: This RFP does not obligate ClearWay Minnesota to complete the proposed activities, and ClearWay Minnesota reserves the right to reject all proposals and/or cancel the solicitation if it is not considered to be in our best interest.
SYSTEMS CHANGE DEFINITION AND STRATEGIES

ClearWay Minnesota defines systems change for this RFP as follows:

*Systems change is a sustainable, integrated solution at the organization level that supports clinicians and health care systems to address tobacco use consistently and effectively.*

Systems changes are aimed at promoting and supporting universal, evidence-based interventions with all tobacco users. A range of strategies are included under the umbrella of health systems change as defined for this funding opportunity. For illustrative examples, see:


Additional examples and evidence for systems change can be found in the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update*. [http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf](http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf)

ClearWay Minnesota has identified three core areas that are of primary interest, described in more detail below. Applicants may consider all or some of these strategies as core activities in their application. When preparing the application, applicants must demonstrate how selected strategies will be fully integrated into standard practices within the health system and will be sustained once grant funding ends.

While we encourage systems change strategies that are grounded in the existing evidence base, ClearWay Minnesota will consider other innovative health systems change approaches to integrating tobacco dependence treatment into routine health care. Applicants that wish to propose such innovative approaches must provide adequate rationale for such strategies in their Letter of Intent and full proposal.

Finally, we understand that each applicant is starting at a different place with respect to health systems change. The strategies each applicant will choose to focus on will depend on its starting point, environmental factors, patient population, available resources and organizational commitment. The methods proposed to further integrate tobacco dependence treatment into each system will likely be unique to each organization and are not expected to include all of the
strategies presented in this RFP; however, a strong applicant will include all necessary strategies to fully integrate tobacco dependence treatment into routine care.

Area of Interest 1: Implementing Best Practices For Integration and Care Coordination
Health systems may develop processes to ensure that tobacco dependence treatment is fully integrated into care and sustained over time, over and above direct treatment delivery to an individual patient. Potential strategies include, but are not limited to, defining roles for all members of the health team for addressing tobacco use, establishing a multidisciplinary team across departments, creating processes and accountabilities to ensure all team members are fulfilling defined roles, providing continuous staff training and education and creating mechanisms or processes to ensure that delivery of tobacco dependence treatment is coordinated as patients move between clinical sites (e.g., between clinic and hospital). In addition, there is an increase in community and clinical partnerships where health systems are working with other agencies (e.g. housing, social services, etc.) to help improve the overall health of patients. Therefore, another example strategy may include outreach to community agencies or partners to establish relationships with external stakeholders that can then build on and strengthen systems change efforts.

Area of Interest 2: Electronic Health Record Utilization (EHR)
Health systems may demonstrate use of the EHR that goes beyond basic documentation of “asking” and “advising.” Possible strategies include, but are not limited to, integrating tobacco dependence diagnoses in problem lists and creating order sets for tobacco dependence treatments including pharmacy orders. Additional strategies may include integrating referral resources into the EHR, including quitline referrals, and creating functionality for documentation of follow-up care or to support care coordination for tobacco dependence treatment.

Area of Interest 3. Quality Improvement
Health systems may implement quality improvement processes to facilitate integration of tobacco dependence treatment best practices into routine care. Possible strategies include linking tobacco to internal and external quality improvement initiatives to ensure tobacco dependence treatment is elevated as an ongoing quality priority for the health system. Additional strategies include using rapid cycle improvement processes, and implementing reporting and provider feedback to ensure all who are involved in tobacco dependence treatment are aware of their (or their team’s) performance and are supported to improve.
DISSEMINATION, SUSTAINABILITY AND EVALUATION

ClearWay Minnesota prioritizes efforts to foster dissemination of our funded work as well as to ensure the work we fund can be sustained once grant funding has ended. We require that the learnings and advancements that result from your work be shared outside of the entities most closely involved with your project. Applicants will be asked to provide examples of innovative ways your organization can share this information. Dissemination strategies may include, but are not limited to:

- Sharing findings from your work within your organization (e.g., specialty units, best practice committees, continuing education departments);
- Presenting to other health systems or partners in your community;
- Presenting at collaboratives such as Health Care Home Collaborative Learning Sessions or other regional or state conferences; or
- Collaborating with others to prepare findings for publication.

Applicants will be asked to describe how the systems change efforts will be supported after grant funding ends and whether there will be dedicated internal processes and staff to continue and sustain these efforts.

Applicants will be asked to describe how you will assess whether this funding is successful from your organization’s perspective, including any data or reports that may be useful to help you track your progress and measure your success. Additionally, we require all applicants to collaborate with our external evaluator on any ClearWay Minnesota-sponsored evaluations related to this work.
APPLICATION PROCESS

There are two steps in the competitive proposal process:

1) Applicants submit a Letter of Intent (LOI) that briefly describes their proposed project.
2) Based on the LOI, a selected number of applicants will be invited to submit a full proposal.

APPLICATION INFORMATION WEBINARS

Two applicant information webinars will be held at the end of September to provide more information on this RFP and the application process for interested applicants. These webinars are optional and will be held on:

Friday September 26, 2014, from noon-1 p.m.

Monday September 29, 2014, from 10-11 a.m.

To register for an informational webinar please email Megan Whittet at mwhittet@clearwaymn.org. Please identify your name, organization, contact information (including email) and which webinar session you would like to attend.

INSTRUCTIONS FOR LETTER OF INTENT

Interested applicants must submit a Letter of Intent for ClearWay Minnesota staff to review. Please follow these guidelines:

- Complete the Letter of Intent Cover Sheet (Form 1) and read and sign the Acknowledgment of Application Terms and Conditions (Form 2). Send these forms along with your Letter of Intent. These forms can be found online at www.clearwaymn.org/health-systems-change-rfp. By signing the Acknowledgment of Application Terms and Conditions form, you are indicating your understanding of and compliance with all of ClearWay Minnesota’s policies.

- Write a Letter of Intent that follows these formatting guidelines:
  - Submitted on your organization’s letterhead
  - Single-spaced
  - No longer than four pages
  - When possible, use no less than a 12-point font and use easy-to-read fonts such as Arial, Times New Roman or Calibri
  - All page margins (top, bottom and sides) must be at least one inch in width
The Letter of Intent **must include** the following information:

1. A description of the system in which you are proposing to work, its service area and confirmation that the proposed work will occur in Minnesota. Include the population being served and the current tobacco use prevalence rate, if known.
2. A brief overview of the extent to which tobacco dependence treatment is currently integrated in your health system;
3. A brief summary of your proposed approach to integrating tobacco dependence treatment into the continuum of care provided by your health system, including the proposed objectives, the potential strategies you intend to use to meet those objectives and the potential reach of the proposed work;
4. An overview of your organizational capacity to successfully implement the project; and
5. A preliminary description of the proposed staffing structure that will support the proposed project.

Submit your Letter of Intent along with Form 1 and Form 2 via email to Megan Whittet, M.P.H., ClearWay Minnesota Senior Cessation Manager, at mwhittet@clearwaymn.org by **4:30 p.m. Central Time on October 14, 2014.**

You will receive an email receipt that your letter has been received. Only emailed letters will be accepted. Letters sent later than 4:30 p.m. Central Time on Oct. 14, 2014, will **not** be accepted.

**LETTER OF INTENT REVIEW PROCESS**

ClearWay Minnesota staff will conduct a detailed review of each Letter of Intent and applicants will be sent a notification of ClearWay Minnesota’s decision to invite (or decline) submission of a full grant proposal. The strength of each LOI will be reviewed on the following criteria:

1. Relevance and merit of the proposed objectives and strategies to the goals of ClearWay Minnesota;
2. Relevance to the areas of interest as stated in this RFP;
3. Eligibility of the applicant organization; and
4. Originality of the proposed project (i.e., that it is innovative and non-duplicative of any previous systems change work completed by the health system).

Only applicants with the most potential merit and relevance to ClearWay Minnesota’s goals and funding priorities will be invited to submit a full proposal. **ClearWay Minnesota will notify all applicants who submit Letters of Intent if they are eligible to submit a full proposal by October 31, 2014.** If you are invited to submit a full application you will be provided instructions on the online application submission process.
INSTRUCTIONS FOR COMPLETING FULL APPLICATION

Only applicants who are invited may submit a Full Application for consideration. Use the following directions to submit a Full Application. All application materials must be received by ClearWay Minnesota by 4:30 p.m. Central Time on December 5, 2014. Application materials will be submitted online and directions for this process will be given to applicants when their Letter of Intent is approved. Late applications will not be accepted.

Any questions regarding the application process should be sent to Megan Whittet, M.P.H., ClearWay Minnesota Senior Cessation Manager, at mwhittet@clearwaymn.org or call 952-767-1415.

Instructions on how to format and submit your application will be provided with the Full Application instructions for online submission. Section 1, 2, 4 & 5 will be submitted as one PDF. Section 3 (Budget worksheets) will be submitted as an Excel File and Section 6 (and related attachments) will be submitted in one PDF. Please read the online submission instructions carefully.

Section One: Application Form

Complete the Full Application Form (Form 3) and attach it to the front of your proposal. Be sure to complete and sign the Acknowledgment section at the end of the form.

Please see the appendices for a copy of this form. This form will be available in the online application system.

Section Two: Narrative section of application (not to exceed 12 pages). Please follow these formatting requirements:

- When possible, use no less than a 12-point font and use easy-to-read fonts such as Arial, Times New Roman or Calibri.
- All page margins (top, bottom and sides) must be at least one inch in width.
- The application must be single-spaced.
- Please label and number all sections and provide page numbers.
- The narrative section should not exceed 12 pages in length (and each section should not exceed the indicated page length).
- Use the major headings below (e.g., A. Executive Summary, B. Health System Profile etc.) to organize your proposal.

A. Executive Summary (no more than one page)

1. Provide a summary of the work you want to accomplish through this funding opportunity.
B. **Health System Profile (no more than three pages)**

1. Briefly describe your health system, including geographic area, number of clinics, number of providers and approximate number of patients seen yearly.

2. Briefly describe how a tobacco user currently receives care at your health system. If available, include answers to the following questions:
   i. When and by whom is their tobacco use addressed and how consistently?
   ii. What are the current screening protocols?
   iii. What are the current prevalence rates among patients and treatment/referral practices?
   iv. What elements are currently in place to support your process, i.e. EHR, staff trainings, care teams, etc.?

C. **Proposed Project Scope and Reach (no more than four pages)**

1. Describe the results to be achieved and the manner in which these results will be achieved by summarizing your proposed project objectives and activities. Objectives must be specific and measurable and demonstrate how they contribute to achieving overall systems change within your health system. Indicate whether you are drawing upon existing approaches for systems change or proposing a new approach, and provide rationale for the approach(es) selected. Please clearly explain how each objective is tied to systems change strategies as outlined in this RFP. Discuss how your plan will ensure that every patient’s tobacco use will be assessed and addressed at every visit. The objectives discussed here should match those outlined in the Objective Worksheets in Section D below.

2. Discuss how the proposed work will fill a current gap or build on previous work within the health system to implement system changes for tobacco treatment delivery.

3. Describe existing work or funding in your organization for health systems change related to tobacco dependence treatment. If such funding or work exists, describe how ClearWay Minnesota funding would complement current efforts and steps your organization would take to ensure that ClearWay Minnesota funding does not duplicate existing efforts.

D. **Objective Worksheets (use Template provided, does not count towards narrative page limit stated above).**

Complete the objective worksheets (see Template in Appendix). The template will be available in word format in the online application system. The stated objectives and major milestones (activities) should match those described in Section C above. These worksheets should be completed and inserted into your proposal narrative after Section C.

Follow the instructions as outlined in the template and complete parts A and B for each stated objective. Please limit two pages per stated objective. The number of objectives proposed for the project must align with the stated scope and reach as described in Section C and must align with the timeline and available resources for the project.
E. Organizational Capacity and Experience (no more than two pages)

1. Describe the mission of your organization and how this grant would help you achieve your goals.

2. Describe your capacity to undertake the proposed health systems change project. Include relevant experience with respect to implementing objectives and activities similar to what you have proposed for this project.

3. Describe your capacity to ensure timely start-up and implementation of the proposed project. (E.g., How long will it take you to be fully staffed and ready to start working on grant activities?)

4. Include a letter of support from senior level management within the Health System (e.g., Chief Executive Officer, Chief Medical Officer or other senior official). Letters of support do not count towards your narrative page limit and should be included in Section Five: Attachments (see below).

F. Staffing (no more than one page)

1. Describe the proposed staffing structure and provide a rationale for this approach. For all project staff, include their name, title, percent effort and role on the project.

2. Describe how grant activities will be managed and coordinated (e.g., project coordinator[s]). Include a description of this individual’s professional level and authority. Include a resume for the project coordinator(s) and other key staff as an Attachment. Include an Organizational Chart if it is available and helpful in explaining your proposed staffing structure. Organizational Charts and Resumes do not count toward the narrative page limit (see Section Five: Attachments below).

3. Will there be any in-kind contributions from your system to complete the work? (In-kind contributions are not a requirement to receive the award but should be clearly stated if being provided). In-kind contributions should also be noted in the budget worksheets (see Budget Instructions below).

G. Dissemination, Sustainability and Evaluation (no more than one page)

1. Describe your organization’s commitment to sustaining this work once ClearWay Minnesota funding ends. How will these efforts be supported after grant funding ends? Will there be dedicated internal processes and staff to continue and sustain these efforts?

2. ClearWay Minnesota will have an external evaluator responsible for the overall evaluation of funded projects. Please indicate your willingness to collaborate with this external evaluator. Please also summarize how you will assess whether this funding initiative is successful from your institution’s perspective. If possible, describe what reports or data may be available to help track progress and assess the success of this initiative.

3. Describe your plans for sharing lessons learned from this work with others. Please provide examples of innovative ways your organization can share this information. Include the intended audience and anticipated timing of your dissemination efforts. Potential dissemination strategies include, but are not limited to: sharing findings from
your work within your organization (e.g., specialty units, best practice committees, continuing education departments), presenting to other health systems or partners in your community, presenting at collaboratives such as Health Care Home Collaborative Learning Sessions or other regional or state conferences, or collaborating with others to prepare findings for publication.

Section Three: Budget Worksheet (please use budget forms provided)
Instructions for completing the budget sections are provided below.

The budget worksheet templates in Excel will be provided online along with instructions on how to submit an Excel file with your application. The budget should cover the duration of the grant request. All grants are anticipated to begin on May 1, 2015. Assuming you propose a two-year project, the grant period will be May 1, 2015 – April 30, 2017.

Section Four: Budget Narrative (No longer than three pages, single spaced)
Carefully review the instructions for the Budget Narrative (see instructions below). There must be a clear correspondence between the Budget Worksheets and the Budget Narrative.

Section Five: Attachments (No page limit)
In addition to the information referenced above, include the following in your application (if applicable). No other attachments are allowed.
- Resumes for staff who will be assigned to this project.
- Job descriptions for grant-funded positions. If a project coordinator is not yet identified, provide a job description including designated qualifications.
- Letter(s) of support and commitment from senior level management within the organization.
- Letters of commitment from all third-party organizations with responsibilities or tasks related to the work outlined in this proposal, including subcontractors.
- Organizational Chart (if available).

Section Six: Applicant Financial Questionnaire (Form 4) with required documentation
(please use the form provided, see Appendices)
The Applicant Financial Questionnaire form should be thoroughly read, reviewed, completed and signed before submitting it with the grant application. The Applicant Financial Questionnaire requires fully stated answers to all questions. If the applicant believes that a question is not applicable, the applicant organization must provide written justification. An Applicant Financial Questionnaire will be considered complete with responses to all questions and listed attachments.

Submit all of these materials online by Friday, December 5, 2014, by 4:30 p.m. Central Time. Directions for online submission will be sent to you after your Letter of Intent has been approved. Carefully review and follow the instructions on how to format and upload your application materials.
The Budget Worksheet and the Budget Narrative provide a detailed rationale for the amount of funding requested. Independent reviewers of the grant proposals will use this budget information to determine if the proposal is an effective use of ClearWay Minnesota funds. Therefore, it is crucial that the Budget Worksheet and Budget Narrative contain complete, accurate and consistent information. If the information is incomplete or inaccurate, your grant application may not be recommended for funding. The reviewers may also suggest modifications to the budget to reflect ClearWay Minnesota’s priorities and the needs of the project.

If a project will involve subcontractors, each subcontractor should be identified in the Budget Worksheet for the project, and expenses for the subcontractor must be detailed in the Budget Narrative. A separate Budget Worksheet may be completed if you feel the subcontractor expenses warrant itemization, but it is not required. If a separate Budget Worksheet is completed for a subcontractor, those expenses must be consolidated and must appear on your organization’s project Budget Worksheet.

The maximum amount of funding available under this RFP is $200,000 for two years of funding. This amount is a “hard-cap.” Total direct and indirect funds requested from ClearWay Minnesota cannot exceed the maximum amount. Additionally, the amount requested in any single year of the proposed budget may not exceed 48 percent of your organization’s total budget. For the purposes of this calculation, your organization’s total budget must include any previously awarded ClearWay Minnesota grants that provide sources of funding during the budget year plus the amount being requested to support the proposed project for that budget year. *

ClearWay Minnesota grant funds may be used for costs directly associated with the project, including staff salaries and benefits, consultant fees, data collection and analysis, dissemination of findings, supplies and other direct expenses, including a limited amount of equipment essential to the proposed project. Only indirect costs may cover pooled and/or allocated expenses. Direct and indirect costs are defined below and are outlined on the Budget Worksheet.

Grant funds for indirect costs are intended to cover general overhead expenses (including office space expenses related to the project) for the operation of the applicant organization. Indirect costs will be funded up to a maximum of 15 percent of the total direct costs requested from ClearWay Minnesota, or at your organization’s indirect cost rate (whichever is lower).

\* The formula is: Request / (Total Income + Request) = less than 0.48. For example, if the amount requested for a one year grant is $50,000 (R=50,000) and the organization’s total budget for Year I (including previously awarded ClearWay Minnesota grants) is $100,000 (T=100,000), then 50,000 / (100,000 + 50,000) equals 0.33 (33 percent). Thus, the amount requested in this example ($50,000) would meet the stated requirement.
Subcontractors may charge for indirect expense costs, but they need to adhere to the same ClearWay Minnesota guidelines as your organization.

ClearWay Minnesota grant funds must not be used for any expenses that are not directly related to the ClearWay Minnesota grant project. ClearWay Minnesota grants will not provide support for the following: ongoing, general organization expenses; personnel expenses unrelated to the project; pro-rated project “rental” of equipment or software already owned by your organization; pooled expenses allocated on an FTE (full-time equivalency) basis such as telephone costs, computer use, IT support, etc.; existing operating deficits; items for which third-party reimbursement is available; research on unapproved drug therapies or activities; programs or institutions based outside of the United States; travel outside of the United States; or direct personal support to individuals.

**EHR Modification Funding**
ClearWay Minnesota will not fund systems that do not have a core level of EHR functioning already established. Therefore, if applicants are requesting funding for EHR programming, applicants will need to describe what modifications are proposed to allow the applicant to achieve the project’s goals and objectives. Examples of acceptable work would include updating of problem lists/tobacco codes, development of tobacco registries by provider or site, report writing based on linking tobacco use with other chronic diseases, and any efforts developed to enhance quality improvement or care organizations efforts. For this application, EHR funding is capped at 10 percent of the total grant award (including indirect costs). If your organization has a proposal related to IT issues that would require additional funding, please provide a detailed justification of why such a funding level is necessary.

**Communications and Marketing Funding**
ClearWay Minnesota recognizes that there are several forms of communications and marketing. Through this funding initiative, ClearWay Minnesota will not support communication or marketing to patients (e.g. advertising, patient education tools/materials). However, a limited amount of funding to support outreach to external agencies or outside clinics regarding the available services to refer patients is allowed. Also, costs for communications to health care providers within your system that directly supports the proposed systems changes are allowable (e.g. lists of referral resources for exam rooms). Applicants must clearly state within the project budget and narrative what the outreach activities include and any associated costs.

**Areas Not Supported Through this RFP**
In addition, areas that ClearWay Minnesota will not support through this funding opportunity include:

- Funding for cessation medications
- Funding for direct services by providers, including but not limited to tobacco cessation services (e.g., face-to-face counseling, group counseling)
- Funding for communications or marketing to consumers or patients (e.g., advertising, patient education tools/materials)
• Duplicating or supplanting systems changes for tobacco dependence treatment already in your organization’s budget or planned through other related initiatives
• Activities that are not directly related to systems change to integrate tobacco dependence treatment into the continuum of care as defined in this funding opportunity
• Funding for research or research-related projects

General Instructions for Completing the Budget Worksheet
The Budget Worksheet must be completed using the Excel template provided. It can be downloaded from the online submission system made available to applicants approved to submit a full proposal. The budget template consists of forms for the Budget Period Worksheets and Detailed Personnel Budgets. The Detailed Personnel Budget should be completed first because it is electronically linked to the Budget Period Worksheet. The budget will be considered incomplete unless the Detailed Personnel Budget is submitted.

The worksheets should be completed in the following order:
• A Detailed Personnel Budget worksheet for each grant year
• A Year X Budget Period worksheet for each year

Use only those lines necessary, or add line items as necessary to adequately detail and document the project budget. The Full Grant Period worksheet is electronically linked to the Budget Period Worksheets and will automatically populate based on what is entered in the Years 1-2 Budget Period Worksheets.

Please do not type any numbers in shaded areas of any columns since they contain formulas. Use only those lines necessary or add line items as necessary to adequately detail and document the project budget. When completing the Budget Worksheet, please verify that all formulas are correct. ClearWay Minnesota does not guarantee the accuracy of formulas in any electronic spreadsheet provided to applicants. It is your responsibility to ensure the accuracy of all arithmetic in the worksheet. Budget Worksheets not adding across rows or down columns to the numbers shown may be returned to you for correction and will delay processing of the application.

Include only revenues and expenses that pertain to the project. In order to effectively leverage its limited resources, ClearWay Minnesota strongly encourages you to demonstrate additional contributions from within your organization or from other sources for the proposed project. These other “in kind” funding sources, including internal contributions from your organization, should be documented on the Budget Worksheet and described in the associated Budget Narrative.

A line item Budget Worksheet should be prepared for each 12-month budget period of the grant. If the grant period is not evenly divisible by 12 (18 or 20 months, for example), a Budget Worksheet for each 12-month budget period and one for the remaining months (partial budget period) should be prepared. In addition, one consolidated Budget Worksheet for the entire
grant period (in total) must be prepared. Please note that there is an important distinction between the terms “budget period” and “grant period” (see detailed instructions below).

The Budget Worksheet will be the basis of establishing the payment schedule of the grant, as well as the required financial reporting during the grant period.

**Instructions for Completing the Budget Narrative**

A Budget Narrative must be submitted along with the Budget Worksheet. The Budget Narrative provides a detailed explanation for each line item in the Budget Worksheet. The Budget Narrative should not exceed three pages. For each line item, the narrative must include, at a minimum, the following:

- A detailed description of the specific line item (what services or items will be purchased);
- A brief statement indicating how the specific items will be used within the context of the project;
- A detailed explanation of how the amount shown in the Budget Worksheet was calculated (e.g., number of items times rate per item, or other formula used); and
- Basis for estimates used (for example, based on a bid from a supplier or contractor or historical experience).

Applicants may provide a separate narrative for each budget period (for example, Year I and Year II) or may prepare a single narrative that details each Budget line item, explaining how it was calculated for each budget period. Budget Narratives without details documenting each item of the Budget Worksheet may affect the review of the proposal.

**Detailed Instructions for Completing the Budget Worksheet and Budget Narrative**

**Grant Period and Budget Period:** Please note that there is an important distinction between the terms “budget period” and “grant period.” For example, if a project receives funding for two years beginning on May 1, 2015, and ending on April 30, 2017, the “grant period” is May 1, 2015, to April 30, 2017. However, there are two “budget periods” for this grant: Year I = May 1, 2015, to April 30, 2016; Year II = May 1, 2016, to April 30, 2017. The grant period will be the same for every budget period worksheet submitted. The grant period and budget period will be identical for the consolidated budget.

**Expenses:** The budget template consists of forms for Budget Worksheets and Detailed Personnel Budgets. The Detailed Personnel Budget should be completed first because it is electronically linked to the Budget Worksheet. In sections of the Budget Worksheet other than project personnel expenses, insert the amounts requested from ClearWay Minnesota in the column marked “A” on the Budget Worksheet. Insert other funding sources in the column marked “B.” Other funding sources are funds provided for the project either by your organization or from external sources. The project total column (the column marked “C”) is a sum total of columns “A” and “B,” and is calculated automatically by the formulas in the
worksheet. Please do not type any numbers in column “C” and in shaded areas of any other columns.

**Other Funding Sources:** Identify funding sources other than ClearWay Minnesota that will be applied to the proposed project. Examples include grants from other organizations, individual contributions and internal contributions (such as donations of non-cash [“in-kind”] items used in executing the grant). On the Budget Worksheet, identify your organization’s contribution as it relates to the proposed project as an internal contribution funding source. Also include any indirect costs not provided for by ClearWay Minnesota’s allowed 15 percent rate.

**Direct Costs**

**A. Personnel Expenses:**

1. When completing the Detailed Personnel Budget, fill in names, job titles, base salary and percent base salary on project columns first, and project total and ClearWay Minnesota requested totals will be calculated automatically by the formulas. The base salary is the estimated salary earned for the budget period working for your organization. The “% Base Salary on Project” column is the percent of base salary that will be dedicated to the project. For example, for a part-time employee working 60 percent time, earning $24,000 (60 percent of full time salary of $40,000) the base salary is $24,000. If this position is dedicated 100 percent to the project, then 100 percent is listed in the “% Base Salary on Project” column. For each project personnel listed in the Detailed Personnel Budget Worksheet, include **in the Budget Narrative** a description of the activities and their full-time equivalency (FTE) at your organization (60 percent in this example). If applicable, justify any increases in personnel expenses (e.g., salary increases) over the period of the grant.

2. List the overall fringe benefit percent on Detailed Personnel Budget Worksheet. In the Budget Narrative indicate what benefits will be provided, and show how the fringe benefit amount was calculated. If individual project staff have different fringe benefit rates, list each rate on the Budget Worksheet and apply as appropriate.

**B. Office Operations:** The projected expenditures for supplies, printing, telephone, postage and delivery should be listed separately on the Budget Worksheet. The Budget Narrative should include a description of how the estimate for each line item was determined. **Office space is considered an indirect expense.**

**C. Communications/Marketing:** Printing or other similar expenses related to the project are reported here.

**D. Software:** Only software directly related to the project will be funded. This may include purchase of project-specific software or additional licenses required for staff related to the project. Please provide details for calculation of these costs. ClearWay Minnesota will not fund prorated (use) charges for software already owned by your organization.
E. Meeting Costs: Provide details (e.g., estimated number of meetings and their associated costs) in the Budget Narrative to indicate how the estimated expenses were derived. Only meeting costs that are essential to the project should be included.

F. Travel Costs: Travel for project staff and consultants should be listed in the budget, along with the basis for the calculation and the purpose of the travel. (NOTE: The automobile mileage reimbursement rate is the IRS-approved rate of 56 cents per mile, as of January 1, 2014.) ClearWay Minnesota does not fund travel outside the United States. Travel to conferences and seminars directly related to the project will be funded at the sole discretion of ClearWay Minnesota. No funds will be provided for travel related to general staff development unless directly related to the project.

G. Consultants/Contractual Agreements (subcontracts): Consultants and contractors must be identified in the budget. Itemize every consultant or other contractor on the Budget Worksheet. In the Budget Narrative, explain how the estimate was derived and refer to the section of the workplan and description of the research project where the need for each consultant is outlined. For each consultant/contractor, include estimated number of hours, rate, total expense and deliverables.

H. Equipment: ClearWay Minnesota grants are not made for the sole purpose of funding capital costs. However, a limited amount of equipment may be requested for the accomplishment of project deliverables. You should follow your organization’s equipment capitalization threshold policy to determine whether an item is classified under equipment or supplies. In the Budget Worksheet, itemize the equipment requested, and in the corresponding Budget Narrative, include a statement outlining how the equipment will be used to meet project deliverables. Where appropriate, examine the options of purchasing, leasing and renting, and explain the choice. ClearWay Minnesota will not fund prorated (use) charges for equipment already owned by your organization, including telephones, computers or IT support.

I. Other Direct Costs: Additional line items that cannot be categorized in the direct cost items above should be described in detail. Please add lines to the Budget Worksheet as necessary to detail these other expenses.

Indirect Costs
Indirect costs are intended to cover grant-related costs that are not easily identified but are necessary to conduct the grant, such as administrative costs, utilities and other overhead-related expenses. Project-related office space is considered an indirect cost. ClearWay Minnesota-funded indirect costs may be included up to 15 percent of total requested direct costs or at your organization’s indirect costs rate (whichever is lower).

Questions about the Budget Worksheet or Budget Narrative?

Contact: Lana Kopylov, ClearWay Minnesota Senior Finance Manager
lkopylov@clearwaymn.org / 952-767-1406
APPLICATION REVIEW PROCESS

All proposals will be reviewed and scored by an independent peer review-panel that includes experts familiar with health systems and health systems change as well as by ClearWay Minnesota staff members.

The following guidelines will be used by the review panel and staff to evaluate full applications.

Review Criteria

- Health System Profile
  o Provides a clear description of the health system including the geographic area, number of clinics, number of providers and approximate number of patients seen yearly
  o Provides a clear description of how a tobacco user currently experiences care at the health system
- Project scope and reach
  o Significance and innovation of the proposed systems change work
  o Potential to advance practice in the funded health system and in Minnesota
  o A clear description of the proposed project objectives and activities
  o Each proposed objective is clearly tied to one of the systems change strategies as outlined in this RFP or a strategy otherwise justified by the applicant
  o Well described rationale for the proposed approach
    ▪ The proposal is grounded in existing systems change approaches that have the potential to foster integration of tobacco dependence treatment within the health system
    ▪ If a new approach is proposed, the proposal justifies the need for, and provides a clear rationale for this approach
  o An overall description of how this funding fills a current gap or need within the health system
- Project plan objectives
  o Proposal identifies the project’s objectives and activities as outlined in the Objectives Worksheet and proposal narrative
    ▪ Each objective is clearly linked with the areas of interest as outlined in the RFP
    ▪ Proposal demonstrates potential to achieve the project’s objectives and foster integration of tobacco dependence treatment into the continuum of health care delivered by the health system
    ▪ Proposal provides a clear description of how the system currently operates as it relates to each objective
    ▪ Proposal provides clear outcomes and timeframe for each stated activity
- Proposal acknowledges any known or suspected limitations to the proposed approaches
- Proposal identifies the methods to be used to achieve the project’s objectives and who will be responsible for achieving the activities
  - Feasibility of the timeline as outlined in the objective worksheet
    - Proposed time period for each of the proposed activities is feasible and realistic
    - Expected outcomes clearly stated for each proposed activity
- Organizational capacity and experience
  - Application materials demonstrate the applicant organization’s eligibility and capacity to serve as the institutional home for the project and capacity to coordinate and conduct administrative activities as required for the support of the proposed project
  - Applicant clearly describes their capacity to successfully fulfil the stated objectives and activities listed in the proposal (includes examples of relevant experience)
  - Describes ability to ensure timely start-up of project activities and implementation of the proposed project
  - Applicant provides letter(s) of support from senior level management within the organization
- Staffing
  - Application and supporting materials provide evidence that key staff possess the knowledge, skills and abilities to conduct the proposed project
  - Clearly describes how the grant objectives will be managed and coordinated
  - Includes appropriate attachments (e.g., resumes and organizational chart)
- Commitment to sustainability, evaluation and dissemination
  - Proposal demonstrates commitment to sustaining the systems changes once grant funding ends (provides a clear description on how these efforts will be sustained)
  - Indicates willingness to collaborate with the external evaluator on the project and describes how they will assess the success of the project internally
  - Describes how findings will be shared and includes the intended audience and anticipated timing of the dissemination work
- Feasibility of the budget
  - Application materials include a complete set of accurate Budget Worksheets
  - Application materials include a clear and complete Budget Narrative with accurate calculations and reasonable assumptions for all projected expenses
- Financial due diligence requirements
  - Application materials include all of the requested financial information and applicant organization’s capacity to provide accurate and ethical financial oversight of the project

Based on the recommendations resulting from the review process, ClearWay Minnesota’s funding objectives and the quality of applications received, ClearWay Minnesota staff will make
funding recommendations to the ClearWay Minnesota Board of Directors. The ClearWay Minnesota Board of Directors makes all final funding decisions. Applicants will be notified of the Board of Directors’ decision about their proposal on March 18, 2015.

**Advisory warning to applicants submitting materials containing proprietary information:**
ClearWay Minnesota complies with the Minnesota Government Data Practices Act, Minn. Stat. Ch. 13, and the Open Meeting Law, Minn. Stat. Ch. 13D. Under these laws, any information submitted to ClearWay Minnesota is a “public record” unless it is the kind of information that falls into a specific statutory exception. All grants under this RFP will be discussed and awarded at a ClearWay Minnesota Board Meeting, which is open to the public. All applications are considered “non-public” until recommended for funding by the ClearWay Minnesota Board, at which time all documents submitted are made “public” (except for materials identified as “nonpublic business data” under the Data Practices Act). You are required to mark any specific information contained in your application that is not to be disclosed to the public or used for purposes other than the evaluation of the application. Each request for non-disclosure must be accompanied by a specific justification explaining why the information is to be protected. Pricing and service elements of any proposal are considered public information unless you can demonstrate that the information is a “trade secret” or “nonpublic business data,” as defined in the Minnesota Government Data Practices Act.

**Denied Applications**
Under normal circumstances, denied applications are destroyed six months from final approval.
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FORM 1
HEALTH SYSTEMS CHANGE
LETTER OF INTENT COVER SHEET

This form is available online at www.clearwaymn.org/health-systems-change-rfp. Download the form, fill it in and submit via email to Megan Whittet, ClearWay Minnesota Senior Cessation Manager, at mwhittet@clearwaymn.org by 4:30 p.m. on October 14, 2014.

TITLE OF PROJECT:

BUDGET AMOUNT: $____________

PROJECT DATES:

APPLICANT PRIMARY CONTACT: (TO BE GIVEN ACCESS TO THE ONLINE APPLICATION SYSTEM)

Name:  
Email:  
Telephone:  
FAX:  
Address:

APPLICANT ORGANIZATION INFORMATION

APPLICANT ORGANIZATION (include department or unit)

Name:  
Website:  
Telephone:  
FAX:  
Address:

IS YOUR ORGANIZATION/AGENCY A:

☐ 501c3 (nonprofit organization) ☐ 501c6 (professional or trade organization)  
☐ Local unit of government  ☐ Tribal Government  ☐ Other:
FORM 2 - HEALTH SYSTEMS CHANGE
GRANTEE ACKNOWLEDGMENT OF APPLICATION TERMS AND CONDITIONS

Grantee must read, complete and acknowledge the following items by signing and dating this form. This form will be available online and must be submitted with the Letter of Intent. The Letter of Intent is due on October 14, 2014, by 4:30 p.m. CT.

As the undersigned, you represent, on behalf of an organization applying for a grant from ClearWay Minnesota™, that you have the authority to execute this and related grant agreements on behalf of the applicant organization. You further acknowledge and agree to the following in applying for a grant or any other funding from ClearWay Minnesota:

The Application Process
- Applicant represents and warrants in submitting a proposal that it has complied with and/or shall comply with all applicable federal, state and local laws, rules and regulations.
- No application for funding will be considered unless it is complete and fully complies with criteria set forth in the applicable Request for Proposals/Applications/Qualifications.
- No application for funding will be considered unless and until this Acknowledgment of Application Terms and Conditions is signed and returned to ClearWay Minnesota’s authorized representative.
- This Request for Proposals/Applications/Qualifications may be withdrawn or modified by ClearWay Minnesota at any time during the application process.

The Review Process
Applicant acknowledges that:
- Proposals submitted become public information, subject to the Minnesota Government Data Practices Act, at the time they are presented to the ClearWay Minnesota Board of Directors. Pricing and service agreements of proposals are considered public information, unless Applicant can demonstrate that the information is a “trade secret” or “non-public business data” as defined by the Act.
- Applicant understands that any attempt to contact a review panel member to discuss the application under review during the review process will disqualify them from receiving funding.
- ClearWay Minnesota has the sole right and discretion to establish funding eligibility criteria and to select or reject proposals according to ClearWay Minnesota’s view of program priorities.
- No person or organization has a right to or expectation of funding, except as provided in a fully approved and executed contract agreement. Funding may be withdrawn (or project approval may be rescinded) if the parties fail to reach agreement during the contract negotiation process.
- If Applicant is an existing or prior ClearWay Minnesota grantee, ClearWay Minnesota may provide the review panel information about previous experience with Applicant.

Conditions for Funding
- Failure to comply with the terms of a grant may result in the termination of funding, and in certain cases may require Grantee to return funds previously received, including funds already disbursed.
- Applicant acknowledges and will comply with the following ClearWay Minnesota policies and directives if funded.
Smoke-Free Workplaces
Organizations receiving funding from ClearWay Minnesota must provide smoke-free worksites, unless they are specifically exempt from an applicable smoke-free policy.

As the undersigned, you represent that you have reviewed ClearWay Minnesota’s Smoke-Free Workplaces Policy and that the organization is (please check one):

☐ Smoke-free.

☐ Specifically exempt from an applicable smoke-free policy.

Grantee Interaction With Tobacco Companies
ClearWay Minnesota will not give a grant to a tobacco company, or to its parent or subsidiaries.

ClearWay Minnesota will actively seek to give grants to organizations that have no present or anticipated relationships with tobacco companies, their parents or subsidiaries.

ClearWay Minnesota generally will not give a grant to an organization that currently receives funding, has received funding in the previous 12 months or would accept funding during the ClearWay Minnesota grant’s lifetime from a tobacco company or its parents or subsidiaries.

ClearWay Minnesota may choose to award a grant to a Principal Investigator or Project Lead with an organization that currently receives funding from a tobacco company or from its parent or subsidiaries if the Principal Investigator or Project Lead working on the ClearWay Minnesota grant is clearly and demonstrably free of any current or anticipated involvement with tobacco-related funding, and if the quality of research or service is deemed significantly better than that provided by competitors.

Because the tobacco industry has targeted, manipulated or sought to exploit certain populations, ClearWay Minnesota may choose to give a grant to an organization that has received funding from a tobacco company, or from its parent or subsidiaries, if the ClearWay Minnesota grant is clearly and demonstrably used for work unrelated to that done with the tobacco funding and if the organization is deemed uniquely better qualified than its competitors to use the ClearWay Minnesota grant.

For the purposes of this Policy, tobacco is defined as commercially manufactured products containing tobacco and does not include sacred and traditional tobacco use by American Indians and other cultures.

As the undersigned, you represent that you have reviewed ClearWay Minnesota’s Policy on Grantee Interaction With Tobacco Companies and that the organization (check all that apply):

☐ Will comply with ClearWay Minnesota’s policies and directives concerning relations with tobacco companies and related businesses, if awarded funding.

☐ Will disclose any relationship by Applicant and its proposed subcontractors (of which it is aware) with any tobacco company, affiliate or subsidiary of any tobacco company.
☐ Has no present or anticipated relationships with tobacco companies, their parents or subsidiaries or that the individuals working on the ClearWay Minnesota project have not worked directly with such entities in the last 12 months, and agree that they will not work directly with such entities while working with ClearWay Minnesota.

Grantee Compliance With Minnesota Government Data Practices Act
Applicant acknowledges that proposals submitted become public information, subject to the Minnesota Government Data Practices Act, at the time they are approved.

If ClearWay Minnesota contracts with a private sector person or entity to “perform any of its functions,” the contract must require Grantee to agree to be subject to the Minnesota Government Data Practices Act (Minn. Stat. § 13) with respect to any data “created, collected, received, stored, used, maintained or disseminated” by the private Grantee.

Grantee agrees to comply with the Act with respect to the agreement data as if Grantee were a government entity (as defined in the Act). Agreement data is considered public information under the Act, unless it can be demonstrated that there is reason any given agreement data should not be treated as public information, including but not limited to that such agreement data is a “trade secret” pursuant to Minn. Stat. §13.37, subd. 1, or “non-public business data” pursuant to Minn. Stat. §13.591, subd. 1. Grantee understands that pursuant to Minn. Stat. §13.05, subd. 11, the remedies provided in §13.08 of the Act apply to Grantee.

Pricing and service agreements of proposals are considered public information, unless Applicant can demonstrate that the information is a “trade secret” or “non-public business data” as defined by the Act.

If an individual or organization believes that a document it submits to ClearWay Minnesota contains trade secret information, the individual or organization must do the following:

1) Clearly mark the information with the words “trade secret”; and
2) Explain in writing how the information meets each of the three requirements in the definition of trade secret information.

“Proprietary” information is not defined or classified under the DPA. Therefore, proprietary information will be public data and available to anyone upon request. This is important because if Grantee marks something as “proprietary,” it is not the same as marking it “trade secret.”

In the event that Grantee receives a request for agreement data under the Act, Grantee agrees to notify ClearWay Minnesota promptly upon such request. In the event that Grantee reasonably desires that certain agreement data requested not be disclosed, Grantee shall give ClearWay Minnesota notice requesting that ClearWay Minnesota withhold specific agreement data from being disclosed. Such notice shall identify the specific agreement data that Grantee desires be withheld, and the statutory basis for claiming that such agreement data is not public information.

ClearWay Minnesota will not reimburse Grantee for any of Grantee’s attorneys’ fees or costs, or for any other expenses incurred in responding to Act requests or requests for information from any government agency.
As the undersigned, you represent that you have reviewed ClearWay Minnesota’s requirement for grantee compliance with the Minnesota Government Data Practices Act and the organization is:

☐ Willing to comply with this requirement.

Grantee Compliance with ClearWay Minnesota’s Conflict of Interest Policy
Applicant warrants that no member of its staff or board of directors is, or during the term of any agreement will be, a member of the staff or Board of Directors of ClearWay Minnesota. ClearWay Minnesota will not enter into contracts with a ClearWay Minnesota Board Member or a ClearWay Minnesota employee or the family members of either while the person is serving ClearWay Minnesota and for one year after the person ceases to be a Board Member or employee of ClearWay Minnesota.

If a family member or relative of a ClearWay Minnesota Board Member is (or becomes) affiliated with an organization that has a grant or contract with ClearWay Minnesota, that organization must:

a) Certify in writing to ClearWay Minnesota that the family member or relative will not solicit, supervise, manage, administer or have a financial interest in the ClearWay Minnesota grant or contract for the duration of that grant or contract;

b) Submit the certification within 30 days of the disclosure of the relationship to the affiliated organization or of a written request from ClearWay Minnesota; and

c) Promptly update the certification if the status of the family member or relative changes.

“Family members” of a person are the person’s spouse or domestic partner, parents, stepparents, siblings, children, stepchildren, and spouses or domestic partners of the person’s children and stepchildren. “Relatives” of a person are the person’s aunts and uncles.

This is a link to ClearWay Minnesota’s website, which contains a list of ClearWay Minnesota Board Members and staff:

http://www.clearwaymn.org

Please review the list and disclose if your organization is affiliated with either a Board or staff member of ClearWay Minnesota.

As the undersigned, you represent that you have reviewed ClearWay Minnesota’s Conflict of Interest Policy and the list of ClearWay Minnesota Board Members and staff and your organization (check one):

☐ Has no affiliation with a ClearWay Minnesota Board Member or a ClearWay Minnesota employee.

☐ Discloses an affiliation with a ClearWay Minnesota Board Member or a ClearWay Minnesota employee. (See attached Disclosure.)
Grantee Liability and Insurance Requirements
Grantee shall be solely responsible for obtaining, and for any expense in obtaining, worker's compensation, medical, dental, life, liability and all other insurance for Grantee for the Term. Grantee understands that it is not covered by the insurance policies of ClearWay Minnesota. Grantee shall be responsible for obtaining, at Grantee’s sole expense, licenses and permits usual and necessary for performing the Project.

As the undersigned, you represent that you have reviewed ClearWay Minnesota’s Grantee Liability and Insurance Requirements and the organization is:

☐ Willing to comply with this requirement.

- Proposals are subject to a financial due-diligence process. Funding will be contingent upon the successful review of the Applicant Financial Questionnaire and related documents.

- During the period of time that Applicant's proposal is under consideration for funding by ClearWay Minnesota, Applicant agrees to inform ClearWay Minnesota immediately of any material change affecting the capacity of the applicant organization to meet the requirements and responsibilities outlined in the Request for Proposal as submitted.

Withholding of Funds or Termination After Contract Execution
ClearWay Minnesota, at its sole option, also may terminate grant agreements at any time if:

- Grantee uses grant amounts for any purpose other than as specified in the grant agreement.
- Grantee breaches the grant conditions or grantee conditions set forth in the grant agreement.
- At ClearWay Minnesota’s sole discretion, ClearWay Minnesota believes that Grantee becomes unable to carry out the purposes of the project, or ceases to be an appropriate means of accomplishing the purposes of the project.
- Grantee uses grant amounts for purposes that conflict with ClearWay Minnesota’s mission, goals and policies.

☐ By checking this box, you represent that you have the authority to execute this and related contract agreements on behalf of the contracting organization and agree to the application terms and conditions stated above.

Name:

Date (month/day/year):

Title:

Representing (organization’s legal name):
ClearWay Minnesota℠  

Affiliation Disclosure Form

1. Legal Name of Organization:

2. Name of ClearWay Minnesota Board Member or employee affiliated with the organization:

3. Answer the following questions.
   a. Does the ClearWay Minnesota Board Member or employee named above have an affiliation with or financial interest in the organization? 
      ☐ Yes ☐ No
      If yes, describe the circumstances.

   b. Does a relative or family member of the ClearWay Minnesota Board Member or employee named above have an affiliation with or financial interest in the organization? 
      ☐ Yes ☐ No
      If yes, describe the circumstances.

   c. Does the ClearWay Minnesota Board Member or employee named above or his or her relative or family member have any influence in seeking grants or contracts for the organization or any involvement in managing grants or contracts for the organization? 
      ☐ Yes ☐ No
      If yes, describe the circumstances.

   d. Are there any circumstances that could create a perception that the ClearWay Minnesota Board Member or employee named above is not able to make a fair, objective and independent decision regarding funding the organization? 
      ☐ Yes ☐ No
      If yes, describe the circumstances.

Name:          Date (month/day/year):   /   / 
Title:
Representing *(organization’s legal name)*:

**Definitions**

ClearWay Minnesota Board Members or employees are “*affiliated*” with an organization (and have an “*affiliation*” with an organization) if they or their family members are officers of, directors of, employed by, independent contractors for, or receiving proceeds from a ClearWay Minnesota grant or contract, or have a financial interest in the organization.

A person has a “*financial interest*” if the person has, directly or indirectly, through governance, business or investment:

a) An existing, foreseeable or recent (within the past year) ownership interest of more than 2 percent in any entity with which ClearWay Minnesota has, or is negotiating, a grant, contract or other arrangement; or

b) An existing, foreseeable or recent (within the past year) compensation arrangement with ClearWay Minnesota or with any entity or person with which ClearWay Minnesota has, or is negotiating, a grant, contract or other arrangement.
FORM 3- HEALTH SYSTEMS CHANGE
FULL APPLICATION FORM

This form will be available in the online submission system for those applicants approved to submit a full proposal. The full application packet is due by 4:30 p.m. on December 5, 2014.

Date (month/day/year): / /

General Information

Legal Name of Organization:

Address:

County: Telephone: Fax:

Project Information

Name of Project Director:

Title: Email:

Telephone: Fax:

Address:

Name of Financial Officer:

Title: Email:

Telephone: Fax:

Address:
Is your organization/agency a:

- [ ] IRS 501(c)(3) (nonprofit organization)
- [ ] IRS 501(c)(6) (professional or trade organization)
- [ ] Local unit of government
- [ ] Tribal Government
- [ ] Other:

Federal Tax ID number:          State Tax ID number:

Dollar Amount Being Requested from ClearWay Minnesota:

Organization’s total annual budget:

Checks to be made payable to:
Name:

Address:
City:          State:          Zip
Acknowledgment of Application Terms and Conditions

The undersigned further acknowledges and agrees that in sending this Application to ClearWay Minnesota:

- No person or organization has a right to or expectation of such funding, except as provided in a fully approved and executed grant agreement. No Application or application for funding will be considered unless it is complete and fully complies with the eligibility criteria set forth in this request for proposals.

- That the undersigned has read and fully complies with the eligibility criteria set forth in this request for proposals.

- That the undersigned has read and intends to comply fully with ClearWay Minnesota’s policies and directives as outlined in this request for proposals regarding: Smoke-Free Workplaces; Conflict of Interest; Interactions with Tobacco Industry and Related Businesses; and the relevant requirements of the Minnesota Governmental Data Practices Act. (See Form 2 in the Appendix, which was signed and submitted with the Letter of Intent)

- In compliance with Clearway Minnesota’s Conflict of Interest Policy, your organization agrees to disclose any affiliation or family relationship that your organization has with ClearWay Minnesota Board Members or staff, see listing at http://clearwaymn.org/about/.

- That the undersigned is responsible for notifying ClearWay Minnesota in the event of any changes that might affect the personnel or institutional capacity to conduct the research proposed in the accompanying Application.

☐ By checking this box, the undersigned, represents that s/he has the authority to execute this and related contract agreements on behalf of the contracting organization and agrees to the application terms and conditions stated above.

Name: ___________________________  Date (month/day/year):   /    /  

Title: ____________________________

Representing (organization’s legal name): ___________________________
instructions:

this template will be available in the online application system after the letters of intent have been received and approved. the full application packet is due december 5, 2014, by 4:30 p.m.

using the format below, complete a separate worksheet for each stated objective, i.e. you will complete parts a and b for each planned objective. please limit your response to two pages per objective.

objectives should clearly match the project scope and reach as outlined in section c of the proposal narrative. place these worksheets within the narrative portion of your application after section c.

within each objective clearly describe the following. provide sufficient detail to allow reviewers to understand how your plan will be operationalized.

part a:

1. **link to systems change strategies.** describe how this objective is tied to the systems change strategies as outlined in the rfp on page 6 & 7. if applicable, also describe how the proposed work will fill a current gap within your health system.

2. **baseline.** where are you today? describe how your system currently operates as it relates to this objective. the progress you make over the course of the grant will be tracked against this baseline. include the data source if applicable.

3. **outcomes.** describe the changes you want to make and target date by which you want to make it as it relates to this objective. include any relevant tracking measures.

4. **potential barriers.** describe potential barriers to being able to successfully complete the stated objective. describe what steps you might take to try to overcome those obstacles.

part b:

for each objective include:

- key phases of work and milestones, i.e. the listed activities (action steps) you will take to reach that stated objective;
- anticipated timeline for each activity specifying the months in which you anticipate implementing that activity, e.g. may-june 2015;
- who will be responsible for completing the stated activity; and
- anticipated outcome as it relates to each activity.

note: the size of the activity boxes and number of rows can be adjusted to fit the number of activities for each objective. please try to limit this table to one page.
## Objective Worksheet: Part A

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Objective:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Link to Systems Change Strategies

Describe how this objective is tied to the systems change strategies outlined in this RFP. If applicable, also describe how the proposed work will fill a current gap within your health system.

### Baseline

Describe how your system currently operates as it relates to this objective. The progress you make over the course of the grant will be tracked against this baseline. Include the data source if applicable.

### Outcomes

Describe the changes you want to make and target date by which you want to make it as it relates to this objective. Include any relevant tracking measures.

### Potential Barriers

Describe potential barriers you might encounter and what steps you might take to overcome those obstacles.
### Objective Worksheet: Part B

**Objective:**

<table>
<thead>
<tr>
<th>Activity (Describe major milestones/action steps to reach this objective)</th>
<th>Timeframe (Provide month and year, e.g. May-June 2015)</th>
<th>Who is Responsible (for each activity listed, describe who is responsible for the implementation of that activity)</th>
<th>Activity Outcome (for each activity listed, describe the expected outcome of that activity)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

The purpose of this Financial Questionnaire is to verify that the applicant’s current financial position allows it to complete the ClearWay Minnesota project. Fill out the following questionnaire as it applies to your organization and provide the materials requested. If a question is not answered, the applicant organization must provide written justification for why the question is not applicable.

Organization Name: ______________________
Name and Title of Person Completing Questionnaire: ______________________
Date: ___________________
Name and title of the Top Financial Representative of the contracting organization: ______________________

Please respond to each question.

1. Please provide a resume or biographical sketch of the financial officer or financial representative of the organization. Please verify that s/he has never been charged or convicted of fraud, misrepresentation or theft.

2. Are there any lawsuits, judgments or liens pending against your organization, or is it currently under investigation by any entity?
   ___ Yes  ____ No
   If yes, please provide details (attach a sheet if necessary and please distinguish those suits that directly impact the ability to administer the grant funds if awarded):

3. Please attach bank references and a list of three trade references. (Applicant agrees to provide to the bank authorization to release information if required).

4. Has your organization ever been denied a surety bond, filed for bankruptcy or been insolvent? If yes, please attach an explanation on a separate sheet.

5. Has your organization had any grants terminated or financial penalties imposed for any grant for any reason in the past five years? If yes, please list granting agencies and provide details.

6. Please provide the most recent audited financial statements along with management letter for the applicant entity proposed to complete this project. (If you don’t conduct an audit, please submit the most recent quarter’s year-to-date balance sheet and income statement, and last completed year’s balance sheet and income statement.)
7. Please provide the latest IRS Form 990 tax filing for the applicant entity.

8. ClearWay Minnesota’s funds can not be used for expenses allocated on an FTE basis, please attach a brief description of your internal system for identifying, tracking and reporting grant-related personnel expenses.

9. ClearWay Minnesota’s funds can not be used for expenses allocated on an FTE basis, please attach a brief description of your internal system for identifying, tracking and reporting grant-related expenses other than personnel.

10. Please provide a copy of your IRS determination letter.

11. Is your organization in good standing with Secretary of State’s office?
   ____ Yes   ____No   ____N/A
   If yes, attach either a copy of this year’s Certificate of Good Standing or proof of your organization’s good standing with the Secretary of State’s Office. For most Minnesota entities, it is available at [http://www.sos.state.mn.us](http://www.sos.state.mn.us). If a proof of good standing is not available, indicate why not. ClearWay Minnesota must be notified if there is a change in the organization’s good standing status.

   ________________________________  ________________________________
   Signature of person completing questionnaire  Date
INSTRUCTIONS FOR LOCATING AND PRINTING CERTIFICATES OF GOOD STANDING

Using your computer’s web browser, access the Minnesota Secretary of State’s official website by going to: http://www.sos.state.mn.us. On the home page of this website, find the menu tab titled “Online Services.” By pointing to this menu tab, a drop-down menu should appear.

2. Click on the “Search” item of the “Online Services” drop-down menu. On the “Search” menu, select the menu item called “Registered Office/Corporate File (free)” and click on this item. Enter the name of the grant applicant’s applicant organization in the space marked “Entity Name” and click on the SEARCH button below.

3. The next screen usually contains a list of several similarly named businesses or organizations. Locate the correct name of the applicant’s applicant organization and click on the corresponding “Org ID” number. A new screen should appear, providing a “Certificate” of the organization’s status. Print the certificate and include it as an appendix in your grant application packet. (See the example of ClearWay Minnesota’s certificate shown below.)

4. If your organization is not listed, contact the Secretary of State’s office by sending an email to public.information@state.mn.us or by fax at 651-297-7067.

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number: 1S-229  Entity Type: Non-Profit Corporation
Original Date of Filing: 9/21/1998  Entity Status: Active
Duration: Perpetual  Good Standing: 2007
(date of last annual filing)

Name: ClearWay Minnesota SM
Registered Office 8011 34th Ave #400 2 Appletree Square
Address: Mpls, MN, 55425

Agent Name: No Agent Filed
**SAMPLE BUDGET WORKSHEETS**

YEARS 1 Budget Period

**DETAILED PERSONNEL BUDGET WORKSHEET**

- Applicant's Name: 
- Date prepared: 
- Project Name: 
- Date revised: (if applicable)
- Grant Period: ________ to ________
- Budget Period: ________ to ________

<table>
<thead>
<tr>
<th>Name</th>
<th>Position in this Budget Period</th>
<th>Number of Months</th>
<th>Base Salary</th>
<th>% Base Salary</th>
<th>ClearWay Sources</th>
<th>Other Funding Sources</th>
<th>Project Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Job Title</td>
<td>$</td>
<td>0%</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Name</td>
<td>Job Title</td>
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<td>0%</td>
<td>$</td>
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<tr>
<td>Name</td>
<td>Job Title</td>
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<td>Name</td>
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<td>Name</td>
<td>Job Title</td>
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<td>$</td>
<td>$</td>
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<td>$</td>
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<tr>
<td>Total Salaries</td>
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<td>-</td>
<td>$</td>
<td>-</td>
<td>$</td>
<td>-</td>
</tr>
</tbody>
</table>

**Grantee's fringe rate:**

- Total Fringe Benefits: $0% $| $| $|
- Total Personnel Costs: $| $| $|

**Instructions:**
- Complete the titles and other identification information and provide the dates. Then enter the employee's name, job title, number of months in this budget period, the base salary and the percentage of time this position will devote to the project. Determine the fringe benefit rate and enter it in the appropriate box.
- Salary for these positions will be supported by "Other funding sources" - enter the amounts in the appropriate column. Please note, you will need to enter the "Other Funding Sources" first, in order to make the embedded formulas work properly. Please check the row and column totals for accuracy.

**Note 1:** Columns C = A + B
(Project Total = ClearWay Sources + Other Funding Sources.)

**Note 2:** For 12 month budget periods, the base salaries represent FTE = 1.0. For budget periods of less than 1 year, the FTE is adjusted proportionally. If the position is < 1.0 FTE, the FTE for this Budget Period is adjusted proportionally.

**Note 3:** The cells highlighted in blue on this worksheet contain formulas. Please verify the column and row totals for accuracy, especially if you have added or moved any rows.

**Note 4:** For further information please contact:
Lana Kopylov, Finance Manager
by phone at: 952-767-1406, or by email at lkopylov@clearwaymn.org

42
<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>Amount</th>
<th>Other Funding</th>
<th>Project Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Personnel:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>Fringe Benefits</td>
<td>-</td>
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<tr>
<td>Total Personnel Costs from Detailed Personnel Budget</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>Office Operations:</strong></td>
<td></td>
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<tr>
<td>Supplies</td>
<td>-</td>
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<tr>
<td>Printing</td>
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<td>Telephone</td>
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<tr>
<td>Postage &amp; Delivery</td>
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<tr>
<td>Equipment</td>
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<tr>
<td>Other Office Expenses (itemize)</td>
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<tr>
<td>Total Office Operation Costs</td>
<td>-</td>
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<tr>
<td><strong>Other Direct Costs:</strong></td>
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<tr>
<td>Communications/Marketing</td>
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<td>Software</td>
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<tr>
<td>Meeting Costs</td>
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<td>Travel</td>
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<td>Consultants</td>
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<tr>
<td>Other Direct Expense (itemize)</td>
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<tr>
<td>Total Other Direct Costs</td>
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<tr>
<td><strong>TOTAL DIRECT COSTS</strong></td>
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<tr>
<td>Indirect Costs</td>
<td>$</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Grantee's indirect rate:</td>
<td>0%</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>(max ClearWay rate allowed 15%)</td>
<td></td>
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<tr>
<td><strong>GRAND TOTALS (Total Direct Costs + Indirect Costs)</strong></td>
<td>$</td>
<td>-</td>
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</tr>
</tbody>
</table>

**Note 1:** Columns A + B = C

**Note 2:** The budget worksheet is considered incomplete unless a Detailed Personnel Budget is submitted for each budget period.

**Note 3:** For further information or assistance, please contact Lana Kopylov at 952-767-1406, or lkopylov@clearwaymn.org

**Note 4:** The cells highlighted in blue on this worksheet contain formulas. Please verify the column and row totals for accuracy, especially if you have added or moved any rows.

**Instructions:** Please complete the titles, headings and other identification information at the top of each form. Proceed by filling in the information requested in the Detailed Personnel Budget Worksheet for Year 1 and then complete the full Year 1 budget worksheet. Continue, as needed, to fill in the Year 2 and Year 3 sets of worksheets. Be sure to indicate the indirect rate applied to this budget period (see the appropriate box, above). Please verify the accuracy of the row and column totals as well as the cumulative totals.
**FULL GRANT PERIOD BUDGET WORKSHEET FOR CLEARWAY MINNESOTA GRANTS**

**Applicant’s Name:**  
**Project Name:**  
**Grant Period:** ________ to ________  
**Budget Period:** ________ to ________

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>Amount Requested from ClearWay</th>
<th>Other Funding Sources</th>
<th>Project Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Personnel:</strong></td>
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<td></td>
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<tr>
<td>Salaries</td>
<td>$ -</td>
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<td>Fringe Benefits</td>
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<td><strong>Total Personnel Costs</strong></td>
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<td><strong>Office Operations:</strong></td>
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<td>Supplies</td>
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<td>Equipment</td>
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<td><strong>Total Other Direct Costs</strong></td>
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<td><strong>TOTAL DIRECT COSTS</strong></td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Indirect Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Grantee’s indirect rate:  
YR1 = 0%  
YR2 = 0%  
(max rate allowed 15%) | $ - | $ - | $ - | - |
| **GRAND TOTALS (Total Direct Costs + Indirect Costs)** | $ - | $ - | $ - | - |

**Note 1:** Columns A + B = C  
Please verify the formula on the worksheet for accuracy, especially if adding additional rows.

**Note 2:** The grantee’s indirect rate may be different for each budget period (year or partial year). Please enter the correct rate for each budget period in the appropriate spaces above.

**Note 3:** For further information or assistance please contact Lana Kopylov at 952-767-1406, or lkopylov@clearwaymn.org

**Note 4:** The cells highlighted in blue on this worksheet contain formulas. The amounts will appear automatically. Please verify the column and row totals for accuracy, especially if you have added or moved any rows.

**Instructions:** Please complete the titles, headings and other identification information at the top of each form. The rest of the columns on this sheet will be generated automatically once all of the other budget worksheets have been completed. Please fill in the correct indirect rates that have been applied for each year of the grant period (see box above). Please verify the accuracy of the row and column totals as well as the cumulative totals.