RESEARCH FUNDING
REQUEST FOR PROPOSALS

RESEARCH AWARDS ON
INCREASING QUIT ATTEMPTS AMONG ADULT SMOKERS
FOR FISCAL YEAR 2015

KEY DATES & DEADLINES

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FOR APPLICATION FORMS AND REQUIREMENTS

Please visit: [http://www.clearwaymn.org/get-funding/funding-research/](http://www.clearwaymn.org/get-funding/funding-research/)
or contact: Erin O’Gara, Ph.D.
Research Program Manager
ClearWay MinnesotaSM
952-767-1405
eogara@clearwaymn.org
INTRODUCTION

ClearWay Minnesota was created in 1998 to administer 3 percent ($202 million) of Minnesota’s tobacco settlement funds over a period of 25 years. Our mission is to enhance life for all Minnesotans by reducing tobacco use and exposure to secondhand smoke through research, action and collaboration.

ClearWay Minnesota funds research that has the greatest potential to impact policy and practice within Minnesota and nationally. The Research Department at ClearWay Minnesota has identified research priorities to align with the organization’s long-term plans and goals.

One of ClearWay Minnesota’s Legacy Goals is to reduce the prevalence of smoking among adult Minnesotans to less than 9 percent by 2023. However, results from the 2010 statewide Minnesota Adult Tobacco Survey (MATS) indicate that smoking rates remain at about 16 percent.\(^1\) One way to decrease the number of smokers is to encourage more quit attempts. According to MATS, only 54.6 percent of Minnesota smokers made a quit attempt in 2010. However, Healthy People 2020 has a goal of increasing the number of adult smokers making quit attempts to 80 percent.\(^2\)

The U.S. Surgeon General has emphasized the importance of cessation efforts made through proven methods in order to reduce the overall harm of commercial tobacco use on society.\(^3,4\) Tobacco dependence is not a habit, but a chronic, relapsing condition that may require repeated intervention and support for multiple quit attempts. By engaging more current Minnesota adult smokers to try and quit, we have the ability to reach members of the smoking population who might not yet be ready to quit completely, and to help further motivate those who are. Although abstinence may not be the initial outcome for everyone, increasing the number of quit attempts puts them on the path to quitting successfully in the future.\(^4,5\) The research funding opportunities provided in this Request for Proposals (RFP) intend to build on our knowledge of quit attempts made by smokers in Minnesota. The goal is to further understand the nature of quit attempts, and to find effective and innovative approaches to increase the likelihood of abstinence from tobacco.

\(^{5}\) Hughes JR. Four beliefs that may impede progress in the treatment of smoking. Tobacco Control. 1999 Autumn; 8(3): 323-326.
RESEARCH GRANT AWARDS

Translational Research Awards

Translational awards are intended for research that bridges the gap between the scientific research process and public health community application. The purpose of these grants is to use existing knowledge about tobacco cessation and to introduce evidence-based methods into communities. Translational awards encourage (but do not require) collaborations, especially community-academic research partnerships, that are intended to improve Minnesotans’ health.

These translational awards can focus on a variety of approaches, including but not limited to innovative strategies for introducing evidence-based educational efforts into communities, new applications of effective quit methods and/or medications in priority populations, and the implementation of community programs to increase quit attempts.

A successful translational research proposal may build upon an existing community/academic partnership to expand previously successful work in tobacco cessation and quit attempts, or to apply proven methods in new community settings. Translational research will allow communities to have representation in the research process, and research will benefit from community knowledge resulting in successful, sustainable partnerships. ClearWay Minnesota highly encourages proposals that focus on collaboration with priority populations.

This award may be made for up to 36 months and total project costs may not exceed $250,000 (including indirect costs). Indirect costs will be funded to a maximum of 15 percent of total requested direct costs (as defined in the budget section of this RFP). Up to two translational research awards may be funded during the Fiscal Year 2015 cycle.

Formative Research Awards

This award is intended for developmental or exploratory research. The purpose of these grants is to gather preliminary data or demonstrate proof of principle (i.e., pilot projects). Although the proposal may lack some preliminary data or proven methods, it should be promising, draw upon existing literature, be intellectually stimulating and show potential to significantly contribute to the field. Formative research may include interviews, focus groups, simulation studies or pilot intervention projects. This award may be made for up to 24 months and total project costs may not exceed $125,000 (including indirect costs). Indirect costs will be funded to a maximum of 15 percent of total requested direct costs (as defined in the budget section of this RFP). Depending on the quality and applicability of proposals received, up to two formative research awards may be funded during the FY15 cycle.

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7 ClearWay Minnesota defines priority populations as populations that experience disproportionate harm from tobacco.
RESEARCH AREA

This RFP solicits proposals that will help guide applied programs and identify future research to increase the number of quit attempts among adult smokers. Because many smokers require several attempts before being successful in quitting tobacco, increasing the number of cessation attempts can positively contribute to decreasing the overall number of Minnesota smokers. Proposals may be made for studies that fall either under the category of translational research or formative research.

Potential research questions may include (but are not limited to):

- What factors impact motivation to make quit attempts among light and intermittent smokers or smokers with comorbidities?
- What is the effect of “practice” quits on number of quit attempts and/or abstinence from tobacco?
- What is the effect of smoke-free rules on quit attempts and/or abstinence from tobacco?
- Is a “cutting down to quit smoking” model helpful across different populations of smokers, including those with comorbidities?
- What are the perceptions of risk among long-term tobacco users, and what impact do those perceptions have on interest in quitting?

Roles
The successful applicant will take on the primary responsibility of the grant activities but should also be willing to collaborate with ClearWay Minnesota staff. Discussions regarding how the grantee and ClearWay Minnesota Program Manager will work together will occur during the start-up phase of the project.

ELIGIBILITY CRITERIA

To be considered eligible, applicants must meet the following criteria:

1. Individual grant applicants must confirm their status and affiliation (e.g., employee, contractor, student or board member) with a certified nonprofit organization based in Minnesota that has agreed to serve as the organizational host for the proposed project. Eligible applicant organizations include universities, colleges, school districts, nonprofit research institutions, community health boards, government or political subdivisions, professional organizations and associations, nonprofit health care organizations, community-based service organizations and other nonprofit organizations.

At least one Principal Investigator must be affiliated with a nonprofit organization located in Minnesota. The applicant organization must demonstrate its organizational capacity to conduct the proposed research. The “applicant organization” is legally responsible for assuring the implementation of the workplan, managing the budget and providing reports to ClearWay Minnesota.
2. The amount requested in any single year of the proposed budget may not exceed 48 percent of the applicant organization’s total budget (income from all sources for the budget period). For the purposes of this calculation, the 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 as new income to support the proposed project for that budget year.

3. The research must be conducted in Minnesota and reflect the interests, needs or health concerns of Minnesota residents.

4. The applicant must be able to provide human subject protection assurance from an Institutional Review Board (IRB). IRB approval is required. It may be provided after the ClearWay Minnesota Board of Directors approves funding for the project, but it must be in place before the first payment is made.

5. The applicant organization must certify its compliance with ClearWay Minnesota’s policies and directives regarding interactions with tobacco industry and related businesses, conflicts of interest and the relevant requirements of the Minnesota Governmental Data Practices Act. For a full description of these policies and directives, please see the appendices. Certification of compliance is acknowledged on the Acknowledgment of Application Terms and Conditions form (please see appendices).

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). Applicants are required to mark any specific information contained in their 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 the applicant 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 will be destroyed six months from final decision.
INSTRUCTIONS FOR THE LETTER OF INTENT

All applicants must submit a Letter of Intent (LOI) to inform ClearWay Minnesota of their intention to submit a full application. Submissions should be sent by email to: Erin O’Gara, Ph.D., ClearWay Minnesota Research Program Manager, at eogara@clearwaymn.org by 4:30 p.m. (CT) on November 10, 2014. Applicants will then be sent a notification verifying eligibility to submit a full application and providing detailed instructions on the online application submission process.

Formatting instructions: The LOI should be submitted on the letterhead of the applicant organization. The LOI must be in **12-point font, no longer than three pages double-spaced, with one-inch margins.**

- **Read and sign the Letter of Intent Cover Sheet and the Acknowledgment of Application Terms and Conditions.** 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. Send these forms along with your Letter of Intent.

- The LOI should include the following:
  1. Confirmation that the organization or institution hosting the project is an eligible entity operating in Minnesota.
  2. A statement that the proposed project aligns with the research area identified in this RFP. Please include a list of proposed aims and/or research questions.
  3. Clear indication of the specific funding mechanism you are applying for (translational or formative research award).
  4. For translational research awards, where applicable, provide evidence for how the proposed project includes a collaboration between an academic and community partnership, or how the project would build upon an existing relationship.
  5. Information for the Principal Investigator (PI) on the application, including name, mailing address, phone number and email address. In addition, provide the name and email address of the individual (if different than the PI) who will be given access to the online application system.

Responses to frequently asked questions will be posted on our website at [http://www.clearwaymn.org/get-funding/funding-research/](http://www.clearwaymn.org/get-funding/funding-research/).

Process for Reviewing Letters of Intent

ClearWay Minnesota Research staff will conduct a detailed review of each LOI. The strength of each LOI will be reviewed on the following criteria:
1. Relevance of the proposed research to the goals of ClearWay Minnesota;
2. Relevance to the research priority area stated in this RFP;
3. Eligibility of the applicant organization; and
4. Originality of the proposed research (i.e., innovative and non-duplicative of previously funded ClearWay Minnesota research [see Research Funding Portfolio at http://www.clearwaymn.org/get-funding/funding-research/]).

**INSTRUCTIONS FOR THE FULL APPLICATION**

Full applications must be submitted online by **4:30 p.m. (CT) on January 14, 2015.** Detailed instructions on the online application system, Egnyte, will be provided to the contact person identified in the Letter of Intent.

Questions on the application should be submitted to Erin O’Gara, Ph.D., ClearWay Minnesota Research Program Manager, by phone at 952-767-1405, or by email at eogara@clearwaymn.org.

**Formatting Requirements**

All research proposals must adhere to the following format requirements. The proposal should be provided in no less than a **12-POINT FONT** with **ONE-INCH MARGINS.** Please label and number all sections and provide page numbers.

**Application Materials**

*Section 1. Acknowledgements and Full Application Forms* – Please see the appendices for copies of these forms. These documents will also be available on the online application system. Please complete and attach to the front of the application. The cover sheet/acknowledgement and grant application forms should be included with parts 1-9 of the application (uploaded as one document to Egnyte, the online application system).

*Section 2. Abstract of Proposed Research Project* (no longer than 400 words, single-spaced) The abstract should include the main objective of the research proposal and a brief overview of the proposed methodology, including the research design, data collection, data analysis strategies and dissemination plans.

*Section 3. Research Proposal* (no longer than 25 pages, double-spaced) This section should include a detailed description of the research priority area being assessed and of the project’s scope, including:

- Project Relevance – This should be a brief section outlining the following:
  - Significance and innovation of the proposed research
  - Potential to advance policy and practice in Minnesota and nationally
- Proposed Research Questions
- Sampling Plan
- Implementation Plan
- Community/Academic Research Partnership, or other form of collaboration (where applicable)
- Human Subjects Protection
Data Collection
Data analysis
Timeline
Limitations
Dissemination

Section 4. References Cited (no page limit)

Section 5. Organizational Research Capacity (no longer than two pages, double-spaced)
Identify the applicant organization and describe its capacity to support the proposed research. If the applicant organization is a unit or subdivision within a larger organization, focus on the research capacity of the unit, and make reference to the capacity and function of the larger organization as it may apply to the resources required by the proposed research project. Please discuss any similar or related previous work that the applicant organization or partners have done. Do not assume reviewers are familiar with the applicant organization(s). As appropriate to the project design, identify all collaborating organizations (partners) and describe each partner’s role in the proposed research process.

Section 6. Biographical Summaries (no longer than three pages, double-spaced)
Provide concise biographical summaries of the key participants and clearly identify the roles or contributions these individuals are expected to make in the proposed research project. This should include (as appropriate): the Principal Investigator; Co-Principal Investigators; significant project staff; significant community partners (where applicable); project consultant(s) and subcontractor(s); research affiliates and mentors; and any other significant contributors to the research process. Also provide position descriptions of staff to be hired.

Section 7. Budget Worksheets (please use the forms provided)
Please see the Budget Instructions for Grant Application section for more information. Carefully review the explanation of the budget categories and line items, and note the types of expenses allowable for direct and indirect costs. The budget worksheet templates (Excel file) are available online. The Excel file for the budget worksheets must be submitted with your application.

Section 8. Budget Narrative (no longer than five pages, double-spaced)
Include a detailed Budget Narrative for the project. For instructions on completing this section, please see the Budget Instructions for Grant Application section.

Section 9. Attachments (no page limitations on attachments)
Please include:

a) Resumes or biographies of key personnel.
b) Letters of support and letters of commitment from individuals and organizations involved in implementing the research project (on appropriate letterhead).

Attachments are only required for the applicant organization and are not required for subcontractors. No other attachments other than those listed above are permitted, and they will not be read if included.
Section 10. Applicant Financial Questionnaire (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. The form and related attachments should be uploaded separately as one PDF document to the online application system.
BUDGET INSTRUCTIONS FOR GRANT APPLICATION

General Instructions
The budget worksheet and the budget narrative should provide a detailed rationale for the amount of funding requested. Reviewers of the grant proposals will use this information to determine if the budget aligns with the research project activities. All budget worksheets and narrative must be submitted with the full application. In addition, the worksheets must be provided in an Excel format using the template provided.

Total direct and indirect funds requested cannot exceed the maximum amount for each award. Additionally, the amount requested in any single year of the proposed budget may not exceed 48 percent of the organization’s total budget. For the purposes of this calculation, the 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.

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.

Grant funds must not be used for any expenses that are not directly related to the grant project. In addition, grant funds cannot be used for the following: ongoing, general organization expenses; personnel expenses unrelated to the project; pro-rated project “rental” of equipment or software already owned by the 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.

Budget Worksheet
The budget worksheet templates will be provided online along with instructions on how to submit an Excel file of the worksheets with your application. The budget template consists of forms for the Budget Period Worksheet and Detailed Personnel Budget. 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:

1. A Detailed Personnel Budget worksheet for each grant year
2. A Year X Budget Period worksheet for each year

* For example, if the amount Requested for Year I of the grant is R=$50,000 and the organization’s Total budget for Year I (including previously awarded ClearWay Minnesota grants) is T=$100,000, then the appropriate formula is \( R / (T+R) \) must be less than 0.48. In this case: 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.
3. The *Full Grant Period* worksheet, which is electronically linked to the Budget Period
Worksheets and will automatically populate based on what is entered in the Years X
Budget Period Worksheet

**Please do not type numbers in shaded areas of any columns, since these contain formulas.**
Use only those lines necessary, or add line items as necessary to adequately detail and document
the project budget. ClearWay Minnesota does not guarantee the accuracy of formulas in any
electronic spreadsheet provided to the applicant. It is the applicant’s responsibility to ensure the
accuracy of all arithmetic in the worksheet.

**Budget Narrative**
The narrative should provide a detailed explanation for each line item in the budget worksheet.
Please provide the narrative for the entire grant period, describing estimated expenses for each
budget period. The complete narrative should not exceed five pages (double-spaced). For each
line item, the narrative must include the following:
- A detailed description of the specific line item (what services or items will be purchased);
- A brief phrase indicating how the specific items will be used with the project;
- A detailed explanation of how the amount shown in the budget form was calculated (e.g.,
  number of items times rate per item); and
- The basis for estimates used (e.g., based on a bid from a supplier or experience).

**Detailed Instructions**
*Grant Period and Budget Period:* The “grant period” is the entire length of the project (e.g., for a
three-year study, May 1, 2015-April 30, 2018). The “budget period” represents each year of the
grant (e.g., year one in the previous example would be May 1, 2015-April 30, 2016).

*Other Funding Sources:* Applicants are strongly encouraged to demonstrate additional
contributions from within their organizations or from other sources for the proposed project.
Identify these amounts on the *Budget Period Worksheet*, in the *Other Funding Sources* column.
Examples include grants from other organizations, individual contributions and internal
contributions such as any indirect costs in excess of ClearWay Minnesota’s allowed 15 percent
rate.

*Direct Costs*

**A. Personnel Expenses:**

1. The number of months in the budget period column should be 12 for a full-year
   budget period, or fewer for a partial budget year. The base salary is the estimated
   salary earned for the budget period working for the applicant’s organization. The %
   *Base Salary on Project* column is the percent of base salary that will be dedicated to
   the project. 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 the applicant organization. If applicable, justify any
   increases in personnel expenses (e.g., salary increases) over the period of the grant.

2. Tuition reimbursement will be considered compensation. A separate line item entitled
tuition reimbursement should be added under the salary section of the *Detailed Personnel Budget* 
   *Worksheet*. The total compensation for graduate students (salary
   plus fringe benefits and tuition) may not exceed $50,000 per year per FTE.
3. List the overall fringe benefit percent on the *Detailed Personnel Budget Worksheet*. In the budget narrative indicate what benefits will be provided, and, if individual project staff have different fringe benefit rates, list each rate on the *Budget Period Worksheet* and apply as appropriate.

4. ClearWay Minnesota’s salary cap for all professional project staff must not exceed the maximum amount outlined in the NIH guidelines for an Executive Level I Employee and is adjusted annually. The current Executive Level I salary level is $181,500. This salary cap does not include fringe benefits. A note should be made in the budget narrative where salary caps are enforced.

**B. Office Operations:** Each expenditure should be listed separately as outlined on the Budget Period 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:** Advertisement, printing or other similar expenses related to the project are listed here.

**D. Software:** Only software directly related to the project will be funded. In the budget narrative please provide details for calculation of these costs. ClearWay Minnesota will not fund prorated (use) charges for software already owned by the applicant 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.

**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 (in the narrative). (NOTE: The automobile mileage reimbursement rate is the IRS-approved rate of 56 cents per mile, as of January 1, 2014). Travel to conferences and seminars directly relating 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):** Itemize and identify every consultant or contractor on the *Budget Worksheet*. In the budget narrative for each consultant/contractor, include estimated number of hours, rate, total expense and deliverables. If the total for each contractor is a significant portion of the overall project budget the contractor’s budget worksheet must also be completed (see template).

**H. Equipment:** A limited amount of equipment may be requested. Each applicant should follow its organization’s equipment capitalization threshold policy to determine whether an item is classified under equipment or supplies. In the budget narrative, list the equipment requested and briefly describe the purpose and how the cost was calculated. Where appropriate, examine the option of purchasing vs. leasing or renting, and explain the choice. ClearWay Minnesota will not fund prorated (use)
charges for equipment already owned by the applicant organization, including telephones, computers or IT support.

I. Other Direct Costs: Additional line items that cannot be categorized in the direct cost items above may be added here. Please add lines to the Budget Period Worksheet as necessary to detail these other expenses (for example, a line would be added here to detail stipends for community participants if the project recommends such action). Please ensure that added budget lines for individual years along with corresponding amounts are added to the Full Grant Period Worksheet.

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 the applicant organization’s indirect costs rate (whichever is lower). Subcontractors may charge for indirect expense costs, but they need to adhere to the same ClearWay Minnesota guidelines as the applicant organization. Please clearly identify the applicant’s indirect rate in the appropriate box on the budget worksheet. Ensure the indirect costs budget amount in column A (“Amount requested from ClearWay”) does not exceed 15 percent of total requested direct costs. If applicant organization’s indirect rate is over 15 percent, any budgeted indirect costs in excess of 15 percent should be included under “Other Funding Sources.”

Questions about the Budget Worksheet or Budget Narrative? Contact Lana Kopylov, ClearWay Minnesota Senior Finance Manager, at 952-767-1406 or lkopylov@clearwaymn.org

APPLICATION REVIEW PROCESS

Full applications will be considered by a peer-review panel. This review will include a rigorous evaluation of the submitted application. An in-person presentation by the applicant team may be required. The primary criterion for determining funding for all research award programs is the scientific merit of the proposed research. All applicants should consider that the review panels include national and international experts. Therefore, reviewers may not be familiar with specific communities or tobacco control activities in Minnesota. It is best to assume that reviewers are not familiar with your organization and to include information about your organization’s history, mission, services, context or previous activities. The review panel will make funding recommendations to ClearWay Minnesota Research staff, who then present these recommendations to the Program Grants and Program Contracts Committee of ClearWay Minnesota’s Board of Directors. The Committee reviews the recommendations assigned by the peer-review panel and makes funding recommendations to the full ClearWay Minnesota Board, which makes the final funding decision.

When the review and award process is completed, all applicants will be notified of the funding decision and will be sent a summary of the peer-review panel’s comments and overall evaluation of their application.
Review Criteria
The following criteria will be used to assess proposals:

- Project Relevance – Proposal demonstrates how it clearly fits within the stated funding priority areas and has the potential to impact policy and practice within Minnesota and nationally.
- Research Plan – The proposal should describe a scientifically rigorous research plan, including:
  - How it is supported by peer-reviewed literature and draws from existing programs (to the extent possible for exploratory research) or evidence-based strategies (for translational research);
  - Proposed research questions and how the proposed research questions are addressed with appropriate research design methodology and analysis;
  - Sampling plan;
  - Implementation plan;
  - Human Subjects Protection;
  - Data collection and analysis;
  - Feasibility of the timeline;
  - An acknowledgement of the known limitations of the project’s data collection or data analysis methods; and
  - A dissemination plan including plans to report findings to a variety of audiences.
- Translational research only (where applicable): The application materials provide evidence that the proposal builds upon an existing partnership that has the capacity to carry out the proposed work.
- Principal Investigator’s research experience and capacity
- Organizational capacity
  - The application materials demonstrate the applicant organization’s eligibility and capacity to serve as the institutional home for the research project. This includes the applicant organization’s capacity to coordinate and conduct administrative activities.
- Feasibility of the budget
- Financial due diligence requirements are met for the applicant organization
APPENDICES

Letter of Intent
Letter of Intent Cover Sheet
Acknowledgement of Application Terms and Conditions
Affiliation Disclosure

Copies of these forms will be available on the Egnyte online application system.

Full Proposal
Grant Application Form
Full Application Cover Sheet – Acknowledgment of Application Terms and Conditions
Applicant Financial Questionnaire
Budget Worksheets
Instructions for Locating and Printing Certificates of Good Standing
Proposal Check List
CLEARWAY MINNESOTA SM
LETTER OF INTENT COVER SHEET

This form is also available online at http://www.clearwaymn.org/get-funding/funding-research/. You may add lines for additional Principal Investigators or Organizations if necessary. Return this form with the Letter of Intent by 4:30 P.M. CT ON NOVEMBER 10, 2014.

TITLE OF PROJECT:

PRINCIPAL INVESTIGATOR:

CO-PRINCIPAL INVESTIGATOR:

BUDGET AMOUNT: $____________

PROJECT DATES:

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

Name:
Email: Telephone: FAX:
Address:

PROJECT INFORMATION

PRINCIPAL INVESTIGATOR (IF DIFFERENT FROM APPLICANT CONTACT)
Name:
Email: Telephone: FAX:
Address:

CO-PRINCIPAL INVESTIGATOR (or Graduate Adviser, if applicable)
Name:
Email: Telephone: FAX:
Address:

APPLICANT ORGANIZATION (include department or unit)
Name:
Website: Telephone: FAX:
Address:
GRANTEE ACKNOWLEDGEMENT OF APPLICATION TERMS AND CONDITIONS

Grantee must read, complete and acknowledge the following items by signing and dating this form on page 5. This form will be available on the ClearWay Minnesota website and must be submitted with the Letter of Intent. The Letter of Intent is due on November 10, 2014, by 4:30 p.m.

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.  

CLEARWAY MINNESOTA™
**CLEARWAY MINNESOTA™**

**GRANT APPLICATION FORM**

Please complete the following form and attach it to the front of the application. This form should be included with sections 1-9 (uploaded as one document to the online application system). This form is available on the online application system.

<table>
<thead>
<tr>
<th>TITLE:</th>
</tr>
</thead>
</table>

**PRINCIPAL INVESTIGATOR:**

**CO-PRINCIPAL INVESTIGATOR:**

**APPLICANT ORGANIZATION:**

**ORGANIZATIONAL PARTNER(S):**

**LENGTH OF PROJECT (IN MONTHS):**

**TOTAL FUNDING REQUESTED:**

**GRANT FUNDING AWARD:**
- [ ] Formative Research Award
- [ ] Full Standard Research Award

**RESEARCH PRIORITY AREA:**
- [ ] Research to increase our understanding of the impact of menthol cigarettes on experimentation, initiation, addiction, cessation, switching between tobacco products and use of more than one tobacco product.

**PRINCIPAL INVESTIGATOR**

Name:

<table>
<thead>
<tr>
<th>Email:</th>
<th>Telephone:</th>
<th>FAX:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization:</td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip</td>
</tr>
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**CO-PRINCIPAL INVESTIGATOR**

Name:

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<th>Email:</th>
<th>Telephone:</th>
<th>FAX:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization:</td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip</td>
</tr>
</tbody>
</table>
### APPLICANT ORGANIZATION
(include department or unit)

Name:  
Website:  
Organization:  
City:  
Telephone:  
Address:  
FAX:  
Zip  

### FINANCIAL OFFICER

Name:  
Email:  
Organization:  
City:  
Telephone:  
Address:  
FAX:  
Zip  

### INSTITUTIONAL APPROVAL
(if required by applicant’s organization)

Name:  
Email:  
Organization:  
City:  
Telephone:  
Address:  
FAX:  
Zip  

### CHECKS TO BE MADE PAYABLE TO:

Name:  
Email:  
Organization:  
City:  
Telephone:  
Address:  
FAX:  
Zip  

| Is the applicant organization a nonprofit operating in Minnesota? | ☐ No | ☐ Yes |
| Federal Tax ID #: | ☐ 501c3 | ☐ 501c4 | ☐ 501c5 |
| State Tax ID #: |  |
| Status of IRB (Institutional Review Board) approval for this proposal: | ☐ Not yet submitted; ☐ Submitted but not yet approved; ☐ Approved |
| Total dollar amount being requested from ClearWay Minnesota\textsuperscript{SM}: $ | (Note: must match column A total on the cumulative Budget Worksheet) |
| Start date: | / | / |
| End date: | / | / |
| Organization’s total annual budget: $ | 26 |

Fiscal Year 2015 ClearWay Minnesota\textsuperscript{SM} Request for Proposals
Acknowledgment of Application Terms and Conditions

The undersigned further acknowledges and agrees that in sending this Full 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 Acknowledgement of Application Terms and Conditions, pp.16-21, 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):
The purpose of this Financial Questionnaire is to verify that the applicant’s current financial position allows it to complete the ClearWay Minnesota project. This form is also available on the ClearWay Minnesota website at www.clearwaymn.org. 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 applicant 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 organization 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. 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
### DETAILED PERSONNEL BUDGET WORKSHEET

**YEAR 1 Budget Period**

<table>
<thead>
<tr>
<th>Applicant’s Name:</th>
<th>Date prepared:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td>Date revised:</td>
</tr>
<tr>
<td>Grant Period:</td>
<td>(if applicable)</td>
</tr>
<tr>
<td>Budget Period:</td>
<td></td>
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</tbody>
</table>

**EXPENSES**

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Number of Months in this Budget Period</th>
<th>Base Salary</th>
<th>% Base Salary On Project</th>
<th>ClearWay</th>
<th>Other Funding Sources</th>
<th>Project Total</th>
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<td>Total Personnel Costs</td>
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<tr>
<th>Name</th>
<th>Job Title</th>
<th>Number of Months in this Budget Period</th>
<th>Base Salary</th>
<th>% Base Salary On Project</th>
<th>ClearWay</th>
<th>Other Funding Sources</th>
<th>Project Total</th>
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<td>Total Fringe Benefits</td>
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<td></td>
<td>Total Personnel Costs</td>
</tr>
</tbody>
</table>

**Grantee’s fringe rate:**

**Notes:**

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

**Note 2:** For 12 month budget periods, the base salaries represent FTE = 1.0. For budget periods of less than one 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

---

**Instructions:**

Complete the titles and other identification information and provide the dates. Then enter the employee’s name, job title, # 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.

If any of 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.
**YEAR 1 Budget Period**  
BUDGET WORKSHEET FOR CLEARWAY MINNESOTA GRANTS

<table>
<thead>
<tr>
<th>Total = ____ months</th>
</tr>
</thead>
</table>

**Applicant’s Name:**  
**Project Name:**  
**Date prepared:**  
**Grant Period:** __________ to __________  
**Date revised:** (if applicable)  
**Budget Period:** __________ to __________

### EXPENSES

You must complete the Detailed Personnel Budget (sheet 1 of this template) first

<table>
<thead>
<tr>
<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>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$ - $ - $</td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$ - $ - $</td>
<td></td>
</tr>
<tr>
<td><strong>Total Personnel Costs from Detailed Personnel Budget</strong></td>
<td>$ - $ - $</td>
<td></td>
</tr>
</tbody>
</table>

| **Office Operations:**        |                       |               |
| Supplies                      | $ - $ - $            |               |
| Printing                      | $ - $ - $            |               |
| Telephone                     | $ - $ - $            |               |
| Postage & Delivery            | $ - $ - $            |               |
| Equipment                     | $ - $ - $            |               |
| Other Office Expenses (itemize) | $ - $ - $ |               |
|                               | $ - $ - $            |               |
|                               | $ - $ - $            |               |
| **Total Office Operation Costs** | $ - $ - $ |               |

| **Other Direct Costs:**       |                       |               |
| Communications/Marketing      | $ - $ - $            |               |
| Software                      | $ - $ - $            |               |
| Meeting Costs                 | $ - $ - $            |               |
| Travel                        | $ - $ - $            |               |
| Consultants                   | $ - $ - $            |               |
| Other Direct Expense (Itemize) | $ - $ - $ |               |
|                               | $ - $ - $            |               |
|                               | $ - $ - $            |               |
|                               | $ - $ - $            |               |
| **Total Other Direct Costs**  | $ - $ - $            |               |

**TOTAL DIRECT COSTS**  
$ - $ - $ - $ - 

**Indirect Costs**  
Grantee's indirect rate:  
[0%]  
$ - $ - $ - $ -  
(max ClearWay 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 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**

<table>
<thead>
<tr>
<th>Total = ____ months</th>
</tr>
</thead>
</table>

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

### EXPENSES

A detailed personnel budget worksheet is NOT required for the Full Grant Period.

<table>
<thead>
<tr>
<th>Amount Required from ClearWay</th>
<th>Other Funding Sources</th>
<th>Project Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Personnel:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$</td>
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<tr>
<td>Fringe Benefits</td>
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<tr>
<td><strong>Total Personnel Costs</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Office Operations:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
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<td>Telephone</td>
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<tr>
<td>Equipment</td>
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<tr>
<td>Other Office Expenses (itemize)</td>
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<tr>
<td><strong>Total Office Operation Costs</strong></td>
<td>$</td>
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</tr>
<tr>
<td><strong>Other Direct Costs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communications/Marketing</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Software</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Meeting Costs</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Travel</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Consultants</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Direct Expense (itemize)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Other Direct Costs</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL DIRECT COSTS</strong></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Grantee's indirect rate:
- YR1 = 0%
- YR2 = 0%
- YR3 = 0%
(max rate allowed 15%)

**GRAND TOTALS (Total Direct Costs + Indirect Costs)**: $ - $ - $ -

### Instructions:
- Please complete the titles, headings and other identification information at the top of each form.
- The amounts will appear automatically once all of the other budget worksheets have been completed. Please verify the accuracy of the row and column totals as well as the cumulative totals.

**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). 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.

Fiscal Year 2015 ClearWay Minnesota℠ Request for Proposals
CLEARWAY MINNESOTA™

INSTRUCTIONS FOR LOCATING AND PRINTING CERTIFICATES OF GOOD STANDING

1. 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.
PROPOSAL CHECK LIST
FOR FULL APPLICATION REQUIREMENTS AND NECESSARY ATTACHMENTS

If any of the following items are missing or do not meet formatting requirements, the application may not be forwarded to reviewers. If forwarded, staff will note for reviewers which of the applicable items are missing so that reviewers are able to factor the absence of this information into scoring of the proposals as the reviewers deem appropriate. Any of these items received after the application deadline will not be forwarded to reviewers although the staff reserves the right to require any missing information from applicants before contracts for approved applications are executed.

Section 1. ☐ Grant Application Form
☐ Full Application Cover Sheet - Acknowledgment of Terms and Conditions

Section 2. ☐ Abstract of proposed research project (400 word limit, single-spaced)

Section 3. ☐ Research proposal (20-page limit, double-spaced)

Section 4. ☐ References Cited (No page limit)

Section 5. ☐ Organizational research capacity (2-page limit, double-spaced)

Section 6. ☐ Biographical summaries (3-page limit, double-spaced)

Section 7. ☐ Budget Worksheets (use Excel forms provided)

Section 8. ☐ Budget Narrative (5-page limit, double-spaced)

Section 9. ☐ Resumes/biographies of key project staff
☐ Letters of support

Section 10. ☐ Applicant Financial Questionnaire with answered questions and attachments:
☐ Biographical statement of chief financial officer
☐ Bank and trade references
☐ Most recent audited financial statements and management letter (if available) OR the most recent quarter’s year-to-date balance sheet and income statement and last completed year’s balance sheet and income statement
☐ Most recent IRS filing 990 form
☐ IRS determination letter
☐ Certificate of Good Standing