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# NORTH DAKOTA STATEWIDE HEALTH STRATEGIES GRANT

2023 – 2025 Biennium

**NOTICE OF FUNDING OPPORTUNITY**

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# STATEWIDE HEALTH STRATEGIES GRANT OVERVIEW

## BACKGROUND

The Statewide Health Strategies Grant (SHSG) represents a pioneering initiative committed to enhancing the health and well-being of all North Dakotans. The SHSG activates the ND State Health Improvement Plan (SHIP), available online at [www.hhs.nd.gov/SHIP](http://www.hhs.nd.gov/SHIP)—to address North Dakota's health priorities in a cohesive and strategic manner.

Funded by the North Dakota State Legislature, this grant program embodies a collective dedication to improving health outcomes across the state and empowers communities to identify and address local priorities.

The essence of this grant program is to leverage unique expertise, resources, and perspectives to foster equitable access to healthcare services, promote population health outcomes, and implement sustainable solutions that positively impact the well-being of individuals and populations throughout North Dakota.

By embracing collaborative action, the state is committed to sparking innovation, advancing evidence-based practices, and building partnerships that break down traditional barriers. Our ultimate goal is to create a healthier, more resilient state where every individual has the opportunity to achieve their best health – making North Dakota the healthiest state in the nation.

### **State Health Improvement Plan**

The [State Health Improvement Plan \(SHIP\)](#) is a blueprint for realizing our vision to make North Dakota the healthiest state in the nation. The SHIP is grounded in a strategic approach that is both data-driven and collaborative. Four key priority areas address the state's most pressing health challenges: Strengthening Workforce, Expanding Access and Connection, Cultivating Wellness, and Building Community Resilience.

The SHSG is a purposeful movement towards a healthier future for all North Dakotans. By aligning funding opportunities with priorities outlined in the SHIP, the focus is addressing current health challenges and paving the way for a future where optimal health and well-being are accessible to all.

## STATE HEALTH IMPROVEMENT PLAN PRIORITIES

The SHIP outlines four priority areas. The SHSG will fund local and community-level projects designed to address these state health priorities. These four priority areas are:

### **PRIORITY 1: STRENGTHENING WORKFORCE**

Priority Definition: Enhance the capacity of the healthcare workforce through recruitment, retention, and education (training and development) initiatives. Address gaps and opportunities within the workforce landscape.

### **PRIORITY 2: EXPANDING ACCESS AND CONNECTION**

Priority Definition: Improve access to healthcare services and connections to well-being resources. Expand primary care, specialized services, and preventive screenings, facilitating holistic support.

### **PRIORITY 3: CULTIVATING WELLNESS**

Priority Definition: Promote holistic wellness by addressing social determinants/drivers of health, including childhood opportunities, reducing adverse experiences, improving occupational safety, reducing tobacco usage, and addressing the health needs of tribal populations and older adults.

### **PRIORITY 4: BUILDING COMMUNITY RESILIENCE**

Priority Definition: Build capacity and enhance readiness for infectious disease response; strengthen overall community resilience while being responsive to rural communities' challenges; and assess and improve emergency preparedness, response, and capacity-building initiatives.

## STATEWIDE HEALTH STRATEGIES GRANT FUNDING DETAILS

- This is a competitive grant application process. The number of grants awarded will be dependent on the number of applications received and the availability of funding. Additionally, projects may be partially awarded.
- The total available funding as of April 2024 is \$3,000,000. \$1.5 million from the community health trust fund and \$1.5 million in match funding, as outlined in [HB 1004](#).
- The maximum award amount per project is limited to \$400,000 (\$200,000 state + \$200,000 match).
- Grant awards must be used for projects in North Dakota that align with at least one of the priorities in the State Health Improvement Plan.

- Grant funding must be spent by June 30, 2025, with progress reports due quarterly and a final report due by July 15, 2025.
- All entities, including public, private, non-profit organizations, tribal nations, and local political subdivisions, are eligible to apply, ensuring comprehensive inclusion of all groups working towards community health improvement.
- To be eligible, non-governmental entities must register with the North Dakota Secretary of State's office, ensuring legal and operational legitimacy.
- See [Grant Matching Guidelines](#) below for additional information related to the match parameters and documentation/reporting requirements.

## STATEWIDE HEALTH GRANT MATCHING GUIDELINES

This grant program operates on a match-grant basis. Applicants are required to secure funds independently, which will then be matched by the Statewide Health Strategies Grant, subject to the approval and terms set forth herein. Please note the following important guidelines regarding the matching process:

**Match Grant Requirement:** This grant requires a 1:1 match (100% of the requested amount must be matched), and 100% of the match must be financial. Match funds must be recorded and submitted for approval. Pledges for future donations will NOT be considered.

*Example: \$3,000 total project = \$1,500 organizational/community cash match + \$1,500 Statewide Health Strategies Grant.*

**Restriction on Use of State-Allocated Funds:** Funding obtained or previously allocated by the state legislature for other purposes cannot be considered as part of the applicant's matching funds. Applicants must ensure that the matching funds are sourced independently of any state budget allocations to maintain the integrity and independence of the project's financing.

**In-Kind Match:** Applicants should understand that in-kind contributions, including cost-sharing, donated services, materials, or time, do NOT qualify for the match requirement.

**One-to-One Match:** Applicants are required to contribute their portion of the project funding upfront as part of the match requirement. This contribution is a prerequisite for receiving the grant funding and must be at least equivalent to the grant amount being requested.

**Grant Issuance:** Upon verification of the grantee's match contribution, the full grant amount will be issued. This streamlined process is designed to expedite the availability of funds, enabling grantees to commence or continue their project activities without delay.

**Use of Funds:** Grantees are expected to adhere to the proposed budget and project plan as approved at the time of grant award.

**Documentation and Reporting:** Grantees are required to maintain accurate and comprehensive records of all expenditures. Regular reports that detail the use of the grant funds and matching contributions must be submitted according to the schedule established in the grant agreement. Grantees are accountable for the progress and outcomes of their projects. All grantees must submit quarterly progress reports and a comprehensive final report. These reports shall detail:

- The project outcomes achieved and the impact of the project.
- A summary of activities undertaken.
- A budget narrative that details how the grant funds were allocated, highlighting the project's progress and milestones.
- Any challenges encountered and strategies implemented to overcome them.

**Reporting Schedule:** The grant agreement will outline the schedule for submitting progress and final reports. Timely and accurate reporting is essential for evaluating the project's success and administering the grant program efficiently.

**Acknowledgment:** By submitting an application, the applicant acknowledges understanding and agreement to comply with ALL guidelines. The goal is to ensure transparency, accountability, and the effective use of funds to achieve meaningful and impactful project outcomes that address at least one of the four priorities of the SHIP.

# STATEWIDE HEALTH STRATEGIES GRANT APPLICATION

## STATEWIDE HEALTH STRATEGIES GRANT APPLICATION FORMAT AND CONTENT

An applicant must submit a signed application by email, that includes the following:

### **Step One: Grant Application Cover Letter**

All grant application cover letters/applications (Attachment A) must be signed and dated by an authorized representative of the organization that is applying and must include the following components:

1. Complete name and mailing address of the applicant's organization.
2. Name, email address, mailing address, and telephone number of the contact person regarding the application.
3. The name and title of the primary contact person and business officer for the project identified in this application.

### **Step Two: Project Plan**

Applicants may submit more than one project in a single application. However, each project must have its own Project Plan, which includes a project narrative, project work plan, and budget template and justification illustrating how the project will be successfully implemented.

1. The Project Narrative (Attachment B) should be no longer than 4-pages (double-spaced, 1-inch margins, and 12-point font), and include the following information:
  - a. Describe how the proposed project addresses one of the priority area/s outlined in the State Health Improvement Plan.
  - b. Describe the target population you plan to reach.
  - c. Describe how the anticipated project will address a need or gap in the community. Utilize data when possible.
  - d. Identify metrics, processes, and the process and outcome measures. Describe how they will be monitored, evaluated, and reported.
  - e. Identify data sources or rationale that support the need.
  - f. Identify other individuals/organizations with whom you plan to collaborate and describe their role in the project, if applicable.
2. The Project Work Plan (Attachment C) should include:
  - a. Project goal/strategy.
  - b. Activities (steps) that will be taken to implement the project.
  - c. Resources needed for each activity.

- d. A timeline, including milestones with estimated completion dates.
  - e. Metrics to evaluate the impact of the goal/strategy/activity.
3. The Project Budget (Attachment D) should include:
- a. A categorized list of budget items and the anticipated costs in each category.
    - i. Administrative costs are allowable, but are limited to 10 percent.
    - ii. Applicants must provide a one-dollar match for every one state dollar allocated (providing an overmatch is allowable).
  - b. The matching costs associated with each category, as applicable.
  - c. The justification for each cost, as it relates to the success of the project.
  - d. The source of match funding.

**Funds may not be used for** (1) inpatient services; (2) cash payments to intended recipients for health services; (3) purchase and improvement of land, construction or permanent improvement of buildings or purchase of major medical equipment.

**Additional unallowable costs include:**

- Alcoholic beverages
- Bad debt
- Contingencies or reserves
- Contributions or donations to others
- Entertainment costs
- Fines and penalties resulting from violations of, or failure to comply with Federal, State and local laws and regulations
- Food costs (other than per diem expenses)
- Fundraising
- Interest charges and late fees
- Lobbying or memberships in organizations substantially engaged in lobbying



# STATEWIDE HEALTH STRATEGIES GRANT SUBMISSION AND REVIEW PROCESS

## STATEWIDE HEALTH STRATEGIES GRANT APPLICATION SUBMISSION

**Application Period** **Completed application packages must be submitted on or before May 31, 2024, by 11:59 p.m. CST.** Applications not received by the due date will be considered non-responsive and will not be reviewed. Additionally, applications deemed incomplete will not be further considered.

**Application Submission** Applications must be submitted by email to [phperformance@nd.gov](mailto:phperformance@nd.gov)

**Application Questions** Submit questions to [phperformance@nd.gov](mailto:phperformance@nd.gov); questions and answers will be posted in a Q&A section on the website.

**Funding Period** The funding period for grant recipients will begin on August 1, 2024. Funds must be obligated by June 30, 2025. Applicants will be notified of funding decisions on or around June 21, 2024.

## STATEWIDE HEALTH STRATEGIES GRANT APPLICATION REVIEW PROCESS

A team from the ND HHS Public Health Division (PHD), composed of professionals with expertise in public health outreach, education, and systems thinking, will be responsible for reviewing grant applications. Their collective experience will ensure a thorough and insightful evaluation of each submission, focusing on innovative solutions to improve public health outcomes that align with at least one of the four priorities outlined in the SHIP. Applications will be evaluated using an evaluation tool (Attachment E).

### **CONFLICT OF INTEREST**

Personal financial gain and private benefit to North Dakota Department of Health and Human Services staff is prohibited. If an evaluator has a conflict of interest, they will not evaluate the grant applicant and shall recuse themselves from reviewing that particular grant application.

The evaluation team will review all applications using the Evaluation Tool (Attachment E).

After reviewing an application and completing an evaluation, the team will determine whether it should be fully, partially, or not awarded. PHD reserves the right not to grant or deny an application. Applicants will be notified of funding decisions on or around June 21, 2024.

- **Applications that are fully awarded:** The applicant will receive a notice of award, with the amount confirmed. Applicants will then enter into a Grant Agreement with PHD. The applicant shall acknowledge receipt of the award. PHD reserves the right to follow up on progress and request repayment of inappropriately used or unused funds.
- **Applications that are partially awarded:** The applicant will receive a notice of partial award, with the amount that is being awarded. PHD may request a meeting before the award. Applicants will then enter into a Grant Agreement with PHD. The applicant shall acknowledge receipt of the award. PHD reserves the right to follow up on progress and request repayment of inappropriately used or unused funds.
- **Applications that are not awarded:** If a submitted application is not selected for an award, the applicant will be notified.

An awarded applicant is required to register as a Vendor with the Secretary of State. The North Dakota Secretary of State has registration requirements for individuals and businesses transacting business in North Dakota. If the applicant is determined to have a registration requirement with the North Dakota Secretary of State, they shall be registered before the contract award, and registration shall remain active for the duration of the contract period ([N.D.C.C. § 54-44.4-09.1](#)).

- See the OMB [Guidelines to Vendor Registry](#) for more information.

Visit the Secretary of State's [Vendor Registration](#) webpage for information on registration requirements and fees. Visit [FirstStop](#), the Secretary of State's business and licensing software, for online form options.

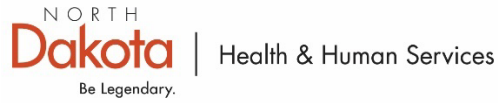
- Check the [Business Records](#) database to see if a business is registered.
- Contact the [Secretary of State's](#) office by [email](#) or call 701-328-2900 (choose menu item 2, then option 1).
- If you need to register, fees apply.
- Vendors may need to obtain business licenses. See the [list of licenses required of businesses](#) in the State of North Dakota. The link includes information on who to contact, application fees, renewal dates, and the legal reference.

## ATTACHMENTS

- Attachment A: Application Cover
- Attachment B: Project Narrative
- Attachment C: Project Work Plan Template
- Attachment D: Budget Template
- Attachment E: Evaluation Tool
- Attachment F: State Health Improvement Plan Priorities

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ATTACHMENT A: APPLICATION COVER



**STATEWIDE HEALTH STRATEGIES GRANT APPLICATION COVER LETTER**

Organization Name	
Organization Type	
Mailing Address	
Primary Contact Person	
Title of Primary Contact	
Phone	
Email Address	
Business Officer Name	
Title	
Phone	
Email Address	

Authorized Representative's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

ATTACHMENT B: PROJECT NARRATIVE



**STATEWIDE HEALTH STRATEGIES GRANT PROJECT NARRATIVE GUIDANCE**

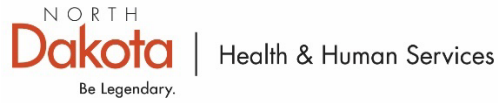
***(No more than 4 pages, double-spaced, 1-inch margins, 12-point legible font)***

**In essay format, provide a detailed project description.**

*Project Description (up to 4 pages)*

1. Describe how your proposed project addresses one of the priority area/s outlined in the State Health Improvement Plan.
2. Describe the target population you plan to reach.
3. Describe how the anticipated project will address a need or gap in the community. Utilize data when possible.
4. Identify metrics, processes, and the process and outcome measures. Describe how they will be monitored, evaluated, and reported.
5. Identify data sources or rationale that support the need.
6. Identify other individuals/organizations you plan to collaborate with and describe their role in the project, if applicable.

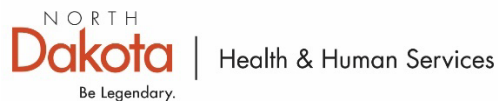
ATTACHMENT C: PROJECT WORK PLAN TEMPLATE



**STATEWIDE HEALTH STRATEGIES GRANT PROJECT WORK PLAN EXAMPLE**

<b>Organization Name:</b>		
Project Title:		
Name the SHIP priority this project aligns with:		
Project Goal/Strategy (What You Want to Accomplish):		
Evaluation: Describe how you plan to determine the IMPACT of this project/goal (include data points and data sources, if available):		
<b>Activities/Milestones</b> (Steps You Will Take To Implement)	<b>Resources Needed</b>	<b>Timeline to Complete</b>

ATTACHMENT D: BUDGET TEMPLATE AND BUDGET JUSTIFICATION



**STATEWIDE HEALTH STRATEGIES GRANT BUDGET TEMPLATE EXAMPLE**

Itemized Description of Budget Items	Budget Amounts	
	State Funds	Match Funds
<b>Budget Category</b>		
<b>Personnel:</b> Salary rate (i.e. hourly rate x hours/month x 18 months or % time x # months based on annual salary) for each person		
<b>Fringe Benefits</b>		
<b>Travel, Food, &amp; Lodging</b> (in-state and out-of-state travel)		
<b>Supplies</b> (e.g. purchase of materials, office, educational, etc.)		
<b>Printing / Copying</b> (e.g. average cost per sheet, etc.)		
<b>Communication</b> (phone / internet / postage)		
<b>Equipment</b> (>\$5,000 per item)		
<b>Consultant/Contractual</b>		
<b>Other</b>		
<b>Totals</b> (State Funding will NOT exceed \$200,000.00 per project)		
<b>Total Program/Project Costs</b> (Sum of State Funds plus Match Funds)	\$	

Note: You **MUST** provide, at minimum, a one-dollar match for every one state dollar.

**STATEWIDE HEALTH STRATEGIES GRANT BUDGET JUSTIFICATION**

For each item listed in the budget, provide a brief description, including:

- 1) Justification for the staff person and/or budget item and describe how the cost relates to the success of your project and
- 2) The source of matching funds.

ATTACHMENT E: EVALUATION TOOL



<b>Applicant:</b>		
<b>Evaluator:</b>		
<b>Date:</b>		
<b>Section 1: The evaluator will stop if the answer is "No" to any of the following three questions. Applications will not be awarded if any of the answers are "No."</b>		
<b>Scoring</b>	<b>Yes or No</b>	
<b>Does the application adequately describe how the project plan aligns with <a href="#">at least one</a> State Health Improvement Plan priority?</b>		
<b>Does the application indicate the required amount and source of matching funds other than funds from the state legislature?</b>		
<b>Does the application include all required elements (cover sheet, project narrative, project plan, budget, and budget justification)?</b>		
<b>Section 2: Points will be awarded based on how well the application addresses the following:</b>		
<b>Scoring</b>	<b>Maximum Points</b>	<b>Points Awarded</b>
<b>How well does the project address one or more of the State Health Improvement Plan priority recommendations?</b>	<b>30</b>	
<b>How well-defined are the project goals, activities, and timelines?</b>	<b>25</b>	
<b>How well will the process and outcome measures be reported? How well will the identified evaluation measures illustrate the impact on health priorities?</b>	<b>25</b>	
<b>Does the project demonstrate a tie to data-informed community needs and/or have community partnership/collaborative support?</b>	<b>20</b>	
<b>Total</b>	<b>Possible Points</b> <b>100</b>	<b>Points Awarded</b>

**Evaluator Comments:**

## ATTACHMENT F: STATE HEALTH IMPROVEMENT PLAN PRIORITIES

The North Dakota State Health Improvement Plan can be viewed online at [www.hhs.nd.gov/SHIP](http://www.hhs.nd.gov/SHIP).

After reviewing the available data and feedback from key informants and focus groups, four common themes emerged as public health priorities and have been adopted as Priority areas for the 2024-2029 SHIP. These Priorities broadly encompass the work of public health in our state and provide a framework for aligning internal and external efforts. These Priorities are:

### **PRIORITY 1: STRENGTHENING WORKFORCE**

Priority Definition: Enhance the capacity of the healthcare workforce through recruitment, retention, and education (training and development) initiatives. Address gaps and opportunities within the workforce landscape.

### **PRIORITY 2: EXPANDING ACCESS AND CONNECTION**

Priority Definition: Improve access to healthcare services and connections to well-being resources. Expand primary care, specialized services, and preventive screenings, facilitating holistic support.

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Priority Definition: Build capacity and enhance readiness for infectious disease response; strengthen overall community resilience while being responsive to rural communities' challenges; and assess and improve emergency preparedness, response, and capacity-building initiatives.