



Beltrami County and Opioid Steering Committee: Call to Action and Remediation Uses for Settlement Dollars

REQUEST FOR PROPOSALS (RFP)

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<https://www.co.beltrami.mn.us/services/public-health/opioid-steering-committee/>

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Information Session:

- **For all Potential Applicants:** This is an opportunity for applicants to learn more about the application and committee priorities.
- **Virtual Meeting:** Monday, February 3, 3:00 PM.
- **Link and Recording:** Please RSVP to amy.bowles@co.beltrami.mn.us to receive the meeting link and the recording link.
- **Recording:** the informational meeting will be recorded for those that cannot attend. You can watch the recording <https://www.co.beltrami.mn.us/services/public-health/opioid-steering-committee/>

Questions and Answers:

- **FAQ:** Please submit questions about process, priorities, and application by Monday February 10, by Noon, to amy.bowles@co.beltrami.mn.us.
- **Posting:** FAQ can be found on the Opioid Steering Committee website on Friday, February 14 at <https://www.co.beltrami.mn.us/services/public-health/opioid-steering-committee/>

RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Beltrami County and Opioid Steering Committee: Call to Action and Remediation Uses for Settlement Dollars
- **Beltrami County Website:** <https://www.co.beltrami.mn.us/services/public-health/>
- **Application Deadline:** February 28, 2025 by Noon.

1.2 Funding and Project Dates

Funding

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

This is a competitive grant with a total estimated \$70,000 for funding period two July 2025-December 2026.

Funding	Funding Period 2 July 2025 – December 2026	Funding Period 3 July 2026 – December 2027
Estimated Amount to Fund	\$70,000	\$70,000
Estimated Number of Awards	TBD	TBD

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Funding	Funding Period 2 July 2025 – December 2026	Funding Period 3 July 2026 – December 2027
Estimated Award Maximum	\$30,000	TBD
Estimated Award Minimum	\$5,000	TBD

Project Dates

The estimated funding start date is based on contract agreement and awardee acceptance of funding.

1.3 Eligible Applicants

Eligible applicants must meet the criteria of this application. The goal of this funding is to facilitate the growth of services provided in Beltrami County through establishing new or expanding existing programs. Successful applicants will be working to make a sustainable impact through activities that support one or more of the following categories: harm reduction, prevention, criminal justice, treatment, and recovery.

Approved Activities

The Minnesota Opioids State-Subdivision and Memorandum of Agreement includes a list of opioid remediation uses. The intent of these activities is not intended to limit the work of Beltrami County organizations. The County is held accountable to report on remediation uses within these categories on a yearly basis.

- A. Treatment:
 - (1) Treat Opioid Use Disorder (OUD)
 - (2) Support People in Treatment and Recovery
 - (3) Connect People Who Need Help to the Help They Need (Connections to Care)
 - (4) Address the Needs of Criminal Justice-Involved Persons
 - (5) Address the Needs of the Perinatal Population, Caregivers, and Families, including Babies with Neonatal Opioid Withdrawal Syndrome (NAS)
- B. Prevention:
 - (1) Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
 - (2) Prevent Misuse of Opioids
 - (3) Prevent Overdose Deaths and Other Harms (Harm Reduction)
- C. Other Strategies
 - (1) First Responders
 - (2) Leadership, Planning, and Coordination
 - (3) Training
 - (4) Research
 - (5) Post-Mortem

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Recipients of the Opioid Settlement funds from Beltrami County will, in their role, lead efforts that build upon local efforts that support community health improvement plans, while fostering community focused and collaborative evidence-informed approaches that prevent and address addiction across the areas of public health, human services, and public safety.

RFP Part 2: Funding Details

2.1 Priorities

Health Equity Priorities

It is the intent of the Opioid Steering Committee and Beltrami County Board to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making.

Opioid funding shall be used to support new or existing services in **Beltrami County** that is sustainable.

This funding will serve Beltrami County residents experiencing health disparities such as:

- Poverty
- Racial and ethnic discrimination
- Disability
- Lack of insurance
- Transportation
- Geographic location
- Age
- Concerns about confidentiality
- Incarceration
- Children of caregiver with Opioid Use disorder (OUD)
- Mental health, historical trauma

Grant outcomes will include:

- Report supporting success of project work.
- Number of individuals served or impacted.
- At end of the project, Opioid Steering Committee and Beltrami County will assess continued funding based on sustainment, outcomes, and success.

2.2 Eligible Projects

The applicant recipients shall choose from one of the Opioid Remediation Uses and consider:

- The State Memorandum [MN MoA.pdf \(state.mn.us\)](https://www.co.beltrami.mn.us/services/public-health/opioid-steering-committee/)
 - <https://www.co.beltrami.mn.us/services/public-health/opioid-steering-committee/>

All grantees will agree to the following grant requirements:

1. Work collaboratively with the Beltrami County Public Health Chief Strategists, Opioid Steering Committee, and Beltrami County Board of Commissioners.

2. Submit detailed budget expenses by October 5, 2025, and January 5, 2026, July 5, 2026, and January 5, 2027 (quarterly)
3. Submit data to support project work by October 5, 2025, and January 5, 2026, July 5, 2026, and January 5, 2027 (quarterly)

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Per the MOA, Opioid Settlement Funds can only be utilized for future remediation activities.

All questions regarding spending will be directed to amy.bowles@co.beltrami.mn.us

2.3 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing a broad range of professionals with experience in program planning and project management, knowledge of health services, clinic experience, adolescent development, schools, and experience with grant writing and reviewing grants. Reviewers will be required to identify any conflicts of interest and steps will be taken to mitigate the conflict or the reviewer will not review an application if a conflict is identified. The review committee will evaluate all eligible and complete applications received by the deadline.

RFFA Part 3: Application and Submission Instructions

3.1 Application Deadline

Application Due Date	Application Submission
February 28, 2025, no later than 12:00 PM (Noon).	Email to amy.bowles@co.beltrami.mn.us

Late applications will not be accepted. It is the applicant’s sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. Application will receive a confirmation email from amy.bowles@co.beltrami.mn.us once application is received.

3.2 Application Instructions

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

- Form A: Application Face Sheet
- Form B: Project Narrative, 12-point font, single spaced, maximum 4 pages
- Form C: Budget Justification, 12-point font, single spaced, maximum 4 pages
- Form D: Due Diligence

Applicants needing the application in a different format, please email amy.bowles@co.beltrami.mn.us for a word document. Applicants are not required to use the format provided. Applicants are required to ensure all forms are complete when submitted.

Form A: Application Face Sheet

General Applicant Information – you can use this form or create your own, be sure to answer all questions completely using 12-point font.

Applicant Legal Name (do not use a “doing business as” name, must match what is in SWIFT if a current vendor):

Business Address (street, city, state, zip):

Minnesota Tax Identification Number:

Federal Tax Identification Number:

SWIFT Vendor ID Numbers (if you have one):

Director of Applicant Agency Information

Name:

Business Address (street, city, state, zip):

Phone Numbers:

Email:

Financial Contact for this Application

Name:

Phone Numbers:

Email:

Contact Person for this Application:

Name:

Business Address (street, city, state, zip):

Email:

Requested Funding

Total Amount Requested \$

I certify that the information contained above is true and accurate to the best of my knowledge; that I have informed this agency’s governing board of the agency’s intent to apply for this grant; and, that I have received approval from the governing board to submit this application on behalf of the applicant.

Signature of Authorized Agent for Applicant: _____

Date of Signature: _____

Form B: Project Narrative

Project Overview (you can type in this space below or create your own template)

Describe how you will use the Opioid funding and your agency’s capacity to effectively provide services with your targeted populations.

Remember, this funding cannot be used to pay for past services, but per the MOA must be used to pay for services that take place after the initiation of the grant. Evidence-Based Research and Models are encouraged by the MOA.

Organizational Capacity to Support Services or Activities and Your Organization’s Background

Briefly describe your organization and tell why it will be successful by answering the questions below:

QUESTION	REPNSE
What is your organization’s history, current mission, and goals?	
Describe your organization and tell why it will be successful with the funding.	

Project Narrative

Describe your project in detail in the “response box”.

Question	Response
What are the goals and objectives for your project (please include a timeline)?	
What geographic area is being served?	
Describe the population to be served.	
Describe your collaborating partners.	
Describe your needs assessment and identify any unmet needs, gaps or barriers and explain how receiving this funding would address these gaps.	

Form C: Budget Justification

Instructions: You will need to account for all your program costs under six different line items. The following paragraphs provide detailed information on what costs go into each category. You will be required to show detailed calculations to support your costs (template following descriptions).

Funding Descriptions:

Salary and Fringe:

For each proposed funded position, indicate the title, the full time equivalent (FTE) on this grant, the expected rate of pay, and the total amount applicant expects to pay the position for the year.

Contractual Services

Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual Services budget line item in the proposed budget.

Applicant responses must include:

- Description of services to be contracted.
- Anticipated contractor/consultant's name (if known) or selection process to be used.
- Total amount to be paid to the contractor.

Travel

List the expected travel costs for staff working on the grant, including mileage, parking, hotel, and meals. All trainings outside of Minnesota require approval.

Supplies and Expenses

Briefly explain the expected costs for items and services the applicant will purchase to run the program. These might include additional telephone equipment; postage; printing; photocopying; office supplies; training materials; and equipment.

Other

Include in this section any expenses the applicant expects to have for other items that do not fit in any other category. Some examples include but are not limited to staff training and incentives. Funds cannot be used for cash assistance paid directly to individuals.

Indirect Costs

Indirect costs are expenses of doing business that cannot be directly attributed to a specific program or budget line item. You are not required to request funding to cover indirect costs. The following are examples that could be included in indirect costs:

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The total allowed for indirect costs can be charges up to your federally approved indirect rate, or up to a **maximum of 10%**.

Budget Template: you can use this form or create your own. Be sure to use whole dollar amounts, no decimals.

Salary and Fringe

Justification:

Fringe Benefits Breakdown:

Total Salary and Fringe Requested \$ _____

Travel

Justification:

Total Travel Requested \$ _____

Supplies and Expenses

Justification:

Total Supplies and Expenses Requested \$ _____

Contractual

Justification:

Total Contractual Requested \$ _____

Other

Justification:

Total Other Requested \$ _____

Direct Cost Total

Add up the totals.

Subtotal \$ _____

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Indirect

If applicable, enter the indirect cost rate being requested. The maximum that can be used is 15%.

_____ %

Multiply the indirect percentage by the **Direct Cost Total** and enter the dollar amount here.

\$ _____

Total

This is the total sum of funding being requested by applicant. Be sure to double check your calculations as errors could result in a delay in executing a grant agreement. Use whole dollar amounts, no decimals.

Total \$ _____

Form D: Due Diligence Form

Section 1: Organization Structure

1. How many years has your organization been in existence?

Less than 5 years

5 or more years

2. How many paid employees does your organization have (part-time and full-time)?

1

2-4

5 or more

3. Does your organization have a paid bookkeeper?

No

Yes, an internal staff member

Yes, a contracted third party

Section 2: Systems and Oversight and Financial Health

4. Does your organization have internal controls in place that require approval before funds can be expended?

No

Yes

5. Does your organization have written policies and procedures for the following processes?

- Accounting
- Purchasing
- Payroll

No

Yes, for one or two of the processes listed, but not all

Yes, for all the processes listed

6. Can your organization's accounting system identify, and track grant program-related income and expense separate from all other income and expense?

No

Yes

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7. Are there any unresolved findings or exceptions?

No

Yes

8. From how many different funding sources does total revenue come from?

1-2

3-5

6+

9. From how many different funding sources does total revenue come from?

1-2

3-5

6+

Signature

I certify that the information provided is true, complete, and current to the best of my knowledge.

- **SIGNATURE:**

- **NAME & TITLE:**

- **PHONE NUMBER:**

- **EMAIL ADDRESS:**

RFP Part 4: Appendix

Appendix A: Criteria for Scoring

A numerical scoring system will be used to evaluate eligible applications. Reviewers are also encouraged to provide comments along with their scores. Scores will be used to develop final recommendations. Applicants are encouraged to score their own application using the evaluation scoresheet before submitting their application. *This step is not required but may help ensure applications address the criteria evaluators will use to score applications.* Do not submit with your application.

Point System: *Total points per application available 90*

Below are examples of the scoring system and definitions points awarded.

- **5 points:** Maximum impact, innovative, high impact to Beltrami community, Evidence-based.
- **4 points:** Very Good, likely to influence, sustainable, clear, consistent, substantial rationale.
- **3 points:** Good, likely sustainable, community need, minor weaknesses, or errors.
- **2 points:** Somewhat poor, unlikely sustainable, shortcoming that affect impact of success.
- **1 point:** Poor, didn't follow directions, doesn't align with remediation uses, not sustainable.
- **0 point:** Missing or not submitted, not eligible for funding.

Form B: Project Narrative	Points Available
Project Overview: use of Evidence-Based Research and Models	0-10
History, mission, goals	0-5
Projected success of organization	0-5
Project goals and objectives	0-10
Geographic area and population served	0-5
Collaborating Partners	0-5
Unmet needs, needs assessments, gaps	0-10
Total Score for form B	0-50

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Form C: Budget and Budget Justification	Points Available
Budget applicable to remediation use	0-10
Budget narrative is clear and consistent with the proposed objectives	0-10
Total Score for form C	0-20

Application Overall	Points Available
Application Face Sheet (Form A)	0-5
Project Narrative followed 12-point font, single spaced, maximum 4 pages (Form B)	0-5
Budget Justification followed 12-point font, single spaced, maximum of 4 pages (Form C)	0-5
Due Diligence complete (Form D)	0-5
Total Points	0-20

Reviewer notes:

Not Scored	Yes, No, Comments
Did applicant receive previous funding from Beltrami County Opioid Settlement funds?	Yes or No
A. If Yes, did applicant use funds appropriately, meet goals set in prior project and goals, and comply with contract?	Comments:
B. If no, did applicant apply for prior funding?	Yes or No
C. If applicant applied and not awarded, why?	Comments:
D. Recommend for funding (amount), why?	Comments: