

PROOF ALLIANCE
COMMUNITY GRANT PROGRAM

Request for Proposal (RFP)

Advancing Tribal-Led FASD Efforts in Native American
Communities

Grant Amount: \$80,000
Grant Period: October 2024 - June 2026
Proposal Due: August 29th, 2024

This grant is made possible by the Minnesota Department of Health.

TABLE OF CONTENTS

| | |
|------------------------------|----|
| Background | 3 |
| Purpose of RFP | 3 |
| Resources from Proof | 4 |
| Roles and Responsibilities | 5 |
| Evaluation | 5 |
| Eligibility | 5 |
| Disbursement of Grant Amount | 5 |
| Review and Selection Process | 6 |
| Application Instructions | 6 |
| Application Checklist | 6 |
| Reference Face Sheet | 7 |
| Application Narrative | 8 |
| Budget Work Sheet | 10 |

Proof Alliance Community Grant Program

Advancing Tribal-Led FASD Efforts in Native American Communities

Background

Since 1998, Proof Alliance has had a dual purpose: providing education on the impact of alcohol use during pregnancy to prevent prenatal alcohol exposure and improving the quality of life of individuals and families affected by fetal alcohol spectrum disorder (FASD) by providing resources and support. By building partnerships and improving services at the systems-level, Proof Alliance generates awareness of the importance of alcohol-free pregnancies and supporting those impacted.

The mission of Proof Alliance is to prevent prenatal alcohol exposure and to support all impacted by FASD. To provide culturally specific programming to support these goals, Proof Alliance has collaborated with various agencies, groups and individuals in American Indian communities across the state of Minnesota for many years. This ongoing collaboration has culminated in *Our Children Are Sacred*, an initiative created by and for Native communities to address FASD in Indian Country. The purpose of *Our Children Are Sacred* is to reduce the incidence of Prenatal Alcohol Exposure (PAE) in Indian Country. This work is guided by a co-creation team of seven Tribal community leaders. This collaboration has resulted in a wide range of positive outcomes. Some examples include public awareness events and campaigns, screening in clinics, intensive case management, the creation of an online seminar series, trainings and education, community events and the *Our Children Are Sacred* mobile app.

To continue this work, Proof Alliance is allocating funding for community grants to establish Tribal FASD Champions that will lead FASD work in their own community with the support of Proof Alliance.

Purpose of RFP

The purpose of this funding is to support a Native community in establishing community-driven FASD work that is sustained and embedded into the community. The grantee will be supported with this grant funding to accomplish the following objectives within the two-year grant period:

1. Empower a Tribal FASD Champion
2. Create an FASD Task Force
3. Develop a Tribal Action Plan
4. Implement FASD Programming

1. The **Tribal FASD Champion** will be the lead on what the community determines is important to accomplish regarding FASD. A champion will need to be identified and empowered within each community with resources, skills and support to address FASD and prenatal alcohol exposure in their

communities. Each Champion will work with Proof Alliance to achieve the community's goals. Grant funding will support the recruitment, hiring, training and nurturing of a Tribal FASD Champion.

2. To identify the priorities of the community, the Tribal FASD Champion will convene an **FASD Task Force** during the grant period. This will allow various individuals with different perspectives and experiences to come together and identify how they want to accomplish prenatal alcohol exposure prevention and FASD support programming together. We understand that each Native community knows their communities better than anyone else. Possible examples of individuals who could be on the task force include elders, community members and professionals from various sectors, such as health care, education and social services. The Task Force will work with the Tribal FASD Champion and Proof Alliance to customize and implement community-specific FASD programming.
3. The FASD Task Force will combine their ideas and form a **Tribal Action Plan**, describing what it is they want to focus their efforts on. Some examples may include working with youth, educating professionals and/or supporting families during and after pregnancy. There may be other ways not listed here, as there are many possibilities that the FASD Task Force may come up with. As each Native community has distinct and unique needs, traditions, and social structures, we are called to journey together down a path – one that has a set destination but flexible routes.
4. Once the Tribal Action Plan has been created, **Implementation** can begin. This step will be the beginning of moving the vision for the community into reality.

Resources from Proof Alliance

Proof Alliance will support the work of the grantees in a variety of ways. The co-creation team that guides Our Children Are Sacred will be a resource as the grantees are shaping the plan for their respective communities.

Proof Alliance has a long history of providing FASD programs and will partner with the Tribal FASD Champions and FASD Task Forces to identify which programs may contribute to reaching the goals of their Tribal Action Plan. The community may decide to replicate these programs while also making modifications to better align them with their culture. Some of these programs include the Proof Alliance Certified Trainer (PACT) program, prevention messages and materials, support groups for youth and families, and education on FASD for specific audiences, such as educators, health care providers and caregivers.

Proof Alliance will also bring the grantees together to strengthen their work through the creation of a **Tribal FASD Champion Network**. We will host gatherings to bring together the Tribal FASD Champions to connect and share knowledge, strengths and accomplishments with each other - seeding a garden of support, idea exchange and innovation. As each community continues their journey to address FASD, Proof Alliance will be along the journey, providing resources, connections and support.

Roles and Responsibilities

By becoming a community grantee, an agency collaborates with Proof Alliance. This collaboration requires commitments from both the grantee and Proof Alliance.

Proof Alliance Responsibilities:

Proof Alliance will serve as the grant manager during the grant period and will:

- Convene periodic trainings and grantee meetings
- Carry out site visits
- Provide feedback on reports
- Facilitate connections between grant recipients
- Provide resources and technical assistance

Grantee Responsibilities:

- Submit reports and invoices
- Conduct evaluation plan
- Attend grantee meetings
- Participate in site visits

Evaluation

To explore how individuals are benefiting from the work happening in each community, this grant requires an evaluation plan. Each applicant will be required to submit an evaluation plan in their proposal that will describe how they intend to measure the impact of their program. The evaluation plan should reflect each of the objectives in the proposal.

Eligibility

Tribal Nations in Minnesota can apply if they meet legal qualifications for receiving grants. These agencies can be from a variety of settings and geographical locations across Minnesota. Priority will be given to agencies that serve in rural areas. Eligible agencies must be one of the following:

- 501(c)3 nonprofit organization
- Tribal government
- Government agency
- School or educational institution

Disbursement of Grant Amount

Grants will be awarded up to \$80,000 per agency for about two years from October 1st, 2024, through June 30, 2026. The intent is for the grants to be extended beyond the initial two years into a five-year grant. This extension is dependent on sufficient progress demonstrated by the grantee, and Proof Alliance receiving continued funding from the Minnesota Department of Health. Payment will be by reimbursement only. Funds will be distributed after the grantee's submission of progress reports and invoices showing implementation of activities and acceptance of these reports by the Proof Alliance authorized representative. Proof Alliance may refuse payment if contract requirements are not met (e.g., reports are not submitted on time). The hope is to use this grant opportunity to stimulate long-term positive change that will be successfully integrated and continue after the grant has ended.

Review and Selection Process

The selection committee will evaluate applications and select 1-3 finalists based on the selection criteria. Selection criteria include:

- Capacity to implement the program
- Program design and evaluation
- Lasting impact on FASD in the community

Proof Alliance will communicate its decision by email **within four weeks** of the application deadline. Finalists may be asked to provide additional information about your proposal, your organization or your financials. We expect that the contract can be executed, and the work can commence October 1, 2024.

Application Instructions

Applications must be submitted by **August 29th, 2024, at 4 p.m. CST**, through the Proof Alliance grant application portal <https://www.proofalliance.org/grants/apply>. Make sure to include all items listed in the proposal check list, including required signatures.

We welcome your questions regarding the application process. Any questions can be sent to Brittenany Gillespie at Brittenany.Gillespie@proofalliance.org

Application Checklist

1. Cover Letter signed by the Executive Director/CEO of Lead Organization
2. Reference Face Sheet
3. Application Narrative
 - a. Applicant Background
 - b. Proposed Program
 - c. Capacity and Readiness
 - d. Evaluation
 - e. Leadership, Roles and Staffing
 - f. Anticipated Challenges and Possible Solutions
4. Budget Worksheet
5. List of other Funding Sources for the Program, if applicable
6. Financials:
 - a. Organization's current year operating budget
 - b. Most recent budget to actual
 - c. Most recent audited financial statements if applicable
 - d. Most recent tax return (e.g., Form 990) if applicable
7. Proof of Tax-Exempt Status (e.g., letter from the IRS), if applicable

Reference Face Sheet

Legal Name of Lead Organization:

Address:

County:

Telephone:

Website:

Federal Tax ID Number:

State Tax ID Number:

Name of Project Director:

Title:

Address:

Telephone:

E-mail:

Name of Financial Officer:

Title, Name of Organization:

Address:

Telephone:

E-mail:

Include tax information if different from "Lead Organization". Federal Tax ID Number:

State Tax ID Number:

Name of person authorized to sign contracts:

Title:

Telephone:

E-mail:

Checks would be made payable and mailed to

Name:

Address:

Dollar amount requested from Proof Alliance:

Proof Alliance
2024 Community Grant Application Form

Application Narrative

Please prepare your narrative using these headers. The document should be formatted with 1" margins with text in 12-point font. There is no page limit for the narrative portion. In the Grantee Toolkit section of the website, you will have access to a grant scoping template if you find it helpful.

1. Applicant Background

Please describe your organization and its current scope of work. Describe the population you serve, including age range and geographical area. Include any history of working on prevention, diagnosis, intervention or support activities relating to FASD. Describe in detail your work with Native American communities.

2. Proposed Program

Describe how you plan to accomplish the following objectives of the grant. Include the activities that you will do to meet each objective. Provide a timeline and explain the rationale behind the length of time allotted for each activity. If you have already identified your Tribal FASD Champion, describe why that individual is a good fit for this role, including any experience relevant to accomplishing the grant objectives.

1. Tribal FASD Champion
2. FASD Task Force
3. Tribal Action Plan
4. Implementation

3. Capacity and Readiness

Explain your capacity to implement the work required by this grant. Provide reasons why your agency can incorporate these changes into your community. Describe your motivations and commitment to making a difference on the issue of FASD. Describe how you will ensure culturally specific services are being provided.

4. Evaluation

Describe how you will measure the success of the program. Present a plan for evaluating each objective of the program.

5. Leadership, Roles and Staffing

Describe the key personnel involved in carrying out this grant. Explain how the grant-funded work will be staffed, with particular attention to leadership and accountability. Include which personnel will be designated to implement the evaluation.

6. Anticipated Challenges and Possible Solutions

Please reflect on any challenges you anticipate in implementing your proposed program. Include possible solutions to these challenges.

**Proof Alliance
2024 Community Grant Application Form**

Budget Worksheet

Instructions

Using the excel form, please complete a line-item budget showing how the requested grant funds will support the proposed project for **October 1, 2024 – June 30, 2026**. Please submit a budget proposal for a 9-month budget for Year 1 (October 2024 - June 2025) and a 12-month budget for Year 2 (July 2024 - June 2025).

For each category, describe how you anticipate the funds will be used. Please use the descriptions below to inform the categories. Depending on the nature of your program, you may not need funds in every category of the budget.

Please note: Indirect costs are allowed up to 10% of the total budget. Out-of-state travel requires written prior approval. There is also a limit on the use of grant funds for equipment; written permission will be required for equipment expenses to ensure they meet the guidelines set by MDH.

| |
|---|
| Category |
| Salary and Fringe For staff supported by this grant. List name and/or position, salary and percent of time and fringe benefits. |
| Travel Expenses Include travel to one grant meeting to be held in Central Minnesota. |
| Contracted Services List the contractor or consultant name, service to be provided, fee and length of contract. Contractor supplies and travel should be included in this category if applicable. |
| Supplies List program supplies. Supplies include materials expendable or consumed during the project. |
| Equipment List equipment costs that are necessary for the project. |
| Indirect Costs (10% of total program costs) |