

### Appendix B

**Implement the Parent Leadership Training Institute Curriculum in Region Application Form**

## Instructions

**Please complete all fields in this application** (scored and unscored). Word limits are noted for some sections.

Limits are automatically enforced by this form. Please submit this application with required attachments by email to mail to: regional.plti.rfp.dcyf@state.mn.us with the subject line: Regional Parent Leadership Training Institute RFP Application - *[insert name of primary applicant organization].*

Refer to the RFP for additional instructions on how to submit via email. If you experience problems with the application or need the application in a different format, please call 651-539-8044.

**Remember, you must submit all documents listed below for the application to be considered complete:**

1. Application form (this form - Appendix B in the RFP)
2. Workplan (Appendix D in the RFP)
3. Budget Proposal (Appendix E in the RFP)
4. All required statements and forms:
	1. Responder Information/Declarations Form - Grant RFP
	2. Exceptions to Sample Contract and RFP Terms - Grant RFP
	3. Disclosure of Funding Form - Grant RFP
	4. Documentation to Establish Financial Stability - Grant

## Section A: General Information (unscored)

### Applicant Organization:

Organization Name: Click or tap here to enter text.

Executive Director/Chief Executive Officer:Click or tap here to enter text.

Address:Click or tap here to enter text. Phone:Click or tap here to enter text.

Email: Click or tap here to enter text.

Federal Employer ID (EIN):Click or tap here to enter text. Minnesota Tax ID: Click or tap here to enter text.

Minnesota Vendor/Supplier ID (if the org already has one): Click or tap here to enter text.

Is this organization a [Qualifying Targeted Organization](https://mn.gov/dhs/partners-and-providers/grants-rfps/) [ ] Yes [ ] No

### Fiscal Agent (if different from Applicant Organization – leave blank if no fiscal agent)

Organization Name: Click or tap here to enter text.

Executive Director/Chief Executive Officer: Click or tap here to enter text.

Address: Click or tap here to enter text. Phone: Click or tap here to enter text.

Email:Click or tap here to enter text.

Federal Employer ID (EIN):Click or tap here to enter text. Minnesota Tax ID:Click or tap here to enter text.

Minnesota Vendor/Supplier ID (if the org already has one): Click or tap here to enter text.

Is this organization a [Qualifying Targeted Organization](https://mn.gov/dhs/partners-and-providers/grants-rfps/) [ ] Yes [ ] No

### Project Contacts:

#### Contact 1 (may be the same as the person listed above):

Name:Click or tap here to enter text. Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

#### Contact 2 (optional):

Name:Click or tap here to enter text. Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

### Applicant Organization Type

Please check all boxes that apply to describe your organization.

[ ] Community-based organization or entity that works with communities of color

[ ] Community-based organization or entity that works with American Indian communities

[ ] Tribal nation or tribal organization

[ ] Community-based organization or entity focused on supporting family well-being

[ ] County social service agency

[ ] Local public health agency

[ ] School or school district (including community education)

[ ] Other (please specify)

### Partner Organizations

**Partner Organization 1**

Organization Name:Click or tap here to enter text.

Executive Director/Chief Executive Officer:Click or tap here to enter text.

Address:Click or tap here to enter text.

Phone:Click or tap here to enter text. Email:Click or tap here to enter text.

Is there a contract or memorandum of understanding with this organization? [ ] Yes [ ] No

Is there a letter of support from this organization included in the application? [ ] Yes [ ] No

Is this organization a [Qualifying Targeted Organization](https://mn.gov/dhs/partners-and-providers/grants-rfps/) [ ] Yes [ ] No

**Partner Organization 2**

Organization Name:Click or tap here to enter text.

Executive Director/Chief Executive Officer:Click or tap here to enter text.

Address:Click or tap here to enter text.

Phone:Click or tap here to enter text. Email:Click or tap here to enter text.

Is there a contract or memorandum of understanding with this organization? [x] Yes [ ] No

Is there a letter of support from this organization included in the application? [ ] Yes [ ] No

Is this organization a [Qualifying Targeted Organization](https://mn.gov/dhs/partners-and-providers/grants-rfps/) [ ] Yes [ ] No

**Partner Organization 3**

Organization Name:Click or tap here to enter text.

Executive Director/Chief Executive Officer:Click or tap here to enter text.

Address:Click or tap here to enter text.

Phone:Click or tap here to enter text. Email:Click or tap here to enter text.

Is there a contract or memorandum of understanding with this organization? [ ] Yes [ ] No

Is there a letter of support from this organization included in the application? [ ] Yes [ ] No

Is this organization a [Qualifying Targeted Organization](https://mn.gov/dhs/partners-and-providers/grants-rfps/) [ ] Yes [ ] No

**Partner Organization 4**

Organization Name:Click or tap here to enter text.

Executive Director/Chief Executive Officer:Click or tap here to enter text.

Address:Click or tap here to enter text.

Phone:Click or tap here to enter text. Email:Click or tap here to enter text.

Is there a contract or memorandum of understanding with this organization? [ ] Yes [ ] No

Is there a letter of support from this organization included in the application? [ ] Yes [ ] No

Is this organization a [Qualifying Targeted Organization](https://mn.gov/dhs/partners-and-providers/grants-rfps/) [ ] Yes [ ] No

**Partner Organization 5**

Organization Name:Click or tap here to enter text.

Executive Director/Chief Executive Officer:Click or tap here to enter text.

Address:Click or tap here to enter text.

Phone:Click or tap here to enter text. Email:Click or tap here to enter text.

Is there a contract or memorandum of understanding with this organization? [ ] Yes [ ] No

Is there a letter of support from this organization included in the application? [ ] Yes [ ] No

Is this organization a [Qualifying Targeted Organization](https://mn.gov/dhs/partners-and-providers/grants-rfps/) [ ] Yes [ ] No

*If there are more partner organizations, please include an attachment with same information*

### Proposal Information

#### Total Funding Request: $Click or tap here to enter text.

State Fiscal Year 2025 (through June 2025) $Click or tap here to enter text.; State Fiscal Year 2026 (July 1, 2025-June 30 2026) $Click or tap here to enter text.

#### The proposed program is (check all that apply):

[ ] An existing program

[ ] A program expansion

[ ] A new program

#### Populations served by the proposed program *please check any box(s) of populations represented in your region (use county data and list the percentage that population makes up in the overarching population of the region). For this data, please use* [*MN Compass county profiles*](https://www.mncompass.org/profiles/county)

[ ] African American Click or tap here to enter text.

[ ] African ImmigrantClick or tap here to enter text.

[ ] American IndianClick or tap here to enter text.

[ ] Asian/Pacific IslanderClick or tap here to enter text.

[ ] Hispanic/Latino/Latina/LatineClick or tap here to enter text.

[ ] White/CaucasianClick or tap here to enter text.

[ ] Two or more racesClick or tap here to enter text.

Geographic Area(s) served or impacted by the proposed project (please indicate the region and then the geographic reach of the program using regions as defined by [Minnesota Compass](https://www.mncompass.org/profiles/region):

[ ] American Indian Tribe/Tribal organization

[ ] Central MN

[ ] West Central MN

[ ] Northeast MN

[ ] Northwest MN

[ ] Southeast MN

[ ] Southwest MN

[ ] Twin Cities Metro Area

### Signature Instructions

You may save this form when complete as a PDF to complete the electronic signature field/fill and sign or you may print, sign, scan, and save the document with a signature.

### Certification

*I certify that the information contained in this application is true and accurate to the best of my knowledge, and that I submit this application on behalf of the Lead Applicant Organization.*

Name:Click or tap here to enter text. Signature:

Title:Click or tap here to enter text. Date: Click or tap here to enter text.

## Section B (scored)

As referenced in the RFP, this application form is required. All portions of Section B must be completed as directed in section 3.2 of the RFP.

### Executive Summary

### RFP Section 3.2(1) - *up to 5 points (2000-character limit including spaces)*

### Description of Applicant Organization (Including Qualification and Experience)

Section 3.2(2) – up to 10 points (4000-character limit including spaces)

### **Description of Partner Organizations**

*RFP Section 3.2(3) – up to 10 points (limited to 4000 characters including spaces)*

### **Description of Priority Populations**

*RFP Section 3.2(4) – up to 20 points (4000-character limit – spaces included)*

Please describe the population of your region and the population your organization and partner organizations serve. As much as possible, please use the following data sources in your description*.* Respondents may receive up to 30 minutes of technical assistance in regards to data from the STATE staff regarding child welfare data.

[Minnesota Compass](https://www.mncompass.org/) (County and regional level data)

[Child Opportunity Index](https://www.diversitydatakids.org/child-opportunity-index) (general description of opportunity levels)

Did the respondent receive any technical assistance regarding data? [ ] Yes [ ] No

### **Project Goals, Activities, and Workplan**

RFP Section 3.2(5) – up to 20 points (5000-character limit including spaces)

### **Training and Evaluation Plan**

*RFP Section 3.2(6) – up to 5 pts*

Applicant organization agrees to participate in all trainings and technical assistance as described in Section 3.2(6) of the RFP. [ ] Yes [ ] No

Applicant organization agrees to ensuring all quantitative and qualitative data collection as described in Section 3.2(6) of the RFP. [ ] Yes [ ] No