



MINNESOTA

LIVE WELL AT HOMESM

Request for Proposal
Responders Conference
February 26, 2026

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Aging and Adult Services Division

Agenda

Time	Topic
11-11:05 a.m.	Overview and Objective of this RFP
11:05-11:15 a.m.	Request Amounts, Funding Categories, Key Dates and Live Well at Home RFP Website
11:15-11:25 a.m.	Online Application Portal- Applicant Tutorial and Applicant Responder
11:25-11:40 a.m.	Proposal Requirements, Work Plan, Evaluation Plan and Nursing Facility Closure Preference
11:40-11:50 a.m.	Budget
11:50 a.m.-12:15 p.m.	Required Statements
12:15-12:30 p.m.	Technical Assistance, Proposal Evaluation and Selection Process
12:30-1 p.m.	Questions

Request for Proposal Overview and Objectives

- To develop and/or provide services for older Minnesotans to live and age in the community of their choice;
- By improving their community's capacity to develop, strengthen, integrate, and maintain culturally competent home and community-based services for individuals 65 and older;
- Proposals may include services that support solo agers, family, friends, and neighbors' caregiving.
- Live Well at Home grants are intended to stimulate innovation by providing one-time, start-up funds to test new approaches in housing and home and community-based services (HCBS) development, and to develop and support core HCBS providers.

Request Amounts and Grant Timeline Terms

Qualified applicants (referred to as “Responders”): includes non-profit, for-profit, governmental units, and Tribal Nations.

Available grant funds in SFY 2027: \$8,000,000

Proposed Grant Contract Terms:

- July 1, 2026 – June 30, 2027
- July 1, 2026 – June 30, 2028

Project Budget: Submit one budget spreadsheet per project. Maximum grant request is \$350,000 per year.

Funding Categories

Three Funding categories:

- **Capital and Renovation grants (\$350,000 or less per year)**
 - New construction, renovation, retrofitting, home modification, transportation, and technology
- **Long-Term Services and Supports Development grants (\$350,000 or less per year)**
 - Chore, homemaker, supporting family, friends and neighbors in caregiving, respite, transportation, chronic disease management, and other community supports
- **Core Home and Community-Based Services (\$40,000 - \$60,000 per year)**
 - Responders eligible for the core home and community-based services grants must be a core and home and community-based services provider as defined in [Minnesota Statutes, section 256.9754](#). Organizations funded under this category typically have an operating budget of \$175,000 or less annually and serve a geographically limited area.

Key Dates

March 6, 2026

- Responders' questions submission deadline

March 16, 2026

- RFP frequently asked questions document post date

April 17, 2026, 4 p.m. Central Time

- Applications due

April 27, 2026

- Phase I denial notices sent to Responders

May 2026

- Review of applications

May and June 2026

- Contract negotiations

July 1, 2026

- SFY 2027 anticipated grant start

Department of Human Services – Live Well at Home Grant Website



[Home](#) > [Partners and providers](#) > [Grants and RFPs](#) > [Live Well at Home](#) > [Apply for Live Well at Home Grant](#)

Partners and providers

[Program overviews](#)

[Policies and procedures](#)

[Enroll with MHCP](#)

[eDocs library of forms and documents](#)

[News, initiatives, reports, work groups](#)

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[IT systems and supports](#)

[Toolkits](#)

Apply for a Live Well at Home Grant

Purpose

To develop and/or provide services for older Minnesotans to live and age in the community of their choice.

- Allow local communities to improve their capacity to develop and strengthen programs.
- Maintain home and community-based (HCBS) services for individuals age 65 and older who are at risk of long-term nursing facility use and/or spending down to Medical Assistance eligibility.
- Proposals may include services that support solo agers, family, friends and neighbors' caregiving.

Request for proposal (RFP) information

State fiscal year (SFY) 2027 RFP: [Live Well at Home grant RFP-SFY 2027 \(PDF\)](#)

Frequently asked questions (FAQ): To be posted on March 16, 2026

How to apply: [Visit our grant application service webpage](#)

Total completed applications submitted (updated weekly): TBD

Key dates

State Fiscal Year 2027 (July 1, 2026 — June 30, 2027)

General timeline

- Feb. 9, 2026
 - Live Well at Home Request for Proposals Application Opens

Login Page for the Online Application Portal



Logon

Email Address*

Password*

Log On

Create New Account

[Forgot your Password?](#)

Welcome to the State of Minnesota's Department of Human Services and the Minnesota Board on Aging's online grant portal.

SFY 2027 Regional and Local Dementia Grant Request for Proposal - Open December 1, 2025 through March 20, 2026 at 4:00 pm Central Time

SFY 2027 Request for Proposals for Grantees to Develop and/or Provide Services for Older Minnesotans to Live in Community – Live Well at Home Grants. Open February 9, 2026- April 17, 2026 at 4:00 pm Central Time

New Users: Please click on "Create New Account" to complete the registration process and create your logon credentials.

Not Sure? If you think that you or someone at your organization has already registered in the system, do not create a new account. For MN Board on Aging Dementia Grants, please contact Jane Cunningham at jane.e.cunningham@state.mn.us for help. For Live Well at Home grants, please contact Miranda Unruh at miranda.unruh@state.mn.us.

Online Application-Preview

 Fields with an asterisk (*) are required.

> Applicant Tutorial

> Responder Info

> Proposal Requirements

> Work Plan: Objectives, Activities, and Outcomes

> Evaluation and Nursing Facility Closure

> Budget

> Required Statements

Applicant Tutorial

∨ Applicant Tutorial

System Tutorials - we encourage you to review these items before you begin your application.

Click on the link for short videos and written instructions on creating an account, applying for funding, or managing your applicant dashboard. The GLM Applicant Tutorial Video will best match your experience.

Additional grant features:

We encourage you to review these items, including the tutorials, before you begin your application.

The Collaborator option.

The Collaborator feature can be used by applicants to add a new user to this online grant portal. Further, this feature allows you to collaborate with others on the completion of your application. **Note:** pay special attention to the type of permission you set up.

Copy Previous Answers.

This time saving feature allows returning responders to copy answers from previous applications into the current form for those questions that are repeated between the applications. If you are a returning responder, click on the button in the top right to see what options you have to choose from.

Collaborate Feature

Collaborate

Invite someone

Email Address

 Email address / username of the person you are inviting

Permissions

- Can view
- Can edit
- Can submit

Message

This message from you will be included in the email that is sent to the person you are inviting

Applicant Responder Info

▼ Responder Info

Project Name*

General Funding Categories*

Check which of the three funding categories you are applying for.

- Capital and Renovation (\$350,000 or less per year)
- Long-Term Services and Supports Development (\$350,000 or less per year)
- Core Home and Community-Based Services (\$40,000 - \$60,000 per year)

Counties in Project Area*

Available Counties:

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Aitkin County | <input type="checkbox"/> Dakota County | <input type="checkbox"/> Lac qui Parle County | <input type="checkbox"/> Olmsted County | <input type="checkbox"/> Stearns County |
| <input type="checkbox"/> Anoka County | <input type="checkbox"/> Dodge County | <input type="checkbox"/> Lake County | <input type="checkbox"/> Otter Tail County | <input type="checkbox"/> Steele County |
| <input type="checkbox"/> Becker County | <input type="checkbox"/> Douglas County | <input type="checkbox"/> Lake of the Woods County | <input type="checkbox"/> Pennington County | <input type="checkbox"/> Stevens County |
| <input type="checkbox"/> Beltrami County | <input type="checkbox"/> Faribault County | <input type="checkbox"/> Le Sueur County | <input type="checkbox"/> Pine County | <input type="checkbox"/> Swift County |
| <input type="checkbox"/> Benton County | <input type="checkbox"/> Fillmore County | <input type="checkbox"/> Lincoln County | <input type="checkbox"/> Pipestone County | <input type="checkbox"/> Todd County |
| <input type="checkbox"/> Big Stone County | <input type="checkbox"/> Freeborn County | <input type="checkbox"/> Lyon County | <input type="checkbox"/> Polk County | <input type="checkbox"/> Traverse County |
| <input type="checkbox"/> Blue Earth County | <input type="checkbox"/> Goodhue County | <input type="checkbox"/> Mahnommen County | <input type="checkbox"/> Pope County | <input type="checkbox"/> Wabasha County |
| <input type="checkbox"/> Brown County | <input type="checkbox"/> Grant County | <input type="checkbox"/> Marshall County | <input type="checkbox"/> Ramsey County | <input type="checkbox"/> Wadena County |
| <input type="checkbox"/> Carlton County | <input type="checkbox"/> Hennepin County | <input type="checkbox"/> Martin County | <input type="checkbox"/> Red Lake County | <input type="checkbox"/> Waseca County |
| <input type="checkbox"/> Carver County | <input type="checkbox"/> Houston County | <input type="checkbox"/> McLeod County | <input type="checkbox"/> Redwood County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Cass County | <input type="checkbox"/> Hubbard County | <input type="checkbox"/> Meeker County | <input type="checkbox"/> Renville County | <input type="checkbox"/> Watonwan County |
| <input type="checkbox"/> Chippewa County | <input type="checkbox"/> Isanti County | <input type="checkbox"/> Mille Lacs County | <input type="checkbox"/> Rice County | <input type="checkbox"/> Wilkin County |
| <input type="checkbox"/> Chisago County | <input type="checkbox"/> Itasca County | <input type="checkbox"/> Morrison County | <input type="checkbox"/> Rock County | <input type="checkbox"/> Winona County |
| <input type="checkbox"/> Clay County | <input type="checkbox"/> Jackson County | <input type="checkbox"/> Mower County | <input type="checkbox"/> Roseau County | <input type="checkbox"/> Wright County |
| <input type="checkbox"/> Clearwater County | <input type="checkbox"/> Kanabec County | <input type="checkbox"/> Murray County | <input type="checkbox"/> Scott County | <input type="checkbox"/> Yellow Medicine County |
| <input type="checkbox"/> Cook County | <input type="checkbox"/> Kandiyohi County | <input type="checkbox"/> Nicollet County | <input type="checkbox"/> Sherburne County | |
| <input type="checkbox"/> Cottonwood County | <input type="checkbox"/> Kittson County | <input type="checkbox"/> Nobles County | <input type="checkbox"/> Sibley County | |
| <input type="checkbox"/> Crow Wing County | <input type="checkbox"/> Koochiching County | <input type="checkbox"/> Norman County | <input type="checkbox"/> St. Louis County | |

Applicant Responder Info Continued

Minnesota Legislative District*

What legislative district is your project primarily operating in? Click [here](#) to find your legislative district.

Additional Minnesota Legislative Districts That You Serve

List here any additional Minnesota Legislative Districts you serve.

Type of Service Agency*

Special Focus (optional up to 50 points)

The State will review the proposal submission to determine if the proposal provides examples of how the respondent meets the special focus areas below. If the State, in its sole discretion, determines that a proposal provides sufficient examples, the State may award points to the responder's proposal in accordance with the evaluation process of this Request for Proposal (RFP). Please click all the option funding categories that relate to your application.

- Represent a culturally focused organization(s)
- Implement plans to serve culturally & racially diverse older adult population
- Implement plans to serve American Indian/Alaskan Native Elder populations
- Implement plans to serve older adults in rural areas
- Implement plans to serve Veterans
- Implement plans to serve LGBTQI older adult populations
- Use of innovative and/or enhanced approaches to achieving successful outcomes

Long-Term Services and Supports Section

∨ Long-Term Services and Supports

The State works in collaboration with partners to fund the development of a comprehensive and coordinated system of long-term services and supports (LTSS). All partners are encouraged to strengthen their community relationships with diverse populations whose racial, ethnic, cultural, language, social status, sexual orientation, gender identity, or residential status or other factors indicate that specialized services will aid the population(s) in reaching their full health potential as defined by the Minnesota Department of Health.

See section 2.1, Category 2, of the RFP for more information. (page 5)

Long Term Service and Supports Projects

Select the services that apply to your proposal or project.

- Adult Day
- Care Coordination/Service Management
- Caregiver Support
- Chore
- Companion
- Health Promotion and Chronic Disease Self-Management
- Home Delivery
- Home Modification/Repair
- Homemaker
- Transportation

Proposal Requirements

Executive Summary (5 points)

This section is worth 5 points. This component of the Proposal should demonstrate your understanding of the services requested in this RFP and any problems anticipated in accomplishing the work. It should also show your overall design of the project in response to achieving the deliverables as defined in this RFP.

You should write a brief description of the proposed project, including the goal, the list of objectives, and products/services to be developed. Specifically, the proposal should demonstrate your familiarity with the project elements, its solutions to the problems presented, and knowledge of the requested services. See section 3.2.2 of the RFP for more instructions. (page 12)

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Description of the Applicant Organization (125 points)

This section is worth 125 points. This section must include information on the programs and activities of your organization, the number of people served, geographic area served, staff experience, and/or programmatic accomplishments. Include reasons why your organization is capable of effectively delivering the services outlined in the RFP. Include a brief history of the organization and all the strengths that you consider are an asset to your program. You should also identify partners and their individual commitments to the proposed project. Clearly define each partner's role, resources, budget and other responsibilities in the work plan that each partner will contribute to the proposed project. See section 3.2.3 of the RFP for more instructions. (page 12)

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Description of Target Population

This section is worth 125 points. Clearly describe the level of need for the proposed project or system change in the community.

Describe the level of need for services in the community and what group or groups of individuals will be targeted for services by your program. Describe how your program will serve diverse populations, and especially populations experiencing inequities and/or disparities in this area. Be sure to address any underserved populations specifically identified in this RFP. Discuss whether the program and activities will have a local, regional, or statewide impact, and whether they will serve low-income and moderate-income individuals and families. Describe the services provided and outreach methods that will be used to effectively reach the target population. Include a description of referral systems, staff experience, and other methodologies to reach the target population. Discuss how the programs and activities will positively impact the target

Core Home and Community-Based Services Section

✓ Core Home and Community-Based Services

Core home and community-based services aim to strengthen and develop additional home and community-based services and alternatives to nursing homes and other residential services throughout Minnesota to allow older adults (regardless of income) to remain in their own homes for as long as possible. Core home and community-based services complement community services by covering some fixed costs for small non-profit providers offering community services and additional services such as, but not limited to transportation, home modification, chore, and companionship.

Responders eligible for the core home and community-based services grants must be a core home and community-based service providers as defined in [Minnesota Statutes, section 256.9754, subdivision 3](#). Organizations funded under core home and community-based services typically have operating budgets of one hundred seventy-five thousand dollars (\$175,000) or less annually and serve a geographically limited area.

See section 2.1, Category 3, of the RFP for more information. (page 9)

Core Home and Community-Based Services

Select the services that apply to your proposed program or project.

- Care Coordination/Service Management
- Caregiver Support
- Chore
- Companion
- Health Promotion and Chronic Disease Self-Management
- Home Delivery
- Home Modification/Repair
- Homemaker
- Transportation

Work Plan: Objectives, Activities, and Outcomes

✓ Work Plan: Objectives, Activities, and Outcomes

Work Plan: Objectives, Activities, and Outcomes (250 points)

SFY 2027 Live Well at Home Program Goal: To develop and/or provide services for older Minnesotans to Live in Community.

In this section, Responders will identify a minimum of three (3) and no more than six (6) measurable objectives of their project in order to reach that goal. The proposed objectives will be used to measure a grantee's progress, demonstrate the program's effectiveness, and will carry forward to the grantee's quarterly reports so that all projects and programs will be measured specifically on self-identified components and targets. See section 3.2.5 of the RFP for more instructions. (page 13)

Objective #1

One sentence that highlights the purpose of the project (example, this is one step towards achieving the overall project goal).

Work Plan continued

Objective #1: Key Activities & Strategies

Outline each task that needs to be accomplished in order to meet a specific objective and desired outcome.

2,500 characters left of 2,500

Objective #1: People Responsible

List all staff members' names and titles and any other stakeholders, including organizations that they are with and how they will assist with the objective.

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Work Plan continued with outcomes

Objective #1: Estimated Outcomes (narrative)

Detail specific results that include units/numbers served, and how they aim to achieve the overall project goal. Additionally, outline skills and knowledge obtained by the people responsible, community connections made, etc.

Objective #1: Estimated Outcomes (result)

Enter the estimated numerical results of the outcome described above (example, number of units/people served, community connections made, etc.).

#	<input type="text"/>
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Objective #1: Estimated Start Date

Dates should be incremental in regard to the overall project and not just the entire timeframe of the grant.

	<input type="text"/>
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Objective #1: Estimated End Date

Dates should be incremental in regard to the overall project and not just the entire timeframe of the grant.

	<input type="text"/>
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Capital/Renovation Projects

▼ Capital/Renovation Projects

Capital and Renovation grants are available for new builds, renovations, retrofitting, or modifications to enhance accessibility in homes or buildings. These efforts should foster innovative housing and services solutions, create affordable units suitable for home care, and cater to those age 65 and over with chronic health conditions. Retrofitting aims to lower healthcare costs by adapting homes for aging in a supportive environment, especially those lacking essential features. Responders promoting equity, self-sufficiency, independence, quality of life, safety and community integration are encouraged to demonstrate how their project uphold these values through home modifications, new construction, technology, or services.

Potential projects span various living facilities and private homes, focusing on inclusivity and meeting broad community needs, with priority given to proposals offering low-income solutions for homeless older adults. The STATE seeks innovative housing and service models, potentially involving co-ownership and private payment schemes, with funding available to pilot and document successful approaches.

See section 2.1.A, Category 1, of the RFP for more information. (page 4)

Capital/Renovation Projects

- New Construction
- Renovation/retrofitting
- Home Modification
- Transportation
- Technology
- Other

Capital/Renovation Projects Section continued

In order for a Responder to demonstrate that it meets the requirements in Section 2.1. A. Category 1, responders must provide the following documents:

- Development Cost Worksheet – factor in prevailing wage rules if needed.
- Property Income Expense Worksheet
- One page summary of bid information or cost estimate; include the source.
- 8 ½" x 11" reduced scale drawing from which room sizes and other building details may be determined.
- 8 ½" x 11" reduced scale layout drawing showing basic site elements of existing structures and any new construction.

Development Cost Worksheet

Click [here](#) to download the Development Cost Worksheet. Download and complete the form and then upload the completed form below.

[2 MiB allowed]

Property Income Expense Worksheet

Click [here](#) to download the Property Income Expense Worksheet. Download and complete the form and then upload completed form below.

[2 MiB allowed]

One page summary of bid information or cost estimate; include the source

[1 MiB allowed]

8 ½" x 11" reduced scale drawing

Show from which room sizes and other building details may be determined.

[1 MiB allowed]

8 ½" x 11" reduced scale layout drawing

Show basic site elements of existing structures and any new construction.

[1 MiB allowed]

Evaluation Plan/Nursing Facility Closure Preference

∨ Evaluation and Nursing Facility Closure

Evaluation Plan

This section is worth 125 points. The STATE is committed to funding services that produce a measurable result for the people of Minnesota. You must develop indicators of the success and effectiveness of the program and be able to measure and evaluate them to determine outcomes. This section should describe the methods and criteria that will be used to measure whether the project goals and objectives have been achieved.

Program and financial sustainability must be explicitly addressed as one indicator of the proposed evaluation. List surveys or other assessment tools you will propose to use to assess and measure pre-program and post-program participant outcomes and how results will be summarized.

In this section, you should describe lasting effects produced by the project and how your organization will continue the proposed project after the conclusion of this grant. Discuss the relationship with other organizations that you have or will develop further, and that will help maintain the proposed project long-term. Also, describe the value of any coordination across service providers and any secondary benefits that happened and/or you propose will happen due to this coordination. See section 3.2.6 of the RFP for more details. (page 15)

6,500 characters left of 6,500

Nursing Facility Closure Preference

This section is worth 20 points. Responders are encouraged to review the list ([Live Well at Home web page](#)) and provide the name of one nursing facility in the project's service area that has or is permanently closing nursing facility beds under [Minnesota Statutes, section 256.9754, subd. 5](#) after January 1, 2025. Responders that cite a nursing facility closure will illustrate throughout the proposal requirements how they are working with the cited nursing facility to strengthen and integrate their community's home and community-based service capacity for people at-risk of long-term nursing home use and/or spending down into Medical Assistance and will be eligible for maximum points for this section. See section 3.2.7 of the RFP for more details. (page 15)

Budget Section

∨ Budget

Budget Proposal (300 points)

This section should specify the grant amount requested and detail all expenses for the proposed project by (1) completing and uploading the provided budget template Microsoft Excel spreadsheet and (2) creating and uploading a fee schedule to the Grant Application Service Center. See section 3.2.8 for more information. (page 15)

SFY 2027 Budget template

Click [here](#) to access the budget template for SFY 2027 (July 1, 2026 - June 30, 2027 or June 30, 2028). Download and complete the form. Upload the completed form below.

NOTE: This budget template is the required form you must submit. Please do not upload your own version of a budget template.

[3 MiB allowed]

Total Grant Funds Requested

Please ensure that the amount listed here matches the *total dollar amount* listed in the "Grant Funds Budget Total" cell on your completed SFY 2027 Budget template. See the bottom of the Grant Funds Budget (Detail) Microsoft Excel worksheet.

\$	<input type="text"/>
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Budget Section continued

Total Match Funds

This amount should reflect the total amount on your SFY 2027 Budget template from all cost categories of the Match Funds Budget (Detail) tab. *Required match for Live Well at Home grants is dollar for dollar or 50 percent (50%) of total budget.* For example, if your total funding request is for \$50,000; you must list \$50,000 in matching funds.

Fee Schedule

Clearly articulate the true unit cost for each service and establish a fee schedule for all persons served by the project including individuals who are not income eligible for public programs that includes a conforming sliding scale fee schedule for persons not able to pay the full cost of the service. When describing the fee schedule, keep in mind the older adults served and the funding sources available to cover the costs, such as private pay, Older Americans Act-Title III, and Medicaid waivers.

Responders providing community services must indicate that they intend to receive payment from appropriate sources for individuals eligible for publicly funded programs and have a fee schedule in place. Applications that include community services but do not provide this information will have their budgets adjusted prior to contract if selected. For more information, refer to section 3.2.8 of the RFP. (page 16)

[Upload a file](#) [2 MiB allowed]

Budget Template – Grant Funds Budget Detail

- Categories have stayed the same.
- Instruction links for your convenience. Information also found in the RFP.
- Please use whole dollars only.
- Insert organization name at top as well as end date.
- Don't delete formulas or optional budget column

Changes:

- End dates at top of budget
- 2 columns: one for each fiscal year.

Attachment B - Grant Funds Budget				
Enter Responder Organization Name Here				
State Fiscal Year (SFY) 2027				
(July 1, 2026 - June 30, 2027 or June 30, 2028)				
Please note-up to 2 year budget proposal is allowed.				
		Whole dollars only.	Whole dollars only.	Whole dollars only.
Cost Categories	Explanation	SFY 2027 July 1, 2026 - June 30, 2027	SFY 2028 July 1, 2027 - June 30, 2028 (optional)	Total
1. Personnel				\$0
Instructions				\$0
	Subtotal	\$0	\$0	\$0
2. Fringe				\$0
Instructions				\$0
	Subtotal	\$0	\$0	\$0
3. Travel				\$0
Instructions				\$0
	Subtotal	\$0	\$0	\$0
4. Building Space/Utilities				\$0
Instructions				\$0
	Subtotal	\$0	\$0	\$0
5. Construction				\$0
Instructions				\$0
	Subtotal	\$0	\$0	\$0
6. Equipment				\$0
Instructions				\$0
	Subtotal	\$0	\$0	\$0
7. Supplies				\$0
Instructions				\$0
	Subtotal	\$0	\$0	\$0
8. Administrative/ Indirect Cost (9% max)				\$0
Instructions				\$0
	Subtotal	\$0	\$0	\$0
9. Contracts (fills from Subcontract Detail Worksheet)	Name			\$0
	Subtotal	\$0	\$0	\$0
10. Other Costs (Specify)				\$0
Instructions				\$0
	Subtotal	\$0	\$0	\$0
Grant Funds Budget Total		\$0	\$0	\$0

Budget Template – Match Funds Detail

Match Funds Budget					
Enter Responder Organization Name Here					
State Fiscal Year (SFY) 2027 (July 1, 2026 - June 30, 2027 or June 30, 2028)					
Please note-up to 2 year budget proposal is allowed.					
				Whole dollars only.	
Cost Categories	Explanation	Funding Source	Cash	In-Kind	Total
1. Personnel					\$0
Instructions					\$0
		Subtotal	\$0	\$0	\$0
2. Fringe					\$0
Instructions					\$0
		Subtotal	\$0	\$0	\$0
3. Travel					\$0
Instructions					\$0
		Subtotal	\$0	\$0	\$0
4. Building Space/Utilities					\$0
Instructions					\$0
		Subtotal	\$0	\$0	\$0
5. Construction					\$0
Instructions					\$0
		Subtotal	\$0	\$0	\$0
6. Equipment					\$0
Instructions					\$0
		Subtotal	\$0	\$0	\$0
7. Supplies					\$0
Instructions					\$0
		Subtotal	\$0	\$0	\$0
8. Administrative/ Indirect Cost					\$0
Instructions					\$0
		Subtotal	\$0	\$0	\$0
9. Contracts (From Subcontract Detail Page)	Name				\$0
	Name				\$0
	Name				\$0
	Name				\$0
		Subtotal	\$0	\$0	\$0
10. Other Costs (Specify)					\$0
Instructions					\$0
		Subtotal	\$0	\$0	\$0
Match Funds Budget Total			\$0	\$0	\$0

Budget Template – Subcontract Detail

Subcontract Detail				
Enter Responder Organization Name Here				
State Fiscal Year (SFY) 2027 (July 1, 2026 - June 30, 2027 or June 30, 2028) Please note-up to 2 year budget proposal is allowed.			Whole dollars only.	
Instructions				
Subcontractor Name	Explanation and Computation of Costs	Grant	Match	Total
Name				\$0
				\$0
				\$0
	Subtotal	\$0	\$0	\$0
Name				\$0
				\$0
				\$0
	Subtotal	\$0	\$0	\$0
Name				\$0
				\$0
				\$0
	Subtotal	\$0	\$0	\$0
Name				\$0
				\$0
				\$0
	Subtotal	\$0	\$0	\$0
Subcontract Budget Total		\$0	\$0	\$0

Budget Template – Budget Instructions

Budget Instructions

1. Personnel	<p>PERSONNEL Cost of staff salaries and wages of applicant/grantee staff. BUDGET JUSTIFICATION: Specify the key staff (first and last name), their position titles, brief summary of project related duties, and their time commitments to the project based on the number of annual hours worked and rate of pay [example: 1,040 hours and rate of pay \$25/hour or twenty-six thousand dollars (\$26,000) annually]. Also include the individual's full-time equivalent (FTE). Individuals who are not directly employed by the responder/grantee organization but work on the grant should be listed under the contracts line item.</p>
2. Fringe	<p>FRINGE BENEFITS Enter the total cost of fringe benefits, fringe percentage rate, and which fringe benefits are included, unless treated as part of an approved indirect cost rate. BUDGET JUSTIFICATION: Provide a list of the elements that comprise fringe benefit costs, such as health insurance, dental, FICA, retirement, life insurance. Provide the percentage used to calculate the fringe. Detail the formula or rationale used to compute the cost of the fringe benefits listed in the budget proposed.</p>
3. Travel	<p>TRAVEL Cost of local and out of town travel for staff of the project. IRS Travel Rate: www.irs.gov/tax-professionals/standard-mileage-rates BUDGET JUSTIFICATION: Reimbursement to project staff for travel and subsistence expenses is to be made consistent with the current "Commissioner's Plan" as promulgated by the Commissioner of Employee Relations. The Commissioner's Plan states the current reimbursement rates for travel and subsistence expenses in Chapter 15: Expense Reimbursement. Commissioner's Plan: https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp#:~:text=Commissioner's%20Plan,otherwise%20provided%20for%20in%20law.</p> <p>Travel rates must not exceed State of Minnesota rates.</p> <ul style="list-style-type: none"><input type="checkbox"/> Lodging: Actual and reasonable costs.<input type="checkbox"/> Mileage: Is based on Current Federal IRS mileage reimbursement rate. Mileage allowance may not exceed the State maximum, currently 72.5 cents per mile (2026). Include the total number of trips, destinations, purpose, length of stay, transportation cost (including mileage rates).<input type="checkbox"/> Meals: In State: Breakfast- \$11.00, Lunch- \$13.00, Dinner- \$19.00

Required Statements

▼ Required Statements

The Required Statements will be evaluated on a pass or fail basis. Responders must "pass" each of the requirements identified in section 3.3 of the RFP to move to Phase II. Failure to submit a Required Statement or to use the most current forms is at the Responder's risk and may, at the discretion of STATE, result in disqualification of the Proposal for nonresponsiveness.

DHS requires DocuSign electronic signatures or scanned wet signatures for the required statements.

Responder Information/Declarations Form - Grant RFP*

Click [here](#) to access the form. Download and complete the form, upload completed form below.

[4 MiB allowed]

Principals Upload*

Upload required listing of principals here.

According to the Responder Information/Declarations Form, a principal is defined as a public official, a board member, or staff (paid or volunteer) with the authority to access funds provided by this grant opportunity or to determine how those funds are used.

[4 MiB allowed]

Required Statement-Responder Declarations



DHS-7020-ENG

1-24

Responder Information/Declarations Form – Grant RFP

The undersigned certifies, to the best of the undersigned's knowledge and belief, that:

A. Response Contents. The information provided is true, correct, and reliable for purposes of evaluation for potential contract award, and the Responder is competent to provide all the services set forth in its proposal. The submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the Responder to suspension or debarment proceedings as well as other remedies available by law.

B. Authorized Signature. This Declaration is signed by the appropriate person(s), with the authority to contractually bind the Responder, as required by applicable articles, bylaws, resolutions, minutes, and ordinances.

C. Non-Collusion Certification.

1. The Proposal has been arrived at by the Responder independently and has been submitted without collusion and without any agreement, understanding or planned common course of action with any other vendor designed to limit fair or open competition; and
2. The contents of the Proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any other individual prior to the due date and time of this Solicitation. Any evidence of collusion among Responders in any form designed to defeat competitive responses will be reported to the Minnesota Attorney General for investigation and appropriate action.

D. Organizational Conflicts of Interest. State grant policy requires that steps and procedures are in place to prevent organizational conflicts of interest per 08-01 Conflict of Interest in State Grant-Making Policy. To the best of Responder's knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to an organizational conflict of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons:

1. A Responder is unable or potentially unable to render impartial assistance or advice to the State due to competing duties or loyalties; or
2. The Responder's objectivity in performing the grant contract work is or might be otherwise impaired due to competing duties or loyalties.

If it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for proposals, responder will provide, along with this form, a list containing the names of the entities, the relationship, and a discussion of the conflict.

In cases where a conflict of interest is in question, discovered, or disclosed, the Responders or grantees will be notified and given an opportunity to respond. Based on a review of the response and relevant facts, one or more of the following actions may be pursued:

- revising the grant work plan or grantee duties to mitigate the risk,
- requesting the grant applicant to submit an organizational conflict of interest mitigation plan,
- disqualification from eligibility for the grant award, amending the grant, or termination of the grant contract agreement.

E. Certification Regarding Lobbying. For State of Minnesota contracts and grants over \$100,000 that will use (or may potentially use) any amount of federal funds to pay for all or part of the work under the contract, the undersigned certifies, to the best of the undersigned's knowledge and belief that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal loan, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

F. Subcontractors. Any proposed subcontractors will be identified in the RFP and the percentage of work under the contract to be performed by the prime contractor and each subcontractor will be indicated.

G. Parent companies or affiliates. If there is a reasonable expectation that the responder is or would be associated with any parent, affiliate, or subsidiary organization in order to supply any service, supplies or equipment to comply with the performance requirements under the resulting contract of the RFP, responder must include with this form written authorization from the parent, affiliate, or subsidiary organization granting the right to examine directly, pertinent books, documents, papers, and records involving such transactions that are related to the resulting contract. This right will be given to the Minnesota Department of Human Services, U.S. Department of Health and Human Services, and comptroller general of the United States. If, at any time after a proposal is submitted and a contract has been awarded, such an association arises as described in the paragraph above, responder will obtain a similar certification and authorization from the parent, affiliate, or subsidiary organization within 10 working days after forming the relationship.

H. Performance Capacity: Please respond to these questions as required by Minn. Stat. § 16B.981, subd. 2(1):

- a) Describe Responder's history of performing the work that will be funded by the grant:
- This includes describing the organization's current staffing, current budget and grant capacity requirements related to the deliverables as set forth in the RFP.

DESCRIBE



b) Has Responder been awarded or have an active grant from the Minnesota Department of Human Services in the past 5 years?

Yes No

Required Statement-Responder Declarations continued

I. **No Felony Financial Crime:** Minn. Stat. § 16B.981, subd. 2(6) requires that no current principals of a grantee have been convicted of a felony financial crime in the last 10 years. A principal is defined as a public official, a board member, or staff (paid or volunteer) with the authority to access funds provided by this grant opportunity or to determine how those funds are used.

By signing this form, Responder warrants that no current principal of Responder's organization has been convicted of a felony financial crime in the last 10 years. **Upload or attach an organizational chart or list of principals to Responder's Proposal for whom Responder is certifying.**



J. **Evidence of Good Standing:** Potential grantees must certify that the organization has a status of "In Good Standing" with the Secretary of State as required by Minn. Stat. § 16B.981, subd. 2(3) and as part of the response to this RFP.

Is your organization (for-profit or nonprofit) registered with the Secretary of State and have a status of "In Good Standing"?

Yes No



By signing this form, Responder acknowledges and certifies compliance with all applicable requirements indicated above and that all information is true and correct.

COMPANY NAME		TITLE OF RFP	
SIGNATURE		DATE	
PRINTED NAME		TITLE	
PHONE NUMBER	EMAIL ADDRESS		



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 651-431-3612, or use your preferred relay service. ADA1 (2-18)

Required Statements-Principals

Principals Upload*

Upload required listing of principals here.

According to the Responder Information/Declarations Form, a principal is defined as a public official, a board member, or staff (paid or volunteer) with the authority to access funds provided by this grant opportunity or to determine how those funds are used.

[Upload a file](#) [4 MiB allowed]

Required Statements Continued

Exceptions to Terms and Conditions Form- Grant RFP*

Click [here](#) to access the form. Download and complete the form, upload completed form below.

[2 MiB allowed]

Disclosure of Funding Form - Grant RFP*

Click [here](#) to access the form. Download and complete the form, upload completed form below.

[2 MiB allowed]

Trade Secret/Confidential Data Notification

This is a read-only section with no form to upload. **IMPORTANT: Do not submit data that may be trade secret/confidential. If you must submit data that may be trade secret/confidential in order for your response to be responsive, please email miranda.unruh@state.mn.us requesting more information on how to submit that information.**

Required Statements Section – Disclosure of Funding



DHS-7018-ENG

Disclosure of Funding Form – Grant RFP

Per the Federal Funding Accountability and Transparency Act of 2006 "Transparency Act" or "FFATA" (Public Law 109-282), all entities and organizations receiving federal funds are required to report full disclosure of funding (United States Code, title 31, chapter 61, section 6101).

The purpose of FFATA is to provide every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires information on federal awards to be made available to the public through a single, searchable website. Federal awards include grants, sub-grants, loans, awards and delivery orders.

To comply with the federal statute, the Minnesota Department of Human Services is required to obtain and report the grantee's Unique Entity Identifier (UEI); determine if grantee meets specific requirements that would require additional reporting items; and collect additional information on executive compensation if required. Respond by answering the following questions:

UNIQUE ENTITY IDENTIFIER (required)	GRANTEE NAME

In the preceding fiscal year:

1. Did you receive 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?
 Yes No
2. Are those revenues greater than \$25 million or more annually?
 Yes No
3. Does the public not have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C 78m(a), 78(d)) or section 6104 of the Internal Revenue Code of 1986?
 Yes No

If you answer "yes" to all of the top questions, provide the following information:

1. Project Description (should capture the overall purpose of the award)

2. Place of performance (including congressional district)

3. Name and compensation of top five executives



Required Statements Continued 2

Documentation to Establish Financial Stability - Grants*

Click [here](#) to access the form. Download and complete the form, upload completed form below.

[2 MiB allowed]

Documentation to Establish Fiscal Responsibility*

Certified Financial Audit, IRS Form 990/990-EZ, Most recent federal and state tax returns, current financial statements or most recent board-reviewed financial statements

Responders must upload and include in their proposals sufficient financial documentation to establish their financial stability. For more information, refer to section 3.3.d of the RFP. (page 23)

[14 MiB allowed]

Required Statements Section – Documentation to Establish Financial Stability



DHS-7896-ENG

Documentation to Establish Financial Stability – Grants

RESPONDER/COMPANY NAME

It is the policy of the State of Minnesota (State) to make grants to organizations that are sufficiently financially stable to carry out the purpose of the grant.

The information collected in response to this form will be used in State's determination of the award of the contract and is mandated by Minnesota law. It may be shared with other persons within the Minnesota Department of Human Services who may be involved in the decision-making process, and/or with other persons as authorized by law. If a Responder does not provide the requested financial information prior to grant contract execution upon State's request as indicated below, the Proposal will be found nonresponsive and given no further consideration. If a Responder's submission in response to this component does not demonstrate its financial stability, Responder may fail this requirement and be disqualified from further consideration. State reserves the right to request any additional information to assure itself of a Responder's financial reliability. In order to comply with this requirement, the documents identified will need to be submitted in response to the State's request before the grant contract agreement is fully executed.

All grantees as defined in Minn. Stat. §16B.981, subd. 1 (c) applying for grants in the state of Minnesota must undergo a financial review prior to a grant award of \$50,000 and higher. Select the option below that applies to Responder's organization. State will contact the Responder and request the indicated documentation upon its determination that Responder is a finalist in the solicitation process.

1. Nongovernmental Organizations

Responders must establish their financial stability consistent with the Office of Grants Management [Policy 08-06](#) by submitting the indicated documentation upon State's request.

1. Was Responder required to submit a 990 or 990-EZ for Responder organization's last fiscal year?
 Yes No
2. If Responder is exempt from filing or the organization has been in business for less than one year, please describe the internal controls Responder has over business expenditures and outcomes of the grant funds, if awarded. Examples of internal controls include, but are not limited to: documented policies and procedures; segregation of duties such as having different staff who enter receivables versus those who post payments; using a payroll system; requiring usernames and passwords, along with appropriate levels of access to systems; supervisor review and approval of payments and timecards; and other internal controls, including but not limited to those listed in the RFP, to ensure compliance with laws and regulations and safeguard use of grant funds.
3. Is Responder a charitable organization that made over \$750,000 in the last fiscal year and was required to have an audited financial statement per Minn. Stat. § 309.53?
 Yes No
4. Non-profit grant applicants may be required to submit the following documents upon State's request, as applicable to the organization and as required by Minn. Stat. 16B.981, subd. 2(2) and 2(5) as part of the pre-award risk assessment:
 - Most recent 990 or Form 990-EZ filed with the IRS
 - If not in existence long enough or not required to file Form 990, Form 990 EZ or most recent audit, the nonprofit grant applicant must:
 - Demonstrate exemption – i.e., Provide a copy of the IRS determination letter
 - Submit the most recent set of board-reviewed (or managing group if applicable) financial statements
 - Most recent audit as required, under Section 309.53, subd. 3.



Required Statements Section –Documentation to Establish Financial Stability Continued

2. Governmental Organizations

Responders that have either 1) had an audit in the last year by the State Auditor or an outside auditing firm or 2) meet the requirements of the Single Audit Act are not required to submit financial statements under this section. State reserves the right to request financial information to assure itself of a governmental organization's financial status.

3. For-Profit Organizations

Please answer the following questions and certify the following:

1. Has the for-profit entity filed its most recent state and federal tax returns?

Yes No

2. If Responder has been in business less than a year, please describe the internal controls Responder has over business expenditures and outcomes of the grant funds, if awarded. Examples of internal controls include but are not limited to: documented policies and procedures; segregation of duties such as having different staff who enter receivables versus those who post payments, using a payroll system, requiring usernames and passwords along with appropriate levels of access to systems, supervisor review and approval of payments and timecards, and other internal controls, including but not limited to those listed in the RFP, to ensure compliance with laws and regulations and safeguard use of grant funds.

DESCRIBE

3. Asset lien disclosure:

Responder does not have any liens on assets

Responder does have liens on assets: Please describe the assets and associated liens below:

DESCRIBE

4. Certify not under bankruptcy proceedings:

By signing this form, Responder certifies that the business is not under bankruptcy proceedings.

5. For-profit business Responders may be required to submit the appropriate documents upon State's request, pursuant to Minn. Stat. § 168.981, subd. 3 as part of the pre-award risk assessment:

- Most recent federal and state tax returns
- Current financial statements

4. Supplemental Documentation

Responders concerned that their most recent IRS Form 990 does not demonstrate their organization's fiscal responsibility may supplement their Proposal with any of the additional material described in section 3.5(a)(1) above.

The submission of inaccurate or misleading information may be grounds for disqualification from the grant contract agreement award and may subject an organization to suspension or debarment proceedings, as well as other remedies available to the State, by law.

By signing this statement, Responder certifies that all information provided is true, correct, and reliable and that all indicated financial documentation will be provided to State upon State's request.

SIGNATURE		PRINTED NAME	
<input type="text"/>		<input type="text"/>	
TITLE	PHONE NUMBER	DATE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	



Required Statements – Professional Responsibility and Data Privacy

Professional Responsibility and Data Privacy*

Everyone  

Professional Responsibility: It is crucial that STATE locate reliable grantees to serve our clients. Therefore, Responders must be professionally responsible and include satisfactory information regarding their professional responsibility in their Proposals. Per [Minnesota Office of Grant Management \(OGM\) Policies 08-02 and 08-13](#), Responder's past performance as a grantee of STATE will be considered when evaluating a grant application.

Professional responsibility information includes information concerning any complaints filed with or by professional, state and/or federal licensing/regulatory organizations within the past six years against your organization or employees relating to the provision of services. If such complaints exist, please include the date of the complaint(s), the nature of the complaint(s), and the resolution/status of the complaint(s), including any disciplinary actions taken.

All Proposals must also include information about litigation, pending and/or resolved within the past two years, that relates to the provision of services by your organization and/or its employees. If such litigation exists, please include the date of the lawsuit, nature of the lawsuit, the dollar amount being requested as damages, and if resolved, nature of the resolution (e.g., settled, dismissed, withdrawn by plaintiff, verdict for plaintiff with amount of damages awarded, verdict for Responder, etc.).

Responder may submit information which demonstrates recognition of their professional responsibility, including references and/or letters of recommendation. This may also include awards, certifications, and/or professional memberships.

The information collected from these inquiries will be used in STATE's determination of the award of the contract. It may be shared with other persons within the Minnesota Department of Human Services who may be involved in the decision-making process and/or with other persons as authorized by law. You are not required to provide any of the above information. However, if you choose not to provide the requested information, your organization's Proposal may be found nonresponsive and given no further consideration. The STATE reserves the right to request any additional information to assure itself of a Responder's professional status.

Data Privacy: If your organization or any proposed subcontractor has, in the past five years, suffered any breach or loss of personal, financial or other data considered private or confidential, please provide a description of such breaches, and provide details on what steps were taken to address the issue both in the short term and the long term to prevent such a breach/loss from happening again.

5,000 characters left of 5,000

[Upload a file](#) [1 MiB allowed]

ElderCare Development Partnership (EDP)

- There are several potential sources of technical assistance (TA) for persons developing Live Well at Home proposals. The ElderCare Development Partnership (EDP) organizations can provide valuable information about service gaps, existing funding streams and current programs as well as suggestions concerning program concepts and application strategies.
- EDP is a state-funded program to provide TA to local providers to develop and implement service delivery models in line with the State's long-term services and supports policy directions. EDPs have a specific responsibility to assist and advise interested parties with Live Well at Home applications.

[ElderCare Development contacts website](#)

Eldercare Development Partnership

Area Agencies on Aging	Counties
Arrowhead Area Agency on Aging	Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, St. Louis
Central Minnesota Council on Aging	Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, Wright
Metropolitan Area Agency on Aging (Trellis)	Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington
Minnesota River Area Agency on Aging	Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Swift, Waseca, Watonwan, Yellow Medicine
Northwest Regional Development Commission / Dancing Sky Area Agency on Aging	Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse, Wilkin
Southeastern Minnesota Area Agency on Aging	Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Winona

Proposal Evaluation and Selection Process

All responsive Proposals received by the deadline will be evaluated by the State. Proposals will be evaluated on “best value” as specified below. The evaluation will be conducted in three phases:

- **Phase I - Required Statements Review (page 25 section 5.3)**
 - The Required Statements will be evaluated on a pass or fail basis. Responders must **"pass"** each of the requirements identified in Section 3.3 to move to Phase II. **Phase I denial notices will be sent to identified Responders by April 27, 2026.**
- **Phase II - Evaluation of Technical Requirements of Proposals (page 25 section 5.3)**
 - The evaluation team will review the components of each responsive Proposal submitted. Each component will be evaluated on the Responder's understanding and the quality and completeness of the Responder's approach and solution to the problems or issues presented.

Proposal Evaluation and Selection Process continued

- Points have been assigned as follows to each of the component areas described in Section 5.3 of RFP.

Proposal Components	Possible Points
1. Special Focus (Optional)	50
2. Executive Summary	5
3. Description of Applicant Organization	125
4. Description of Target Population	125
5. Work Plan: Objectives, Activities, and Outcomes	250
6. Evaluation plan	125
7. Nursing Facility Closure Preference	20
8. Budget proposal	300
Total:	1,000 points

- **Phase III** – Selection of the successful Responders.
 - Only the Proposals found to be responsive under Phases I and II will be considered in Phase III.
 - The evaluation team will review the scoring in making its recommendations of the successful Responder(s).
 - STATE may submit a list of detailed comments, questions, and concerns to one or more Responders after the initial evaluation. STATE may require said response to be written, oral, or both. STATE will only use written responses for evaluation purposes. The total scores for those Responders selected to submit additional information may be revised as a result of the new information.

Proposal Feedback

If your application was not selected, applicants may contact Miranda Unruh, miranda.unruh@state.mn.us, after Aug. 1, 2026, for feedback on your application for this funding cycle.

Important Items to Remember

- Review the **online application** early.
- View the **online application tutorials** including the time-saving features: Collaborator options (if appropriate).
- Create a grant application **checklist**.
- Contact your area **ElderCare Development Partnership**.
- Review **Special Focus** areas and evaluation of content in your application (review RFP pages 12 and 26).
- All **Required Statements** must be complete and in the correct Application areas to pass Phase I.
- Write your proposal in simple, **plain** language.
- Double check that you have completed all questions, form fields, and completed all required form uploads **BEFORE** you hit submit.

Important Items to Remember Continued

- Review the [nursing facility closure list \(PDF\)](#) and cite a closure that can be associated with your project.
- **Budget spreadsheet**– Use the Microsoft Excel spreadsheet for State Fiscal Year 2027 (7/1/2026 – 6/30/2027 or 6/30/2028). A link is in the application.
- **Match** – Remember, the required financial match to this grant is a 50% match. For example, if your Live Well at Home grant funds request is \$50,000, your secured matching funds amount must be \$50,000. State funds are not an allowable match.
- Follow all the instructions on what is required in each section.
- Allow yourself the appropriate amount of time to complete the application.
- **Before submitting, thoroughly review and complete all Required Statements.**

Questions

- Email questions to Miranda.unruh@state.mn.us by March 6, 2026, at 4 p.m.
- Live Well at Home Frequently Asked Questions document will be posted on the DHS Live Well at Home Grant website with the intent that they will be posted by 4 p.m. on March 16, 2026.
- [Apply for a Live Well At Home grant website](#)

Request for proposal (RFP) information

State fiscal year (SFY) 2027 RFP: [Live Well at Home grant RFP-SFY 2027 \(PDF\)](#)

Frequently asked questions (FAQ): To be posted on March 16, 2026

How to apply: [Visit our grant application service webpage](#)

Total completed applications submitted (updated weekly): TBD

Key dates

State Fiscal Year 2027 (July 1, 2026 — June 30, 2027)

General timeline

- Feb. 9, 2026
 - Live Well at Home Request for Proposals Application Opens
- Feb. 26, 2026, 11 a.m. to 1 p.m. via Teams meeting
 - Responders' Conference
- March 6, 2026
 - Responders' questions submission deadline
- March 16, 2026
 - RFP Frequently Asked Questions Document Post Date
- April 17, 2026, 4 p.m. Central Time
 - Applications due
- April 27, 2026
 - Phase I Denial Notices sent to Responders
- May 2026
 - Review of Applications
- May and June 2026
 - Contract Negotiations
- July 1, 2026
 - SFY 2027 anticipated grant start

RFP development assistance

Contact your local area agency on aging (AAA) [ElderCare Development Partnership](#) for technical assistance.

RFP resource documents

- [Age-Friendly Minnesota: A Commitment to our Future](#)
- [Nursing facility closures in 2025 \(PDF\)](#)

Thank You!

Kris Kuhlmann

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Miranda Unruh

miranda.unruh@state.mn.us

Tara Dean

tara.dean@state.mn.us

Hajarat Mudashir

hajarat.mudashir@state.mn.us

[Apply for a Live Well at Home grant website](#)