



Proof Alliance

*Preventing Prenatal Alcohol Exposure
and Supporting All Impacted with Fetal
Alcohol Spectrum Disorders*

Regional Prevention Collaboratives Grant Request for Proposal

Total Grant Funding Available: \$1,099,800 per year

Grant Period: 2 years (July 1, 2026-June 30, 2028, with the possibility of an additional third year, from July 1, 2028 to June 30, 2029.

Proposal Due: April 16, 2026, by 5:00 p.m. CST

This Grant is made possible by funding from The Minnesota Department of Health.

Table of Contents

About Proof Alliance	2
Funding Opportunity	2
Eligibility	4
Roles and Responsibilities	5
Selection Process	6
Application Instructions	6
Application Checklist	7

Regional Prevention Collaboratives Grants – Request for Proposal

Preventing Prenatal Alcohol Exposure (PAE) and Supporting All Impacted by Fetal Alcohol Spectrum Disorders (FASD)

About Proof Alliance

Since 1998, Proof Alliance has provided education on the impact of alcohol use during pregnancy and championed efforts to help individuals living with FASD to reach their full potential. The mission of Proof Alliance is to prevent PAE and to reduce the incidence of FASD throughout Minnesota and beyond. Proof Alliance continues to develop and maintain ongoing partnerships with communities across the state, and by building partnerships and improving services, Proof Alliance generates awareness of the importance of alcohol-free pregnancies and supporting those impacted.

FASD is a range of disabilities caused when a fetus is exposed to alcohol. FASD can include physical, mental, behavioral and/or learning disabilities with possible lifelong implications.

Alcohol use disorders are a serious issue for both a pregnant person and their children. FASD is a range of physical, neurobehavioral and/or learning disabilities that can result from prenatal exposure to alcohol. The most significant impact is the resulting brain injury, which can be permanent and lifelong. In addition, PAE has also been linked to infant mortality issues including an increased risk of miscarriage, stillbirth, preterm delivery, low-birth weight, growth deficits, microcephaly, birth defects and sudden infant death syndrome.

Funding Opportunity

The Regional Prevention Collaboratives Grant Program, administered by Proof Alliance, is made possible through The Minnesota Department of Health (MDH). The overall goal of the Regional Prevention Collaboratives Grant Program is to help support pregnant and parenting persons in recovery from alcohol use disorders and substance use disorders in Minnesota. Grants will be awarded to regional collaboratives that provide intensive services to pregnant persons with substance use disorder to increase positive birth outcomes. Regional prevention collaboratives will be aimed at reducing the incidence of FASD and other prenatal drug-related effects in children in Minnesota by identifying and serving pregnant persons suspected of or known to use or abuse alcohol or other drugs.

Proof Alliance has **\$1,099,800 per year** available to administer to grantees. Depending on the number and quality of grant applications, we anticipate this total to be distributed amongst **3-5 grantees**. The amount of funding to each recipient will depend on a variety of factors, such as the applicant's level of readiness, the scope of the regional collaborative and the number of persons served during the grant period. The grant period is two years contingent on Proof Alliance continuing to receive funding from MDH.

Proof Alliance continues to develop and maintain ongoing partnerships with communities across the state. On behalf of MDH, Proof Alliance is seeking proposals from qualified applicants to form community coalitions that work together on PAE prevention, FASD support, and interventions aimed at strengthening community capacity to address FASD. This grant will be awarded to organizations that provide community-based long-term recovery supportive services for pregnant or parenting persons with histories of alcohol use disorders and substance use disorders to reduce the incidence

rates of FASD and other drug-related effects in children in Minnesota. The long-term services must be for a minimum of two years, although it is preferred that the services continue beyond two years.

Grantees will work within their community to:

- *Assist pregnant and parenting persons in recovery in obtaining support and services designed to aid them in recovery by providing long-term community-based supportive services to help resolve the myriad of complex issues related to substance use disorders.* As program participants transition from chemical health treatment programs back to the community, long-term community-based and in-home supportive services can support the recovery maintenance of this population. These services must be gender responsive and specific considering the unique characteristics of the initiation of use, the effects of the use, histories of trauma and co-occurring mental health and physical disorders.
- *Wraparound services include comprehensive support to extended family members and ensure that children are in safe, stable home environments and receiving appropriate and timely health care services.* We recognize that when a person is in recovery their entire family is in recovery as substance use disorders impact the whole family unit. What constitutes “family” will be defined by each person served through this program and can include the supportive network of relatives as well as partners, friends and/or others identified as part of their family. Family-centered support promotes the development of healthy and stable families, well-adjusted children and reaching economic goals.
- *Develop and sustain appropriate, effective and culturally informed networks of community resources that will help families build and maintain healthy and economically viable households.* Collaboration with community agencies is an important element of regional collaboratives to ensure that families involved in multiple systems (e.g., child welfare, child protection, criminal justice and social service) are effectively supported. Histories of trauma are also common, and there is the need for trauma-informed service systems and resources to address families' complex needs.
- *Actively and effectively engage individuals in long-term recovery with relevant lived experience in the design and delivery services.* Providing opportunities for participants to engage in the recovery community and learn from others that have achieved long-term recovery can counter stigma, shame and discrimination. The most successful programs have developed opportunities for peer support and engagement.
- *Prevent PAE in current and/or future pregnancies.* A priority focus of the funds will be on SUPPORTING people impacted by FASD and helping those with histories of alcohol use disorders to avoid alcohol use during pregnancy.

The services described in this RFP will sustain and grow the current community momentum that has taken place since 2010 through this grant program which focuses on increasing the number of babies born to people in recovery that have not been exposed to alcohol.

Family-centered long term recovery support services are critical for people in returning to the community, establishing a chemical free lifestyle and improving economic and social well-being of families. Addressing social determinants of health such as poverty, stigma, lack of community connections and poor employment prospects are some of the major challenges many people in recovery face when reintegrating into the community. Understanding those unique challenges, grantees are expected to provide long-term supports including, but not limited to, the following services:

- Staff training to be able to identify suspected PAE and understand FASD

- Comprehensive care plans for the persons and their families
- Assistance for people to develop a recovery support network
- Provision of relapse prevention tools and services
- Housing, employment and community service support and referrals designed to aid in economic stability
- Referrals as needed to access health insurance, county and state services and establish a primary care medical home
- Referrals and assistance for accessing behavioral health and mental health services
- Supportive, non-judgmental and effective parenting support and training
- Screening for sexually transmitted infections
- Referrals for tobacco cessation services
- Screening or referrals for all children in custody for physical, developmental, behavioral and dental needs. Refer to local FASD diagnostic clinic for all infants and children suspected of PAE
- Immunizations for children
- Transportation for health care, recreational and other services
- Both community-based and home-based services and supports
- Coordination with hospital of delivery for access to birth toxicology screening and results for pregnant people and their infants born during program participation
- Periodic urinary analysis to clients at entry, randomly during program and at discharge for data collection
- Competent, dependable and appropriate childcare
- Emergency assistance funds to support clients in maintaining sobriety
- Funding and access to recreational and social events

Eligibility

Grant applications must be submitted by the identified **lead organization** of an established (or emerging) **regional collaborative** that has demonstrated (or promising) outcomes providing effective community-based recovery support services for people in Minnesota. Grant funds are restricted to serving Minnesota residents. Priority will be given to organizations serving underserved communities.

What is a lead organization?

A lead organization is identified as the fiscal agent of the grant submission and the administrator of the grant award contract. Lead organizations must meet legal qualifications for receiving grants, and include:

- 501(c)3 non-profit organizations
- government agencies
- Tribal Governments
- schools or educational institutions
- for profit businesses with demonstrated experience and outcomes

What is a regional collaborative?

A regional collaborative is defined in [Minnesota Statute 145.267](#) as a partnership between at least one local government or Tribal Government and at least one community-based organization, and where available, a family home visiting program.

Established regional collaboratives demonstrate outcomes providing effective community-based recovery support services for people who may apply for expansion funding to further develop their

current work. The collaborative must identify a service gap or expansion opportunity that will justify the need for the expansion funding requested (e.g., serving more people, increasing the length of services, additional service delivery, expanding its service area).

Emerging regional collaboratives with confirmed partners and promising outcomes can also apply for funding, providing they can 1) implement effective recovery support services within 6 months and 2) demonstrate program efficacy through documented outcomes within the grant period.

All past and current grantees are eligible to apply. An agency may apply for multiple Proof Alliance grants during the same year.

Roles and Responsibilities

Proof Alliance Responsibilities:

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

- Facilitate the process to ensure that each of the selected grantees is working in partnership to ensure the consistency of reports and evaluation metrics
- Convene periodic trainings and meetings
- Carry out site visits and ongoing consultation
- Provide feedback on reports
- Provide technical assistance

The Selected Grantee Responsibilities:

- The Grantee must follow its standard procurement practices prior to entering subcontracts
- The Grantee is responsible for complying with the Minnesota Government Data Practices Act (Minnesota Statutes Chapter 13) as it applies to all data created, gathered, generated or acquired under your grant agreement
- The Grantee must attend mandatory grantee meetings and trainings (including FASD Training)
- Grantees proposing activities that include the distribution or use of incentives—such as gift cards or other items intended to increase program participation—must adhere to an incentive plan approved by MDH. Prior MDH approval is required before incentives are distributed. Proof Alliance will provide grantees with the required documentation and guidance to initiate the approval process.
- The Grantee must participate in site visits as required by the grant manager
- The Grantee may be subject to audits including the grantee's books, records, documents and accounting procedures and practices of the grantee or other party relevant to the grant
- The Grantee is responsible for all required reports, supporting documentation, deliverables or other items as required by the grant contract to include:
 - Monthly invoices and reports (mid-year report, year-end report and potentially a site visit report[s])
- Provide required program evaluation data:
 - Per the legislative appropriation for these grants, grantees are required to provide:
 - **Number of pregnant persons entering the program with PAE and their gestational age to document and monitor child for developmental delays and refer for FASD evaluation**
 - **Demographics of people served (e.g., race, ethnicity, language, geography, sexual orientation, gender identity, age)**
 - **Number of unique/unduplicated pregnant participants**
 - **Number of unique/ unduplicated participants with dependent children**

- **Number of unique/unduplicated participants referred for FASD support services in collaboration with Proof Alliance (caregiver support services, youth programming and resource navigation)**
- **Number of participants who utilize FASD diagnostic services**
- **Number of unique/unduplicated dependent children served by the program**
 - **Ages and race/ethnicities of children in the program**
- **Number and list of counties served**
- **Number of toxin-free babies born**
- **Number of alcohol exposed babies born in the program**
- **Number of persons who had a positive urine analysis at intake/during programming**
- **Number of staff trained during the grant year, specifying the type of training offered (e.g., FASD-specific or other topics). For each training type, include the number of participants.**

Selection Process

The selection committee (comprised of staff from Proof Alliance and MDH and community partners and stakeholders) will evaluate applications and select **3-5 finalists** based on the selection criteria. Selection criteria include:

- Strength of the collaboration
- Program feasibility
- Program sustainability
- Lasting impact on PAE prevention and supports for those impacted by FASD
- Program design and evaluation

Proof Alliance will communicate its decision by email by **5:00 p.m. CST on May 14, 2026**. 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 on **July 1, 2026**.

Application Instructions

Applications must be submitted by **April 16, 2026 at 5pm**, through the Proof Alliance grant application portal <https://www.proofalliance.org/grants>. Make sure to include all items listed in the proposal checklist, including required signatures. Any questions about the application process can be sent to Alyssa Huether at alyssa.huether@proofalliance.org.



Proof Alliance

*Preventing Prenatal Alcohol
Exposure and Supporting All
Impacted with Fetal Alcohol
Spectrum Disorders*

Application Checklist

1. Cover letter signed by the Executive Director of lead organization
2. Information about Lead Organization
3. Description of Regional Collaboratives
4. Goal, Objectives, Activities and Timeline
5. Program Design and Evaluation
6. Program Feasibility
7. Leadership, Roles and Staffing
8. Anticipated Challenges and Solutions
9. A letter of support from each partner in the regional collaborative
10. Copy of Lead Organizations' Anti-Discrimination Policy
11. Program Budget
12. List of Other Funding Sources for the Program (if applicable)
13. Organization's current year operating budget
14. Financials:
 - a. Most recent actual budget to actual
 - b. Most recent year-end financial statements
 - c. Most recent tax return (e.g., Form 990)
15. Proof of tax-exempt status (if applicable)