

COMMUNITY CLINIC GRANT PROGRAM

Grant Project Period: April 1, 2011 – March 31, 2012

FINAL GRANT APPLICATION GUIDANCE

Application Due: January 7, 2011

MINNESOTA DEPARTMENT OF HEALTH
OFFICE OF RURAL HEALTH AND PRIMARY CARE
August 2010

Community Clinic Grant Program

Minnesota Department of Health Office of Rural Health and Primary Care

2011 FINAL GRANT APPLICATION GUIDANCE

The purpose of this document is to help eligible organizations apply for the Community Clinic Grant program administered by the Office of Rural Health and Primary Care. The document has five parts. The first explains the funding source and background for the program. The second provides instructions for preparing the application. The third summarizes the criteria for evaluating grant applications. The fourth contains forms. The fifth part contains the Minnesota Statute authorizing the grant program.

Part One - Overview

Program Description

The Office of Rural Health and Primary Care implemented the Community Clinic Grant program as authorized by the Legislature in 2001. Minnesota Statutes 145.9268 authorizes the Commissioner of Health to award grants to support the capacity of eligible organizations to plan, establish or operate clinical services for populations with low-incomes. Grant awards are for a one-year project period, April 1, 2011 to March 31, 2012.

Funding Levels

The funding level for the Community Clinic Grant Program for 2011 will be approximately \$561,000. Based on the limited funding, the maximum award amount will be \$45,000. Consortium applicants may apply for \$45,000 per consortium member. Proposed grant project budgets and objectives should reflect this maximum award amount. The Minnesota Department of Health (MDH) expects to award approximately 10-13 grants.

Funding Cycle

Funding is provided for one year, April 1, 2011 – March 31, 2012. It is expected that applicants will be able to complete the proposed project during the grant period.

Application Deadline

Final applications must be received **no later than 4 p.m. on January 7, 2011**. Applications postmarked prior to this date but not received by MDH prior to the deadline will be considered late. Late applications will not be considered for review.

Selection and Notification

Because of the limited funding available, this program requires a pre-application. The results of the pre-application review determine whether applicants will be invited to submit a final grant application. Review criteria for the final application are summarized in Part Three of this document. A review committee of external and internal reviewers will be established to make award recommendations to the Commissioner of Health. Applicants will be notified of an award

by mail in February 2011. An award summary will be posted on the MDH website after grant contracts are finalized.

Reporting Requirements

Grantees will be expected to provide quarterly narrative progress reports and a final summary report at the end of the project period. Financial reports with invoices for grant expenditure reimbursements are due with the narrative reports. Reimbursements will not be processed until the narrative progress report is received.

Observations from Previous Grant Reviews

During previous grant cycles, MDH with the guidance of grant review committees has identified other relevant factors important in evaluating applications. Full application review criteria are provided in Part Three.

- Collaboration - One of the program's review criteria is to show evidence, not just a list, of collaboration with other eligible community clinics, hospitals, health care providers, or community organizations. To be more competitive on this issue the application should show evidence of community/organizational support of the application **including attaching letters of support.**
- Community vs. Statewide - Projects should be focused on and governed at the community, or local geographic, level. Projects with a statewide focus did not fare well.
- Demographics - Applicants need to adequately address the health/demographic issues listed in the project need section and relate this to the proposed project. Applicants who clearly documented a need in the community and/or the patient population and related this need to the proposed project scored better.
- Objectives and Work Plan - Objectives need to measure what the grant project is intending to accomplish. The Work Plan should describe activities that staff will "do" to accomplish the objectives. Because they are broader in scope, generally two to three objectives for a grant project is sufficient.
- Clarity - Applicants that were clear and concise and able to tie the project to the need of the patients as well as to the budget scored better.
- Project Completion - Applicants should be able to complete the grant project during the grant period. Projects that could clearly be completed on time fared better.
- Page limit and format - Applications that were concise and followed the page limit and the suggested format were easier to review and generally fared better.
- Need for Funds - Applicants who documented a clear and specific need for funds for their proposed projects fared better than others. Applications from clinical organizations that were part of a larger organization, such as a hospital or county, were less clear on this and did not fare well.

Part Two - Preparing the Final Application

Required Application Components

Each application must contain the following items in the order listed:

- Community Clinic Grant Face Sheet (enclosed)
- Governing Board Resolution (enclosed)
- Table of Contents
- Applicant Information
- Project Narrative
- Project Work Plan
- Project Budget Form (enclosed)
- Budget Justification Narrative
- Staff Qualifications (form enclosed)
- Appendix

Application Submission Requirements

- It is recommended that you review these instructions, the Minnesota Statute section 145.9268 (attached) and the criteria for evaluating grant applications prior to writing the application.
- Narrative portions of the application must be typed in 12-point font, single spaced with one-inch margins.
- Narrative pages should include the name of the applicant.
- All pages must be numbered consecutively.
- Applications must include all required components in the order specified.
- An original and four copies of the application must be submitted.
- Faxed or emailed applications will not be accepted.
- Late applications or applications lost in transit by post office or courier will not be reviewed.

Submit an original and **four (4) copies** of the final application by 4 p.m. on **January 7, 2011** to:

Debra Jahnke	Courier Address:
Minnesota Department of Health	Minnesota Department of Health
Office of Rural Health & Primary Care	Office of Rural Health & Primary Care
P.O. Box 64882	85 East 7 th Place, Suite 220
St. Paul, Minnesota 55164-0882	St. Paul, MN 55101

Applications postmarked prior to this date but not received by MDH prior to the time deadline will be considered late. Late applications will not be considered for review.

MDH Administrative/Technical Program Support

MDH will provide consultation and guidance in completing the application process. For assistance, contact Debra Jahnke, Office of Rural Health and Primary Care, at 651-201-3845 or toll free from Greater Minnesota at 1-800-366-5424.

Application Content

Proposals must be typewritten and follow the order and format provided below. Submit a concise application narrative describing your project. For maximum credit be sure to address all the relevant guidelines.

I. Grant Application Face Sheet (enclosed)

Complete form and include original signature. Face Sheet can be used as cover page.

II. Governing Board Resolution (enclosed)

A signed Governing Board Resolution authorizing the Community Clinic Grant application must be submitted.

III. Table of Contents (all narrative pages from this point forward should include the name of the applicant organization and a page number on each page)

IV. Applicant Information (not to exceed three typewritten pages – provide for each organization if a consortium application)

A. Eligibility Status

1. Briefly describe organization status: a nonprofit clinic established to provide health services to low income or rural population groups; a government entity providing clinical services; an Indian tribal government or Indian health service unit providing clinical services; or a consortium of these entities.
2. Briefly describe the organizational history, mission and goals.
3. Briefly describe which of the following services are provided: medical, preventative, dental or mental health primary care services.
4. Describe the sliding fee scale or other procedure to determine eligibility for charity care or to ensure that no person will be denied services because of inability to pay. This should include a brief discussion about how the policy works.
 - a. May append sliding scale or eligibility forms as supporting documentation
 - b. Also, provide information on the percentage of clinic patients that are a) sliding fee users, b) low-income (if known), c) Medicaid or other public program based on income, and d) Medicare. Applicants serving a larger percentage of these patients will receive more merit in the application review process.
 - c. If no sliding fee or charity care policy is in place due to the nature of the organization and/or billing policies (e.g., tribal clinics, free clinics), explain this and how it ensures that no person is denied services.

V. Project Narrative (not to exceed six typewritten pages)

A. Problem Statement – provide a broad statement of need for the clinic target population that your grant project is intending to address. Detailed demographic and

health issues do not need to be included in this section but should be provided under Section VI (D).

B. Project Description – briefly provide a description of the grant project, including an overview of what will be done and how it will be done. Specify the target population for the project, the number of people impacted and how the clinical population will benefit from the project (such as increased health outcomes or increased access, and how this is expected to occur.) The proposed project should address the problem described in VI (A). Below is a list of the types of eligible projects. Applicants are not prioritized by project type.

- **Direct Offset** – provide direct offset to expenses incurred for services provided to the clinic’s target population. Demonstrate that you have a financial need as an organization, in addition to describing the uncompensated care you provide. Relate this information to your clinic’s overall budget, revenues and expenses. Describe your payer mix – percentage, dollar and number of encounters from each payer type. Describe the state and federal grants you receive – source, amount, one-time or ongoing.
- **New Clinic or Expansion** – build a new clinic or expand an existing facility. New clinic and expansion grants may be used for facilities, capital equipment, moving expenses, initial staffing, and setup. Describe the need for additional health services in your community and why or how they are not currently being met.
- **System Development** – establish, update or improve information, data collection, or billing systems, including electronic health records systems. Discuss the absence, age or condition of existing systems, the problems resulting, any facilities plan you may have, and your lack of capacity to finance these improvements without grant funding.
- **Equipment and Capital Improvements** – procure, modernize, remodel or replace equipment used in the delivery of direct patient care at a clinic. Discuss the absence, age or condition of existing buildings or equipment, the problems resulting, any facilities plan you may have, and your lack of capacity to finance these improvements without grant funding.
- **Care Delivery** - provide improvements for care delivery, such as increased translation and interpretation services. Describe the current availability of these services in your service area, what effect these services will have on patient care, and relate the need for these services to the community and clinic need described in Section VI (D).
- **Other** - other projects determined by the commissioner to improve the ability of applicants to provide care to the vulnerable populations they serve.

C. Collaboration

Provide an explanation of how the project is supported by the community and other community partners. Preference will be given to those applicants that show evidence of collaboration with other health care providers. Letters of support are strongly encouraged.

D. Project Need – provide demographic data and health information that *correlates to the problem statement* and describe how it supports the need for the grant project. Demographic data and health information should be provided for the service area population and patient population. This information should include, but need not be limited to, the following:

- A description of your clinic geographic service area, may include a map
- A description of the clinic target population
- A description of the grant project target population, if different or more specific than the clinic target population
- Shortage designation status, may include Health Professional Shortage Area, Medically Underserved Area/Population, or Governor’s Designation
- The percentage of service area population under 200 percent Federal Poverty Level
- The percentage of clinic patients under 200 percent Federal Poverty Level, uninsured, underinsured and/or utilizing sliding fee or other public health programs
- If applicable to grant project, the amount of uncompensated care provided in previous year broken down by sliding fee discount schedule, private pay patients who don’t qualify for public programs or sliding fee scale programs, and bad debt
- A description of other health care providers in or near your service area providing similar services to your target population
- A description of the barriers to accessing care or services, proposed in your grant project, may include: geographic barriers related to travel and distance to next nearest source of care; cultural and linguistic barriers; clinic systemic barriers related to providing efficient and quality care, etc.
- Other community or patient demographic information that specifically relates to the proposed grant project and supports the need for services, such as high percentage of uninsured population, high percentage or high growth rate of minority populations; high teenage pregnancy rate, high infant mortality rate, high morbidity due to specific diseases, high percentage of elderly population (include source, e.g., Census).

VI. Project Work Plan (not to exceed four typewritten pages, works well in table format)

A. Project Goal(s)

A goal is a restatement of a public health problem in a way that describes what conditions will prevail if the problem is resolved or reduced. A goal is long term

and not necessarily measurable, but it clearly establishes a connection between public health problems/priorities and the applicant's intentions. Goal statements are optional but may help the applicant formulate measurable objectives. One goal statement is sufficient.

For example, an applicant may find during its community assessment that the American Indian women experienced a high-risk birth rate exceeding state averages. Based on this finding and other related data, an organization might establish the following goal: To reduce the American Indian infant mortality due to high-risk birth.

B. Objectives for Each Project Goal

Include objectives for each stated goal. Objectives are **tangible, measurable and achievable outcomes** specific to what the proposed grant project is intending to accomplish. Objectives are generally client-centered with the focus on the targeted population and not on organization activities. Objectives that use a number or percentage as an ending outcome should include the current base level number or percentage so that the intended change is clear. *It is expected that the grant project and objectives will be achieved within the grant period.*

Objectives pertain to what will happen within the target population, **not** what the clinic will "do" (activities within the work plan). Objectives contain four common elements:

1. An indicator (do what to address the problem)
2. A target (a "who" or a "what", generally the client)
3. A time frame (when), and
4. The amount of measurable change expected in the indicator, or the target.

A common format for objectives is as follows:

By _____, _____ of _____, will _____.
(when?) (% or # of change) (what population) (indicator – do what/change how)

For example:

By March 31, 2011, 97% (from 86.5% in 2008) of American Indian
(when?) (% of change) (who/what)
women will initiate prenatal care before the third trimester of pregnancy.
(indicator)

C. Activities for Each Project Objective (includes timeline and staff responsible)

Activities are detailed descriptions of how the objectives will be accomplished. Activities are organization-centered (vs. client-centered objectives) and should document the person responsible for each activity and a time period in which the activity will be completed. Activities may be documented within a table format, or by statements such as the following format:

The _____ will _____ by _____.
(who?) (what? how much? activity?) (when?)

For example:

The Maternal-Child Health Nurse will provide free pregnancy tests
(who at the agency?) (what activity?)

for 60 American Indian women by March 31, 2011.
(how much?) (when?)

VII. Budget Form by Funding Source (Budget Form table may be copied and pasted into narrative document)

- A.** Complete the “Budget Amount” columns, identifying local sources and grant funds requested that will support the **project** described in the grant application.
- B.** Total all lines and columns, check for mathematical accuracy and ensure that the total is consistent with the Grant Application Face Sheet.
- C.** Matching funds are not required.

VIII. Budget Justification Narrative (not to exceed three typewritten pages)

Prepare a Budget Justification for the grant project. The budget justification should include an explanation for **each** of the cost items for which grant funds are being requested on the Budget Form. Explanations for each cost item should include details on how the budgeted cost items were calculated as well as a rationale of how the item relates to the objectives and activities listed in the Work Plan. The following instructions provide examples of the type of information necessary.

A. Salary and Fringe

Provide the position title, total salary, FTE based on 2,080 hours/year spent by the position in activities funded by this special project, the rationale for this calculation, the dollar amount of the Community Clinic Grant funds budgeted for positions, and the relationship to objectives/activities.

Salary and Fringe example:
Registered Nurse
0.75 FTE @ \$29,572 = \$22,179.00

Secretary
0.2 FTE @ \$16,500 = \$ 3,300.00

Fringe Benefits (19%) = \$4,841.01
Fringe benefits include (example: life/health insurance, FICA, unemployment and worker's compensation insurance coverage.)

Total = \$30,320.01

Rationale: Registered Nurse is assigned 75% to the project; estimated percentage of secretary's time is based on actual experience during previous grant period. The majority of the nurse's time will address Objective __, "initiate prenatal care before the third trimester of pregnancy." Her time will include pregnancy testing and health and nutrition education for expectant mothers.

B. Travel

Provide the number of miles of travel planned for project activities as well as the rate of reimbursement per mile to be paid from Community Clinic Grant funds. (Note: Out-of state travel is discouraged, and must be approved specifically by the MDH grant manager.) The rationale should specify how the travel will support the activities and objectives.

C. Contracted Services

Provide the name of the contractor, the components or services to be provided by contractor, and cost per service, client, etc.

Contracted Services Example:
XYZ Laboratory –
Laboratory services for diabetes testing and pregnancy testing = \$500

Total = \$500

D. Equipment and Supplies

Provide an actual cost of equipment and/or supplies that will be purchased with grant funds. Purchases of these items should have been previously outlined in the activities of the Work Plan and the rationale should show how the equipment and/or supplies will directly support the objectives.

IX. Staff Qualifications – briefly describe qualifications of key staff who will be involved in the project. Use the enclosed Biographical Sketch form or *brief* resumes as supporting documentation.

X. Appendix – Applicants may submit any additional information to support the application, such as evidence of community support, collaboration and coordination for the proposed project, financial statements supporting need, key staff resumes, etc. Letters of support from the community are strongly encouraged.

XI. Submission

Submit an original and four (4) copies of the application to:

Debra Jahnke
Minnesota Department of Health
Office of Rural Health and Primary Care
P.O. Box 64882
St. Paul, MN 55164-0882

or via courier at:
Debra Jahnke
Minnesota Department of Health
85 E 7th Place, Suite 220
St. Paul, MN 55101

Applications must be received on or before 4 p.m., January 7, 2011.

Part Three - Criteria for Evaluation

The review criteria include, but may not be limited to, the items listed below.

1. The thoroughness and clarity of the application
 - The application is complete, clear and concise
 - The application follows the prescribed format
2. The target population is low-income or rural and clearly described
 - A description and/or map of the service area is included
 - The percentage of the applicant's service area population that is low-income based on 200 percent federal poverty status
 - The percentage of clinic patients who have low-incomes, based on poverty status, un-insurance, underinsurance, or utilization of sliding fee (grant program focus to provide services to populations with low incomes)
3. The need for the project is well supported
 - The described community or patient population demographics are related to the purpose and objectives of the proposed grant project
 - There is a clear relationship between the identified problem and the goals, objectives and methods
 - The project objectives improve the health services for the target population
 - The degree to which grant funds will be used to increase or maintain access to health care services (grant program focus)
4. The ability to complete the project successfully
 - The application includes a work plan with specific activities to accomplish project goals
 - The work plan includes a reasonable timeline in which the grant project activities will be accomplished
 - The applicant has provided a process for determining and documenting results of the grant
 - The application identifies key staff whom are competent to carry out the project objectives
5. The applicant shows evidence of collaboration with other eligible community clinics, hospitals, health care providers or community organizations (grant program preference)
6. The applicant's budget and budget justification clearly relates to the grant project, objectives and activities
7. The applicant's past performance on grants received through the Community Clinic Grant Program

Preference will be given to those grant applications that show evidence of collaboration with other eligible community clinics, hospitals, health care providers or community organizations.

The Commissioner may elect not to award any of the clinic grants if applications fail to meet criteria or lack merit. The Commissioner's decision on an application is final.

Part Four – Forms

1. Minnesota Department of Health Grant Application Form
2. Governing Board Resolution
3. Project Budget Form
4. Biographical Sketch Form

GRANT APPLICATION FACE SHEET

Community Clinic Grant Program Minnesota Department of Health

1. Applicant Organization (with which grant contract is to be executed)

Legal Name _____

Address _____

Phone (_____) _____

Federal ID Number _____ State Tax ID Number _____

2. Director of Applicant Organization

Name/Title _____

Address _____

Phone (_____) _____

E-mail _____

3. Fiscal Management Officer of Applicant Organization

Name/Title _____

Address _____

Phone (_____) _____

E-mail _____

4. Operating Organization (if different from number 1)

Name/Title _____

Address _____

Phone (_____) _____

5. Contact Person for Operating Organization (if different from number 2)

Name/Title _____

Address _____

Phone (_____) _____

6. Contact Person for Further Information on Application (if different from number 5)

Name/Title _____

Address _____

Phone (_____) _____

7. Amount Requested

8. Type of Organization (check one):

Tribal Government or IHS Unit _____ Nonprofit Clinic _____ Governmental Entity _____ Consortium _____

9. I certify that the information contained herein is true and accurate to the best of my knowledge and that I submit this application on behalf of the applicant organization.

Signature	Title	Date
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GOVERNING BOARD RESOLUTION

Be it resolved that:

1) _____ may apply for a Community Clinic grant
(organization or unit of government name)

from the Office of Rural Health and Primary Care of the Minnesota Department of Health.

2) _____ certifies that it will comply with the
(organization or unit of government name)

requirements of the Community Clinic Program, including the requirements in Minnesota Statute, section 145.9268.

3) _____ may enter into a grant contract
(organization or unit of government name)

with the State of Minnesota if the application is successful.

4) _____ is hereby authorized
(Name and Title of Authorized Official)

to execute contracts and certifications as required to implement the organization's participation in the Minnesota Community Clinic Grant Program.

I certify that the above resolution was adopted by the _____
(Governing Body)

of _____ on _____.
(Organization) (Date)

SIGNED:

WITNESSED:

(Signature)

(Signature)

(Title)

(Title)

(Date)

(Date)

**Project Budget Form
by Funding Source**

Community Clinic Grant Program

Categories	Grant Funds Requested	Non-grant funds contributed	Total
Personnel:			
Administrative salaries			
Administrative fringe			
Clinical salaries			
Clinical fringe			
Contracted medical salaries			
Interpreter or other direct client services salaries			
Personnel Total			
Office operations			
Travel			
Equipment			
Medical supplies			
Consultants/Subcontractors			
Space rental			
Other			
TOTAL			

Part Five – Minnesota Statutes

145.9268 COMMUNITY CLINIC GRANTS.

Subdivision 1. **Definition.** For purposes of this section, "eligible community clinic" means:

- (1) a nonprofit clinic that is established to provide health services to low income or rural population groups; provides medical, preventive, dental, or mental health primary care services; and utilizes a sliding fee scale or other procedure to determine eligibility for charity care or to ensure that no person will be denied services because of inability to pay;
- (2) a governmental entity or an Indian tribal government or Indian health service unit that provides services and utilizes a sliding fee scale or other procedure as described under clause (1);
- (3) a consortium of clinics comprised of entities under clause (1) or (2); or
- (4) a nonprofit, tribal, or governmental entity proposing the establishment of a clinic that will provide services and utilize a sliding fee scale or other procedure as described under clause (1).

Subd. 2. **Grants authorized.** The commissioner of health shall award grants to eligible community clinics to plan, establish, or operate services to improve the ongoing viability of Minnesota's clinic-based safety net providers. Grants shall be awarded to support the capacity of eligible community clinics to serve low-income populations, reduce current or future uncompensated care burdens, or provide for improved care delivery infrastructure. The commissioner shall award grants to community clinics in metropolitan and rural areas of the state, and shall ensure geographic representation in grant awards among all regions of the state.

Subd. 3. **Allocation of grants.** (a) To receive a grant under this section, an eligible community clinic must submit an application to the commissioner of health by the deadline established by the commissioner. A grant may be awarded upon the signing of a grant contract. Community clinics may apply for and the commissioner may award grants for one-year or two-year periods.

(b) An application must be on a form and contain information as specified by the commissioner but at a minimum must contain:

- (1) a description of the purpose or project for which grant funds will be used;
- (2) a description of the problem or problems the grant funds will be used to address;
- (3) a description of achievable objectives, a workplan, and a timeline for implementation and completion of processes or projects enabled by the grant; and
- (4) a process for documenting and evaluating results of the grant.

(c) The commissioner shall review each application to determine whether the application is complete and whether the applicant and the project are eligible for a grant. In evaluating applications according to paragraph (d), the commissioner shall establish criteria including, but not limited to: the eligibility of the project; the applicant's thoroughness and clarity in describing the problem grant funds are intended to address; a description of the applicant's proposed project;

a description of the population demographics and service area of the proposed project; the manner in which the applicant will demonstrate the effectiveness of any projects undertaken; and evidence of efficiencies and effectiveness gained through collaborative efforts. The commissioner may also take into account other relevant factors, including, but not limited to, the percentage for which uninsured patients represent the applicant's patient base and the degree to which grant funds will be used to support services increasing or maintaining access to health care services. During application review, the commissioner may request additional information about a proposed project, including information on project cost. Failure to provide the information requested disqualifies an applicant. The commissioner has discretion over the number of grants awarded.

(d) In determining which eligible community clinics will receive grants under this section, the commissioner shall give preference to those grant applications that show evidence of collaboration with other eligible community clinics, hospitals, health care providers, or community organizations.

Subd. 3a. **Awarding grants.** (a) The commissioner may award grants for activities to:

- (1) provide a direct offset to expenses incurred for services provided to the clinic's target population;
- (2) establish, update, or improve information, data collection, or billing systems, including electronic health records systems;
- (3) procure, modernize, remodel, or replace equipment used in the delivery of direct patient care at a clinic;
- (4) provide improvements for care delivery, such as increased translation and interpretation services;
- (5) build a new clinic or expand an existing facility; or
- (6) other projects determined by the commissioner to improve the ability of applicants to provide care to the vulnerable populations they serve.

(b) A grant awarded to an eligible community clinic may not exceed \$300,000 per eligible community clinic. For an applicant applying as a consortium of clinics, a grant may not exceed \$300,000 per clinic included in the consortium. The commissioner has discretion over the number of grants awarded.

Subd. 4. **Evaluation and report.** The commissioner of health shall evaluate the overall effectiveness of the grant program. The commissioner shall collect progress reports to evaluate the grant program from the eligible community clinics receiving grants. Every two years, as part of this evaluation, the commissioner shall report to the legislature on the needs of community clinics and provide any recommendations for adding or changing eligible activities.

History: *1Sp2001 c 9 art 1 s 47; 2002 c 379 art 1 s 113; 1Sp2005 c 4 art 6 s 39*