

Community Clinic Grant Program
Minnesota Department of Health - Office of Rural Health and Primary Care

2011 PRE-APPLICATION GUIDANCE

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

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.

Application Deadline

Pre-applications must be **received** by MDH no later than **4 p.m. October 1, 2010**. Final applications must be received by **4 p.m. January 7, 2011**. Applications postmarked prior to these due dates but not received by MDH prior to the deadline will be considered late. **Late applications will not be considered for review.**

Eligibility

Eligible entities include nonprofit clinics 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.

Selection

Because of the limited funding available, a pre-application is required. The pre-application review process will focus on the percentage of uninsured and underinsured patients served by the clinic, the financial need of the clinic supporting the grant project and the merit of the grant project based on the service population. The results of the pre-application review will determine whether applicants will be invited to submit a final grant application. Pre-applicants are encouraged to familiarize themselves with the details of the program's state statute (attached to the final application) and the requirements for the final grant application document. Pre-applicants will be notified of the approval to submit a final application by mail in November 2010.

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.

Required Pre-application Components

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

- Community Clinic Grant Pre-application Cover Page (enclosed)
- Pre-application Preliminary Budget Form (enclosed)
- Copy of 501(c)3 (nonprofits only)
- Copy of Sliding Fee Scale or other procedure to determine eligibility for charity care or to ensure no person will be denied services because of inability to pay
- Accounting System and Financial Capability Questionnaire (enclosed) (nonprofits only)
- Financial Statements, IRS 990 or Certified Financial Audit (nonprofits only)
- Financial Documents (Government and Tribal entities only)
- Project Information narrative

Application Submission Requirements

- It is recommended that you review these instructions, the Final Application Guidance and the Minnesota Statute section 145.9268 (attached to Final Application Guidance) prior to writing the pre-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 two copies of the pre-application must be submitted (*with the exception of 1 copy of the certified audit document*).
- Faxed or emailed applications will not be accepted.
- Late applications or applications lost in transit by post office or courier will not be reviewed.

An original and two (2) copies of the application are due by 4 p.m. on October 1, 2010 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 COMPONENTS

The following outline and instructions should be used by all applicants to prepare the application.

- I. Community Clinic Grant Pre-Application Cover Page** (enclosed)
Complete form and include original signature. A separate cover letter is not necessary.
- II. Pre-application Preliminary Budget Form** (enclosed)
Total all lines and columns, check for mathematical accuracy and ensure that the total is consistent with the Cover Page.
- III. Nonprofit 501(c)(3) document**
Nonprofit organizations must submit a copy of their 501(c)(3). This is not applicable to government and tribal organization applicants.
- IV. Nonprofit Discount Fee Policy**
All applicants must utilize a sliding fee scale or other procedure to determine eligibility for charity care or to ensure no person will be denied services because of inability to pay. A copy of the policy must be included in the pre-application. See Section VII (A) (b).
- V. Nonprofit financial documents and Accounting System and Financial Capability Questionnaire** (enclosed)
It is the policy of the State of Minnesota to make grants to nongovernmental organizations that are financially stable enough to carry out the purpose of the grant. Before awarding a grant of over \$25,000 to a nongovernmental organization, Minnesota state agencies must review the Accounting System and Financial Capability Questionnaire and assess a recent financial statement from that organization. Items of significant concern must be discussed with the grant applicant and resolved to the satisfaction of state agency staff before a grant is awarded.

Nonprofit organizations must submit the Accounting System and Financial Capability Questionnaire (enclosed) **and** one of the following, based on annual income levels, for the previous full accounting period (12 months):

- Organizations with annual income of **under \$25,000** or who have not been in existence long enough to have completed IRS Form 990 or an audit must submit the most recent board-reviewed internal financial statements
- Organizations with annual income over **\$25,000 and under \$350,000** must submit the most recent IRS Form 990 or a Certified Financial Audit
- Organizations with annual income **over \$350,000** must submit the most recent Certified Financial Audit (applicants submitting an audit need not provide duplicate copies with the two copies of the pre-application)

Note: Only one copy of the relevant financial document needs to be included with the three copies of your pre-application. See the Application Submission Requirements on page 2.

VI. Government and Tribal Entities financial documents

Government and tribal entities must include budget documentation relating to the clinic operating revenues and expenses in whatever format is commonly used by the organization. Documentation must be for the previous full accounting period (12 months.)

VII. Project Information

All pages from this point forward should include the name of the applicant organization and a page number on each page. This section should not exceed four pages.

A. Eligibility and Organizational Background

- a. 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.
- b. Provide a brief description of the applicant organization(s) and the services provided by the organization(s).
- c. Explain the organization's policy to ensure no person will be denied services due to inability to pay, such as a sliding fee scale or a charity care policy. 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), please describe this and how it ensures that no person is denied services.
- d. 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.

B. Project Description

- a. Provide a brief description of the intended grant project and the population the project will serve. Projects that serve an underserved population will receive more merit in the application review process.
- b. Briefly explain how the clinical population will benefit from the project, such as increased health outcomes or increased access, and how this is expected to occur.

C. Financial Need

- a. Provide a brief narrative to demonstrate the organization's financial need for grant funding. Include figures specific to the clinic operating revenues and operating expenses that tie to the financial documents required in sections V or VI.

Applicants demonstrating high financial need will receive more merit in the application review process.

- b. Clinics that are part of a larger organization may submit additional financial information separate from the larger organization and clearly describe lack of support from the larger organization.

D. Budget Justification (optional)

- a. The pre-application preliminary budget should clearly correspond to the project described to receive more merit in the application review process. Pre-applicants wishing to provide greater clarity may include a budget justification that explains each of the cost items for which grant funds are being requested on the budget form. See Final Application Guidance for more information on preparing a budget justification.

COMMUNITY CLINIC GRANT PRE-APPLICATION COVER PAGE

1 Applicant organization and address: _____

2. Contact name and title: _____
 Address (if different from above): _____

 Phone: _____ Fax: _____ Email: _____

3. Amount Requested: _____

4. Eligibility

Eligibility	Community Clinic Grant Program
Type of Facility (check box)	<input type="checkbox"/> Nonprofit clinic established to provide health services to low income or rural population groups <input type="checkbox"/> Governmental entity providing clinical services <input type="checkbox"/> Tribal government or Indian Health Service unit providing clinical services <input type="checkbox"/> Consortium of above entities
Unique Requirements	<ul style="list-style-type: none"> • All applicants must utilize a sliding fee scale or other procedure to determine eligibility for charity care or to ensure no person will be denied services because of inability to pay (MUST include copy of policy in pre-application). • All applicants must provide medical, preventative, dental or mental health primary care services (circle which services apply). • Nonprofit organizations MUST submit IRS documentation of nonprofit status. • Nonprofit organizations MUST complete and submit the MDH Accounting System and Financial Capability Questionnaire.

5. 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**

PRE-APPLICATION *PRELIMINARY* BUDGET FORM

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			



ACCOUNTING SYSTEM AND FINANCIAL CAPABILITY QUESTIONNAIRE

This is the standard form to be used in order to determine the financial capacity of grant applicants. The creation and implementation of this form is in response to the best practices stated in the Office of Legislative Auditor's report "State Grants to Nonprofit Organizations," January 2007.

No applicants will be excluded from receiving funding based solely on the answers to these questions.

SECTION A: APPLICANT INFORMATION		
1. Organization Name and Address	2. Employer Identification Number	3. Number of Employees Full Time: Part Time:
4. When did the applicant receive its 501(c)3 status? (MM/DD/YYYY)?		
5. Is the applicant affiliated with or managed by any other organizations (Ex. regional or national offices)? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," provide details: 5b. Does the applicant receive management or financial assistance from any other organizations? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," provide details:		6a. Total revenue in most recent accounting period (organization's 12 month fiscal year). 6b. How many different funding sources does the total revenue come from?
7. Does the applicant have written policies and procedures for the following business processes? a. Accounting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure If yes please attach a copy of the table of contents b. Purchasing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure If yes please attach a copy of the table of contents c. Payroll <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure If yes please attach a copy of the table of contents		
SECTION B: ACCOUNTING SYSTEM		
1. Has a Federal or State Agency issued an official opinion regarding the adequacy of the applicants accounting system for the collection, identification and allocation of costs for grants <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If a financial review occurred within the past three years, omit Questions 2 – 6 of this Section and 1-3 of Section C.</i>		
a. If yes, provide the name and address of the reviewing agency:	b. Attach a copy of the latest review and any subsequent documents.	
2. Which of the following best describes the accounting system? <input type="checkbox"/> Manual <input type="checkbox"/> Automated <input type="checkbox"/> Combination		
3. Does the accounting system identify the deposits and expenditures of program funds for each and every grant separately? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
4. If the applicant has multiple programs within a grant, does the accounting system record the expenditures for each and every program separately by budget line items? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Applicable		
5. Are time studies conducted for an employee(s) who receives funding from multiple sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> No Multiple Sources		
6. Does the accounting system have a way to identify over spending of grant funds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
SECTION C: FUND CONTROL		
1. Is a separate bank account maintained for grant funds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
2. If grant funds are mixed with other funds, can the grants expenses be easily identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
3. Are the officials of the organization bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
SECTION D: FINANCIAL STATEMENTS		
1. Did an independent certified public accountant (CPA) ever examine the organization's financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
SECTION E: CERTIFICATION		
I certify that the above information is complete and correct to the best of my knowledge.		
1. Signature	2. Date / /	
3. Title		