DATE: May 12, 2017
TO: Non-profit organizations serving International Medical Graduates
FROM: Yende Anderson
Coordinator, IMG Assistance Programs
Primary Care and Financial Assistance Programs
Office of Rural Health & Primary Care
651-201-5988
yende.anderson@state.mn.us

SUBJECT: 2017 Request for Proposals
IMG Career Guidance and Support Request for Proposals

Minnesota Department of Health would like to invite all eligible non-profit organizations to submit an application for the International Medical Graduate Career Guidance and Support Grant Program. Application materials will be posted on the Office of Rural Health & Primary Care (ORHPC) website on May 12, 2017. Attached is the program’s Grant Application and Guidelines. Applications are due June 12, 2017. The website address for application forms and instructions is found at:
Grant Information – ORHPC (www.health.state.mn.us/divs/orhpc/funding/index.html)

In 2015, the Legislature approved funding to eligible nonprofits organizations to provide career guidance and support services to immigrant international medical graduates seeking to enter Minnesota health workforce.

Please feel free to call me with any questions about this grant program, or while you are working on your application.
The purpose of this document is to help you prepare an application for funds to provide career guidance and support services to immigrant international graduates seeking to enter the Minnesota health workforce. This document has four sections:

I. The first section explains the funding source and background for the program.
II. The second section provides instructions on the preparation of the application.
III. The third section is a checklist to be used while preparing the application.
IV. The final section is a description of the criteria to be used during the review process.
Section I – Immigrant International Medical Graduate Career Guidance and Support Grant Program

BACKGROUND

Health care professionals who receive training in other countries face multiple barriers in transferring their credentials after relocating to the United States. These professionals would be at an advantage to serve minority and immigrant populations and help Minnesota foster strong healthy communities and address health inequities. To address these barriers and integrate this unique resource, the Minnesota Legislature allocated funding to create a program to assist these professionals. Minnesota Statutes Section 144.1911 authorizes the Commissioner of Health to award grants to eligible nonprofit organizations to provide career guidance and support services to immigrant international medical graduates seeking to enter the Minnesota health workforce (An IIMG is an international medical graduate who was born outside the United States, now resides permanently in the United States, and who did not enter the United States on a J1 or similar nonimmigrant visa following acceptance into United States medical residency or fellowship program.)

The 2015 Legislature also appropriated funds through the Department of Employment and Economic Development (DEED) to support foreign-trained health care professionals to become licensed health professionals in Minnesota.

Funds from both sources are available through this competition. Funds will be awarded after a competitive review process.

PROGRAM SUMMARY

A. Eligible Applicants

Eligible applicants are nonprofit organizations that fulfill all of the following criteria:

1. Are located in Minnesota.
2. Have demonstrable experience working with immigrants/refugees in Minnesota.
3. Have a track record providing career guidance and support, preferably in health occupations, and preferably with immigrants and refugees.
4. Have experience partnering with educational and support service agencies to maximize resources.
5. Have experience in collaborating with Minnesota health professionals licensing boards.
B. Grant Program Requirements

Grant funds must be used for the following services for immigrant and refugee health professionals:

6. Educational and career assessment, navigation and guidance, including information on training and licensing requirements for physician and non-physician health care professions;
7. Trauma/PTSD support and life coaching to improve immigrant and refugee health professionals’ career planning success;
8. Support in becoming proficient in medical English;
9. Support in becoming proficient in the use of information technology, including computer skills and use of electronic health record technology; and
10. Support for immigrant international medical graduates in becoming certified by the Educational Commission on Foreign Medical Graduates; including help with preparation for required licensing examinations and financial assistance for fees.

Applicants must directly provide or arrange the entire continuum of services above and document the ability to do so in their applications. Funds must be used to serve foreign-trained health care professionals.

Grant funds may not be used to:

1. Support administrative costs not directly related to providing the above listed services to foreign-trained health care professionals.

C. Distribution of Funding

Eligible non-profits may receive up to $200,000. MDH is likely to fund multiple applications, MDH reserves the right to award a lower amount. While matching funds are not required, applicants are encouraged to use leveraged resources.

Payments will be distributed quarterly, upon receipt of a progress report that includes certifying the number of IMG’s served, an invoice, and an expenditure report.

For selected grantees, the anticipated date of the contract is July 1, 2017, and the first available monthly invoice may be submitted after August 1, 2017. Funding is available until spent, but no later than June 30, 2018.

D. Timeline

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<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Application due to MDH</td>
<td>June 9, 2017</td>
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<tr>
<td>Grant distribution announcement</td>
<td>Approximately June 17, 2017</td>
</tr>
<tr>
<td>Grant Agreements begin (est.)</td>
<td>July 1, 2017</td>
</tr>
<tr>
<td>Project period</td>
<td>Twelve months</td>
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</tbody>
</table>
Section II - Preparing the Application

International Medical Graduate
Career Guidance and Support Grant Program
Minnesota Department of Health
Office of Rural Health and Primary Care

The following outline and instructions should be used to prepare the grant application. Grant applications must be received by MDH no later than 4 p.m., June 9, 2017. Applications postmarked prior to the June 9, 2017 but not received by MDH prior to the deadline will be considered late. Late applications will not be considered for review.

Required Forms and Documents

A. Grant Application Form.
   (Enclosed) Complete all items.

B. Accounting System and Financial Capability Questionnaire.
   (Enclosed) This form is required from all applicants for funding over $50,000.

C. Program Financial Statement
   Applicants must include the most current financial statement of the program. This can be a recent 990 form, an audit, a balance sheet, or an income statement that at least shows annual revenue and expenses.

D. Project Description (10 pages maximum). Write a summary of the proposed career guidance and support program, which includes the following:

   1. Objectives of Proposed Project. State the objectives for your project. Objectives are statements of short term or intermediate term outcomes related to improving the condition your proposal is intended to address. Objectives are tangible, specific, measurable and achievable. (Goals are long- range benefits that are broad in scope. A goal statement describes what will exist if the stated problem(s) are solved. Goal statements are optional.)

   2. Description of the program’s history, location, staff and faculty, administrative structure, organizational partnerships, and budget;
      a. Description of experience working with immigrants and refugees in Minnesota;
      b. Description of experience providing support to trauma survivors;
      c. Description of experience with providing career guidance and life coaching;
3. A clear statement of achievable objectives, a work plan and timetable, and a description of the roles and capabilities of responsible individuals and organizations.

4. The number of clients the project expects to assist, the basis for this number, plans to recruit IMGs and other health professionals, etc.;

5. Statement of need for state grant funds.

6. Discuss commitments or plans to deliver required services not directly provided by the applicant organization and include documentation of agreements and commitments from other entities to provide such services. If agreements have not been reached between organizations, discuss the status of securing such agreements.

E. Grant Budget

1. **Grant Budget Form:** required from all applicants. (enclosed)

2. **Grant Budget Justification Narrative:** 3 pages max

Applicants must attach a narrative describing the detail of the proposed grant budget, with sufficient detail for each requested year of the grant. Also include detail of any non-state funds that will be used to support the IMGs during the grant period. For each of the cost items on the budget form for which grant funds are requested, provide a rationale and details regarding how the budgeted cost items were calculated. Label this concise narrative "Budget Justification" and follow the order of the budget form in your narrative.

- **Personnel**
  Describe all grant funds used to pay for program and administrative staff. Include a description of all salary and fringe to be paid out of grant funds.

- **Scholarships**
  Include any grant funding to be used to fund training courses and licensure costs for foreign trained healthcare professionals.

- **Support Services**
  Include any grant funding to be used for support services to help foreign trained healthcare professionals obtain professional licensure. An example of support services include participant travel cost relating to training courses, medical residency applications, etc.

- **Supplies**
  Include a description of any supplies necessary for the operation of the Career Guidance and Support Program.
• **Contracted Services**
Include any grant funding to be used for consultant fees, or any costs associated with training sites on this line.

• **Space Rental**
Include any grant funding to be used for space rental related to the operation of this grant program.

• **Other Expenses**
Whenever possible, include proposed expenditures in the categories listed above. If it is necessary to include expenditures in this general category, include a detailed description of the activities as they relate to the direct operation of the program. If possible, include a separate line-item budget and budget narrative.

**Submission:**

An original and four (4) copies of the application are due by 4 p.m. on June 9, 2017 to:

Yende Anderson
Minnesota Department of Health
Office of Rural Health & Primary Care
P.O. Box 64882
St. Paul, Minnesota 55164-0882

Courier Address:
Minnesota Department of Health
Office of Rural Health & Primary Care
85 East 7th Place, Suite 220
St. Paul, Minnesota 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.

Questions regarding these grant application guidelines should be directed to Yende Anderson at vende.anderson@state.mn.us or 651-201-5988.
Section III - Application Checklist

International Medical Graduate
Career Guidance and Support Grant Program
Minnesota Department of Health
Office of Rural Health and Primary Care

I. Required Forms:
   • Grant Application Form
   • Due Diligence Review and Financial Questionnaire
   • Grant Budget Form

II. Program Financial Statement
    Attach financial documentation specific to the residency program

III. Program Description (10 pages max)
    Attach a description of the program

IV. Grant Budget Justification Narrative (3 pages max)
    Attach this narrative detailing the individual lines of the budget

Grant awards will be announced in June 17, 2017. Contracts will be prepared and available for signature during the week of June 27, 2017 with an estimated contract start date of July 1, 2017. Invoices can be submitted monthly or quarterly, upon execution of the contract and once work is started.

Upon selection and announcement of grant recipients, all submitted application information and documentation will become public data.
Section IV – Review Criteria

International Medical Graduate
Career Guidance and Support Grant Program
Minnesota Department of Health
Office of Rural Health and Primary Care

A. Review Process

After the submission deadline, MDH will review all submitted applications for eligibility and completeness. Complete applications from eligible applicants will move forward to a review committee process. Applications will be scored by a grant review committee, using the criteria listed below. The review committee will also discuss other relevant factors. Review committee recommendations will be transmitted to the Commissioner for final funding decisions and subsequent contracting.

B. Review Criteria

All complete applications from eligible applicants will be scored on a 100-point scale. Below is a breakdown of that scale, and the component of the application where the information must be present

- **30 points: Program Description**
  Is the program description complete? Does the description adequately explain the program’s administrative structure, organizational structure, and budget? How will individuals be recruited? Are the objectives feasible? How will the organization track outcomes and evaluate the effectiveness of the project?

- **30 points: Organizational capacity and relevant experience**
  How will the organization’s past experience benefit participants. List any current initiatives that impact immigrants/refugees in Minnesota, especially IIMGs. What experience does the organization have with working with trauma survivors? What experience does the organization have in career guidance program? What experience does the organization have in working with health care licensing boards or educational institutions providing health care training? What is the organization’s capacity to serve the proposed number of individuals?

- **20 points: Partnerships**
  An applicant does not have to provide all the services listed in this grant. However an applicant must arrange for any required services, which it does not provide, to be available for participants. If an applicant does not provide a required service, how will it collaborate to ensure participants receive the necessary services? Who are the key partners in the proposed project? What are their roles, responsibilities and commitments? List any additional funders (public or private) who are supporting this project.

- **20 points: Proposed budget and proposed use of funds**
  Is the proposed budget clear? Does the budget narrative give adequate detail in how funds will be accounted for and spent? Is the budget reasonable?
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  3. Fiscal Management Officer of Applicant Organization

Name/Title __________________________________________ Name/Title _____________________________

Address ______________________________________________ Address __________________________________

Phone (_______) ________________________________________________________________________

E-mail ________________________________________________ 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. 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
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.

<table>
<thead>
<tr>
<th>SECTION A: APPLICANT INFORMATION</th>
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<tbody>
<tr>
<td>1. Organization Name and Address</td>
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<tr>
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<tr>
<td>4. When did the applicant receive its 501(c)3 status? (MM/DD/YYYY)?</td>
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<tr>
<td>5. Is the applicant affiliated with or managed by any other organizations (Ex. regional or national offices)?</td>
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<tr>
<td>YES ☐</td>
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<tr>
<td>5b. Does the applicant receive management or financial assistance from any other organizations?</td>
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<tr>
<td>YES ☐</td>
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<tr>
<td>7. Does the applicant have written policies and procedures for the following business processes?</td>
</tr>
<tr>
<td>a. Accounting ☐ Yes ☐ No ☐ Not Sure If yes please attach a copy of the table of contents</td>
</tr>
<tr>
<td>b. Purchasing ☐ Yes ☐ No ☐ Not Sure If yes please attach a copy of the table of contents</td>
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<tr>
<td>c. Payroll ☐ Yes ☐ No ☐ Not Sure If yes please attach a copy of the table of contents</td>
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<tr>
<th>SECTION B: ACCOUNTING SYSTEM</th>
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<tbody>
<tr>
<td>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</td>
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<tr>
<td><strong>Note:</strong> If a financial review occurred within the past three years, omit Questions 2 – 6 of this Section and 1-3 of Section C.</td>
</tr>
<tr>
<td>a. If yes, provide the name and address of the reviewing agency:</td>
</tr>
<tr>
<td>2. Which of the following best describes the accounting system?</td>
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<tr>
<td>3. Does the accounting system identify the deposits and expenditures of program funds for each and every grant separately?</td>
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<tr>
<td>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?</td>
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</tbody>
</table>
5. Are time studies conducted for an employee(s) who receives funding from multiple sources?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not</th>
<th>Sure</th>
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</table>

**No Multiple Sources**

6. Does the accounting system have a way to identify over spending of grant funds?  

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not</th>
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**SECTION C: FUND CONTROL**

1. Is a separate bank account maintained for grant funds?  

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not</th>
<th>Sure</th>
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2. If grant funds are mixed with other funds, can the grants expenses be easily identified?  

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not</th>
<th>Sure</th>
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3. Are the officials of the organization bonded?  

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<tr>
<th>Yes</th>
<th>No</th>
<th>Not</th>
<th>Sure</th>
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**SECTION D: FINANCIAL STATEMENTS**

1. Did an independent certified public accountant (CPA) ever examine the organization’s financial statements?  

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not</th>
<th>Sure</th>
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**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
Grant Budget Form

International Medical Graduate
Career Guidance and Support Grant Program
Minnesota Department of Health
Office of Rural Health and Primary Care

<table>
<thead>
<tr>
<th>Categories</th>
<th>Grant funds requested</th>
<th>Non-grant funds contributed</th>
<th>Total</th>
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<tbody>
<tr>
<td>Personnel:</td>
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<tr>
<td>Salaries</td>
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<td>Fringe</td>
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<tr>
<td>Contracted services</td>
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<tr>
<td>Personnel Total</td>
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<tr>
<td>Scholarships</td>
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<td>Support Services</td>
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<td>Supplies</td>
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<td>Space Rental</td>
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<tr>
<td>Other</td>
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<td>TOTAL</td>
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