

Grantee Reference Guide ELIMINATING HEALTH DISPARITIES INITIATIVE (EHDI)

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EHDI Grantee Reference Guide

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Introduction

This guide is for grantees of the Minnesota Department of Health (MDH) Eliminating Health Disparities Initiative (EHDI). It contains topics related to the State Fiscal Year (SFY) 2024-2027 EHDI grant period, including program, financial and procedural requirements that govern the grant process. It does not replace established state policies or regulations governing the administration of grants.

Information in this guide is based on established policies and regulations that are current *as of the date of publication*. Grantees are responsible for being aware of and abiding by all applicable statutes, regulations, principles and policies; for abiding by their grant agreement with MDH; and for staying current on changes or issuances relating to the administration of grants. Updates to the guide are posted on the EHDI Grantee Portal on the [EHDI home page \(https://www.health.state.mn.us/communities/equity/ehdi/index.html\)](https://www.health.state.mn.us/communities/equity/ehdi/index.html).

Please also refer to your Grant Agreement to reference important information.

As always, please reach out to your grant manager if you have any questions!

This guide is subject to change.

General Information

About the Eliminating Health Disparities Initiative

The Minnesota Legislature created the EHDI grant program in 2001 with the goal of closing the gap in the health status of populations of color and American Indians as compared with whites in the following **priority health areas (PHAs)**:

- Breast and cervical cancer
- Cardiovascular disease
- Diabetes
- HIV/AIDS and sexually transmitted infections (STIs)
- Immunizations for adults and children
- Infant mortality and prenatal care access and utilization¹
- Teen pregnancy prevention²
- Unintentional injuries and violence

¹ Prenatal care access and utilization was added to the EHDI statute in the 2019 legislative session.

² Teen pregnancy prevention is not specified in state law. Federal TANF funding has been added to the state funding allocated for EHDI to address this particular health area.

Levels of Change

Grantees are required to use EHD I funds to contribute to eliminating disparities in one or more of these PHAs. Also, grantees may work within one or more of the following levels of change to address one or more of the PHAs listed above.

- **Level 1 (Health Promotion/Direct Service):** Delivering health promotion and prevention projects grounded in cultural knowledge and wisdom that contribute to eliminating disparities within one or more PHA through direct service. Level 1 activities often, but not always, focus on individual behavior change.
- **Level 2 (Organizational/Institutional Change):** Participating in or leading efforts that contribute to eliminating disparities in one or more PHAs by changing organizational or institutional policies or changing the way a system in an organization or institution works. Level 2 change often means modifying policies or systems to support individual behaviors and address risk and protective factors.
- **Level 3 (Root Causes/Conditions for Health):** Participating in or leading efforts that target specific social and economic conditions for health (also known as the social determinants of health) and contribute to eliminating disparities in one or more PHAs. Level 3 change often involves changing local, regional, tribal or state policy, changing the way systems work or changing the natural or built environment to address the root causes of health disparities.

More information about levels of change, program history and EHD I principles can be found in the [2022 EHD I Request for Proposals](https://www.health.state.mn.us/communities/equity/funding/rfp2022/rfp.pdf) (<https://www.health.state.mn.us/communities/equity/funding/rfp2022/rfp.pdf>)

About the Health Equity Strategy and Innovation Division

The EHD I grant program is administered through the Health Equity Strategy and Innovation (HESI) Division, previously known as the Center for Health Equity (CHE). The mission of HESI is to connect, strengthen and amplify health equity efforts within MDH and across the state of Minnesota. The EHD I grant program is one of many programs and initiatives within the Health Equity Strategy and Innovation (HESI) Division. HESI is grounded in a set of core values and approaches that shape our work, including the work of the EHD I program. Our values include honoring cultural knowledge and wisdom; fostering trust and belonging; listening deeply; and recognizing health equity as a human right. Our work is also guided by a set of approaches, including: racial equity; resilience; intersectionality; network leadership; community-driven data and decisions; and systems that heal, not harm. Grantees are encouraged to learn more about our values and approaches by visiting the [Health Equity Strategy and Innovation Division website](https://www.health.state.mn.us/about/org/equitydivision/index.html) (<https://www.health.state.mn.us/about/org/equitydivision/index.html>).

Grant Managers

Grant managers are the primary contact for EHDl grantees. Grant managers work across grants management operations including work plan and budget approvals, invoice processing, check-in calls, grant monitoring, and technical assistance tailored to your specific needs. Please feel free to reach out to your grant manager with questions or concerns at any time throughout the grant period. They are here to support you!

Grant manager: Elizabeth “Liz” Mago (she/her)

elizabeth.mago@state.mn.us

651-201-6754

- Amherst H. Wilder Foundation
- Black Family Blueprint LLC
- Dream of Wild Health
- Esperanza United (dba Casa de Esperanza)
- Hmong American Partnership
- Karen Organization of Minnesota
- Lao Assistance Center of Minnesota
- Minneapolis American Indian Center
- NorthPoint Health and Wellness Center, Inc.
- Portico Healthnet
- Raíces Sagradas Community Mental Health
- Southside Community Health Services, Inc.
- Sub Saharan African Youth & Family Services
- Transforming Generations
- Women’s Initiative for Self-Empowerment (WISE)

Grant manager: E. Brooke Stelzer (she/her)

brooke.stelzer@state.mn.us

651-201-3743

- Annex Teen Clinic
- Centro Tyrone Guzman
- Comunidades Latinas Unidas En Servicio (CLUES)
- Division of Indian Work
- Family Tree, Inc.
- HealthFinders Collaborative, Inc.
- Hennepin Healthcare System, Inc. - Aquí Para Tí program
- High School for Recording Arts (HSRA)
- HACER (Hispanic Advocacy and Community Empowerment through Research)
- Leech Lake Band of Ojibwe
- MAWA (Minnesota African Women's Association)
- St. Mary's Health Clinics
- The ANIKA Foundation
- White Earth Band of Chippewa
- YWCA Minneapolis
- Evaluation Capacity Building (ECB) provider

Other Key Staff Contacts

In addition to your grant managers, our evaluation coordinator regularly supports EHDl grantees and the grant program, often behind the scenes to make meaning of the data you provide about your programs, then sharing it with the grantees and others invested in addressing health disparities in Minnesota.

Mia Robillos, Evaluation Coordinator

mia.robillos@state.mn.us

651-201-5406

- Provides general evaluation support and technical assistance to grantees and MDH staff.
- Supports the development of the Shared Measurement System (SMS).
- Supports the development of logic models, evaluation plans, and annual reports.

To learn more about Health Equity Strategy and Innovation Division staff, please visit [Health Equity Staff and Contact Information](#)

(<https://www.health.state.mn.us/communities/equity/about/contact.html>)

EHDI Priority Health Area (PHA) Specialists

Priority Health Area (PHA) Specialists represent subject matter experts at MDH who are happy to connect with you regarding request for data, information on health promotion or prevention practices, and benchmarks related to your Priority Health Area(s). Please copy your grant manager in the email when you seek assistance from your PHA Specialist(s) so that grant managers understand how Specialists are being utilized, and to identify any trends that may be helpful for grantees in a particular PHA. The list of PHAs is provided in **Appendix B**.

Grant Program Requirements and Expectations

EHDI is state-funded through [Minnesota Statutes, section 145.928](#) (<https://www.revisor.mn.gov/statutes/2018/cite/145.928>) and federally-funded (for teen pregnancy prevention projects only) through Temporary Assistance for Needy Families (TANF) funding. This public program is subject to oversight by the State of Minnesota and the U.S. Department of Health and Human Services (for TANF dollars). To maintain the integrity of the program, EHDI grantees must exercise caution in determining how their funds will be spent to support the implementation of the activities to eliminate health disparities included in their work plans.

Grantees are required to comply with the requirements outlined in this guide and in the grant agreement.

General Requirements

Participate in site visits and financial reconciliation processes with MDH.

Site visits are meetings with your grant manager(s) to discuss topics such as progress toward grant goals, spending updates and financial issues, and successes and challenges in your grant-related work. The meetings can be completed virtually or in person. Sometimes MDH Priority Health Area Specialists accompany grant managers on the visit to better get to know you and your program. Your grant manager will contact you to set up site visits at times that work for you and your staff. State policy requires that site visits take place at least once per year (virtual or in-person) for grant awards of more than \$250,000.

Financial reconciliation (FR) is a process where a grantee's request for payment for a given period is reviewed alongside supporting documentation for that request, **such as**

purchase orders, invoices, receipts, canceled checks, general ledger reports, bank statements, check stubs, timesheets, and payroll records. Please note: an FR is not an audit! If the reconciliation identifies any spending, invoicing or documentation issues, grantees must work with MDH to resolve them. In some cases, grantees may be placed on a financial monitoring plan depending on the issues identified through the reconciliation. State policy requires at least one financial reconciliation take place before final grant payment is made for grant awards of \$50,001-\$250,000. MDH may choose to conduct additional financial reconciliations for grants of any amount. Your grant manager or another MDH staff will contact you with additional details and instructions via email and give you 30 days to submit supporting documentation. This could happen at any time and for any invoice period throughout the grant period. To watch a video providing an overview of the FR process, visit: [Financial Reconciliation YouTube Video \(https://www.youtube.com/watch?v=SmvGQ2G-lf8\)](https://www.youtube.com/watch?v=SmvGQ2G-lf8).

- Participate in MDH-sponsored technical assistance and training including conferences, summits, grantee gatherings, webinars and trainings. MDH will communicate event dates and whether they will be offered in-person, virtually, or a hybrid option.
 - Annual fall grantee gathering generally takes place in September-October.
 - Annual spring grantee gathering generally takes place in March-April.
- Participate in the EHD I Community of Practice (CoP), which may take place at grantee gatherings, in-person meetings and/or through online networking and sharing. MDH grant managers will communicate whether an event is optional or mandatory. If you are unclear as to whether an event is optional or mandatory, please reach out to your grant manager!
- Participate in program evaluation. This is important because it assesses program effectiveness and ensures the best services and programming are being delivered in the community. All EHD I grant programs will have evaluation components. We encourage and support the use of community-led evaluations specific to the community. This may include using specific methods that determine indicators of success and capture details that are important to the grantee and community. MDH will serve as a partner and support the development and collection of evaluation information. Grant managers will provide grantees with program-specific evaluation requirements and guidance.

Staffing Requirements

- Designate one staff person (at least 0.5 FTE dedicated to the project) to serve as the primary liaison between MDH and your organization. This person should be responsive to emails from MDH (generally responding within 2-3 business days) and inform their MDH grant manager when they will be out of the office for prolonged periods of time. When the primary contact is out of the office, a back-up contact should be identified, and the grant manager should be notified of how to reach the back-up contact, if needed.
- Contact your grant manager **as soon as possible** when staffing for the grant changes, such as hiring new staff, a leadership change, or someone leaving the organization. If the staff person changing was/will be paid with EHD I grant funds, a

modification and/or formal revision is required for both the budget and the work plan. We are also happy to meet with your new staff person to welcome them and provide an overview of the EHDI grant program.

- Please be intentional about recruiting and/or hiring staff, leadership, and board members who are reflective of the communities you serve.

Evaluating Grantee Performance For grant contract agreements, including any amendments, over \$25,000 issued on or after April 1, 2024: Minnesota Statutes, section 16B.98, subdivision 12 directs agencies to submit a [Grantee Performance Evaluation Online Form \(https://mn.gov/admin/assets/Grantee%20Performance%20Evaluation%20Online%20Form%20Fields%20-%20June%202025_tcm36-692975.docx\)](https://mn.gov/admin/assets/Grantee%20Performance%20Evaluation%20Online%20Form%20Fields%20-%20June%202025_tcm36-692975.docx) to the commissioner of the Department of Administration evaluating grantee performance of grant agreements over \$25,000. The state agency must evaluate a grantee’s performance and submit a report of their evaluation to the commissioner of the Department of Administration. These reports will be publicly available online. The report evaluating grantee performance should be submitted within 60 days following completion of all other grant requirements. Grantees have a right to respond to performance evaluations and agencies must keep the responses in the grant file. Grant programs may not seek exceptions to this policy regarding grantee performance evaluation for grants over \$25,000 issued on or after April 1, 2024.

Contracting and Bidding Requirements

Municipalities A grantee that is a municipality, as defined in Minnesota Statutes, section 471.345, subd. 1, is subject to the contracting requirements set forth under [Minnesota Statutes, section 471.345 \(https://www.revisor.mn.gov/statutes/cite/471.345\)](https://www.revisor.mn.gov/statutes/cite/471.345). Projects that involve construction work are subject to the applicable prevailing wage laws, including those under [Minnesota Statutes, section 177.41 \(https://www.revisor.mn.gov/statutes/cite/177.41\)](https://www.revisor.mn.gov/statutes/cite/177.41), et. seq.

4.7.2. Non-municipalities

Grantees that are not municipalities must adhere to the following standards in the event that activities assigned to Grantee are to be subcontracted out to a third party:

- Any services or materials that are expected to cost \$100,000 or more must undergo a formal notice and bidding process.
- Services or materials that are expected to cost between \$25,000 and \$99,999 must be competitively awarded based on a minimum of three verbal quotes or bids or awarded to a targeted vendor.
- Services or materials that are expected to cost between \$10,000 and \$24,999 must be competitively awarded based on a minimum of two verbal quotes or bids or awarded to a targeted vendor.
- Grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through the following entities are used when possible:

1) Minnesota Department of Administration's Certified Targeted Group, [Economically Disadvantaged and Veteran-Owned Vendor List](https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/) (<https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/>);

2) Metropolitan Council's Targeted Vendor list: [Minnesota Unified Certification Program](https://mnucp.metc.state.mn.us/) (<https://mnucp.metc.state.mn.us/>); or

3) [Small Business Certification Program through Hennepin County, Ramsey County, and Central Certification Program](https://cert.smwbe.com) (<https://cert.smwbe.com>).

v. Grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, awarding and administration of contracts.

vi. Grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.

vii. Notwithstanding parts (i) through (iv) above, MDH may waive the formal bidding process requirements when:

- Vendors included in response to a competitive grant request for proposal process were approved and incorporated as an approved work plan for the Grant Agreement or
- There is only one legitimate or practical source for such materials or services and Grantee has established that the vendor is charging a fair and reasonable price.

viii. Projects that involve construction work of \$25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes, section 177.41 through 177.50.

ix. Grantee must not contract with vendors who are suspended or debarred by the State of Minnesota or the federal government. The list of debarred vendors in Minnesota is available at: [Suspended/Debarred Members](https://mn.gov/admin/osp/government/suspended-debarred/) (<https://mn.gov/admin/osp/government/suspended-debarred/>). The list of suspended and debarred entities by the federal government is available at [SAM.gov](https://sam.gov) ([https://sam.gov/](https://sam.gov)).

Program Requirements

1. When awarded grant funds, please work with MDH staff to finalize your Work Plan and Budget, no later than July 31, 2023. Portions of this information are incorporated into your grant agreement.
2. Develop a work plan and budget for the second half of the grant period (July 2025 – June 2027) in Year 2 of the grant, and work with MDH staff to create a work plan and budget before June 30, 2025.
3. Work with MDH staff throughout the grant period to update your work plan and budget as activities and spending evolve and/or shift. Grantees may request a work plan and/or budget revision at any time throughout the grant period (with the exception of the last month of each biennium) to ensure that the work plan and budget on file reflect actual activities and spending. Refer to the **Budget and Work Plan Revisions** section within this document for more information.

4. Contact your grant manager if encountering difficulties or major delays in implementing the activities in your work plan.
5. Work with MDH staff to develop a logic model and evaluation plan for your grant-funded project.
6. Stay up to date on information from MDH through resources including:
 - Periodic emails from MDH staff with important timely news or updates.
 - Subscribe to [Health Equity Division Updates](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_273) (https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_273) to receive important updates from MDH.

Communications Requirements

- **Before translating a MDH or state resource related health topics, check with your grant manager** to make sure MDH or the state has not already translated the information/material. Many translated materials can be found on the [MDH Materials and Resources Page](https://www.health.state.mn.us/communities/translation/index.html) (<https://www.health.state.mn.us/communities/translation/index.html>). Sometimes translations may be in process.
- **Notify the State in writing before submission of an abstract or call for presentations** at a national or state conference and before submitting manuscripts for publication that are based on work funded by this EHD I grant.
- **Submit all mass media developed under the EHD I grant** – such as billboards, bus advertisements, and radio ads – to be preapproved by the State before production. The State reserves the right to approve, modify and/or deny any communications or publications developed under the grant, including advertisements, signage, printed materials, and websites.
- **A grantee’s communication materials cannot be included in, or affiliated with, a partisan communication.** For example, a communication that supports or endorses a party or person.
- **Acknowledge support from MDH when appropriate by using MDH’s logo** in printed materials, news releases, newsletters, advertisements, postcards, posters, programs, catalogs, invitations, films, videotapes, electronic transmissions, and websites. Refer to **Acknowledgement Guidelines** below for more detailed information.

Accessibility Requirements

For any digital materials created and shared outside of the grantee’s internal use, grantees are required to comply with State of Minnesota’s Digital Accessibility Standard. This requirement is also applicable to subcontractors and/or any third-party entity the grantee may utilize and compensate with MDH grant funds. MDH has a webpage with accessibility information for vendors and partners that can be viewed online: [Accessibility Information for Vendors and Partners](https://www.health.state.mn.us/about/tools/accessibility.html) (<https://www.health.state.mn.us/about/tools/accessibility.html>) and the statewide standard can be viewed online: [Minnesota State Accessibility Statement](https://mn.gov/mnit/assets/MinnesotaStateAccessibilityStandard-v.4.0_tcm38-607575.pdf) (https://mn.gov/mnit/assets/MinnesotaStateAccessibilityStandard-v.4.0_tcm38-607575.pdf).

Acknowledgement Guidelines

Logo Usage

Grantees are encouraged to acknowledge support from MDH when appropriate by using MDH's logo in printed materials, news releases, newsletters, advertisements, postcards, posters, programs, catalogs, invitations, films, videotapes, electronic transmissions, and websites.

If you receive Federal TANF funds (for Teen Pregnancy Prevention work), the federal program must also be recognized when appropriate.

Funding acknowledgement is not required for some marketing or communications materials; this may include when using the logo could create mistrust or discourage participation in the program/activity/action. Consult with your grant manager if you have questions about logo use or would like to discuss the context of your situation to determine whether logo use is appropriate.

Oral Acknowledgement

When acknowledging MDH support, please include the following credit line with the logo:

This activity is made possible by a grant from the Eliminating Health Disparities Initiative (EHDI) of the Minnesota Department of Health's Health Equity Strategy and Innovation Division.

Grantees are asked to acknowledge MDH support even when written credit is not applicable by providing oral credit before each event or performance.

The MDH logo image files and branding requirements can be found here: [Branding Minnesota Department of Health \(https://www.health.state.mn.us/about/tools/branding.html\)](https://www.health.state.mn.us/about/tools/branding.html).

MDH Institutional Review Board Requirements

The purpose of the MDH Institutional Review Board (IRB) is to review data collection activities to ensure that human subjects of research are protected. **If grantees wish to collect data from human subjects through EHDI-funded work that is NOT part of their program evaluation, they are required to consult with the MDH IRB to determine if their work is considered research and subject to review.** Prior to collecting any data, grantees must contact the MDH IRB administrator to consult on whether an IRB review is necessary.

Examples of data collection that would require MDH IRB consultation may include but are not limited to:

- Surveys, questionnaires, assessments that are NOT part of evaluating your program
- Key informant interviews, focus groups, listening sessions that are NOT part of evaluating your program
- Any project that you plan to publish in a peer reviewed journal

If you are considering collecting data from human subjects that is not part of your program evaluation, please complete an [Application for Preliminary Review \(https://www.health.state.mn.us/data/irb/index.html#forms\)](https://www.health.state.mn.us/data/irb/index.html#forms) form and send it to your grant manager via email, who will share it with the MDH IRB Coordinator.

Tribal Research Review Boards

Tribal Research shall comply with Tribal code. Not all Tribal Nations have Tribal Research Review Boards (TRRB). When TRRBs are not present, MDH encourages Tribal grantees to notify Tribal officials of any research in or on Tribal lands. TRRBs each operate independently with their own standards, policies, and procedures that guide research conducted in their community

Reporting Requirements

Grantees are required to track progress toward completing all outcomes and activities in your work plan by submitting completed progress and annual reports according to the schedule below. At the end of the grant period, your final annual report must be submitted and complete before your final (June 2027) invoice will be paid.

Progress reports will include brief updates on activities and spending, while annual reports will be more comprehensive and include evaluation outcomes and shared measures (refer to Shared Measurement System below). MDH will provide templates outlining the required content of the reports.

Grant Year	Report Type	Reporting Period	Due Date
Year 1 (FY24)	Progress Report	July 1, 2023 to December 31, 2023	January-February 2024
Year 1 (FY24)	Annual	July 1, 2023 to June 30, 2024	July 31, 2024
Year 2 (FY25)	Progress	July 1, 2024 to December 31, 2024	January 31, 2025
Year 2 (FY25)	Annual	July 1, 2024 to June 30, 2025	July 31, 2025*
Year 3 (FY26)	Progress	July 1, 2025 to December 31, 2025	January 31, 2026
Year 3 (FY26)	Annual	July 1, 2025 to June 30, 2026	July 31, 2026
Year 4 (FY27)	Progress	July 1, 2026 to December 31, 2026	January 31, 2027
Year 4 (FY27)	Annual	July 1, 2026 to June 30, 2027	July 31, 2027*

* Please note: The final invoice of this biennium cannot be paid until this Annual report is submitted and deemed complete

Shared Measurement System (SMS)

Grantees are required to participate in a process with MDH staff and the EHDI Evaluation Support Team to identify any common outcomes among grantees addressing similar priority health areas (PHAs). Grantees with shared measures will be asked to track and contribute to a shared measurement system (SMS) among grantees. MDH staff acknowledge that, given the wide variety of activities among grantees, some grantees may not share any common outcomes with others. Grantees will not be required to change their activities or measure unrelated

outcomes just to fit into the SMS system. Your grant manager will inform you of any processes or requirements related to SMS.

Financial Requirements and Restrictions

Fiscal Responsibilities

Grantees must be good stewards of the funds they are awarded. Grantees must be fiscally responsible and should follow state laws and procedures for expending and accounting for their grant funds. Grantees must also:

- Comply with all requirements set forth in the Grant Agreement, the Request for Proposals, and the Grantee Reference Guide.
- Prepare required reports and trace funds to a level of expenditures adequate to establish that funds have not been used in violation of program restrictions.
- Determine the reasonableness and allowability of costs in accordance with program requirements and terms of the grant agreement and charge the grant for only the activities that were in the approved work plan and budget.
- Ensure that grant funds are used to develop new programs or expand current programs that reduce health disparities and are **not** used to supplant current expenditures, including other federal, state, county, local, or tribal expenditures.
- Support accounting records with source documentation.
- Submit monthly invoices according to the schedule in the grant agreement (no later than the last day of the following month). Financial transactions will be on a reimbursement basis.
- Meet audit requirements described in your grant agreement.
- Allocate at least 10 percent of annual funds for evaluation. Evaluation funds may be used for staff time or for an outside evaluation contractor. Grantees are responsible for tracking and maintaining financial records related to their evaluation spending. Grantees will be asked whether the 10 percent requirement was met for the year on each annual report.
- Ensure that indirect costs are explained and justifiable, and do not duplicate itemized charges.
- If a grantee would like to change their indirect rate, they are allowed to do so once per state fiscal year and should reach out to their grant manager to discuss this.

Financial Documentation and Record Retention

Grantees are responsible for keeping documentation to support all grant expenditures, including: payroll records; receipts for all grant related expenses; contracts and invoices with subcontractors, consultants and mini-grants; travel logs; and cancelled checks. Minnesota Statutes section 16B.98, subdivision 8, requires that **grantees must maintain the payroll books, payroll records, documents, accounting procedures and practices of the grant and make them available to the state for SIX YEARS FROM THE END OF THE GRANT AGREEMENT**, receipt and approval of all final reports, or the required period of time to satisfy all state and program

retention requirements, whichever is later. Grantees may receive requests for this information, which must be submitted to MDH upon request.

Travel Expenses

Grantee staff may be reimbursed for travel expenses while traveling for grant-related activities such as trainings, meetings or conferences – including mileage, parking fees, hotel accommodations and meals – in the amounts actually incurred and not exceed any maximum amounts listed in accordance with the [Commissioner’s Plan \(https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp\)](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp).

Please note that the Commissioner’s Plan is updated every state fiscal year (July 1 – June 30 each year). [Commissioners-plan / Minnesota Management and Budget \(MMB\) \(https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp\)](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp).

Mileage

Tribal Grantees

Tribal grantees will be reimbursed for travel and per diem expenses as outlined in their Tribal Policy not to exceed the federal reimbursement rates. Federal reimbursement rates can be found on the official [U.S. General Services Administration \(https://www.gsa.gov/travel?gsaredirect=travel-resources\)](https://www.gsa.gov/travel?gsaredirect=travel-resources). Mileage rates are adjusted each year.

Non-Tribal Grantees

Grantees may be reimbursed for the use of personal automobile mileage at the current Federal IRS rate (\$0.70 per mile as of January 1, 2025) for travel related to grant activities. The Federal IRS mileage rate is subject to change - please check the [IRS website \(https://www.irs.gov/tax-professionals/standard-mileage-rates\)](https://www.irs.gov/tax-professionals/standard-mileage-rates) or contact your grant manager for the current rate. In addition to mileage, actual parking fees or toll charges may be reimbursed.

MDH suggests that grantees create a travel log to properly track and invoice for mileage reimbursement requests.

Hotel

Tribal Grantees

Tribal grantees will be reimbursed for travel and per diem expenses as outlined in their Tribal Policy not to exceed the federal reimbursement rates. Federal reimbursement rates can be found on the official U.S. General Services Administration (GSA) website. Mileage rates are adjusted each year.

Non-Tribal Grantees

Non-Tribal grantees may be reimbursed for hotel and motel accommodations provided that grantees “exercise good judgment in incurring lodging costs and that charges are reasonable

and consistent with the facilities available” [Commissioner’s Plan \(https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp\)](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp)

Food and Beverage Costs

Generally, the cost of food is **not** an allowable item. However, if there will be group meetings or grant activities where there is justification for a grantee to provide food, please include those food costs in the “Other” line of the budget and follow the guidelines below.

- Food can only be provided if the majority of the attendees are non-grantee staff.
- Grant funds may not be used to provide food for award dinners, celebrations or parties, et cetera.

Tribal Grantees

Tribal grantees will be reimbursed for meal expenses as outlined in their Tribal Policy and not to exceed the [Federal GSA Per Diem Rates \(https://www.gsa.gov/travel/plan-book/per-diem-rates\)](https://www.gsa.gov/travel/plan-book/per-diem-rates). Rates vary by city and state.

Non-Tribal Grantees

Non-Tribal grantees may be reimbursed for meals including tax and a reasonable gratuity according to the [Commissioner's Plan \(https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp\)](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp) created by the Commissioner of Minnesota Management and Budget, or the actual expense, whichever is less. Alcohol purchases will not be reimbursed.

Maximum reimbursement for meals including tax and gratuity is currently (subject to change) \$43/day, broken down as follows, as identified in the **most current** [Commissioner's Plan \(https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp\)](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp), which is updated every state fiscal year (July 1 – June 30 each year).

Rates listed in the Commissioner’s Plan for July 1, 2023 – June 30, 2025

Meal	Limit
Breakfast	\$11.00
Lunch	\$13.00
Dinner	\$19.00

Items Requiring MDH Prior Approval

The following items require prior approval before a contract is signed or an expense is incurred. *MDH has the authority to deny the items requiring prior approval listed below.*

Communication Pieces

The following communication pieces require prior approval:

- Radio, television, and movie theater ads.

- Advertisements in newspapers, magazines, journals, trade or association publications, electronic newsletters, or websites.
- Advertisements on billboards, bus stops, etc.

Please email your grant manager a copy of your proposed final draft for review. Your grant manager will strive to get back to you with feedback or approval within five business days. Please ensure enough time in the planning process to incorporate MDH feedback or questions. For more detailed information, please refer to the Communication Approval Requirements section above.

Contractual Services

Grantees may contract (also known as subcontract) with another person or organization to perform part of the grantee duties. Grantees may also offer mini grants to another organization to perform part of the project. Prior approval is required from MDH for all subcontracts or mini grants.

If a subcontract/mini grant is already included in your most recently approved budget, additional approval is not necessary. If a subcontract/mini grant is not included in your approved budget, prior approval (and a budget revision) is required. Please email your grant manager a proposed revised budget with the subcontract/mini grant included for approval. MDH does not review and/or require that grantees submit copies of subcontracts.

Grantees are responsible for holding any subcontractors and mini-grant recipients to the same required grant fiscal standards. Grantee funding restrictions apply to all subcontractor or mini-grant recipients.

Requirements for consultants or contractors:

- Must be selected and vetted based on demonstrated expertise and merit.
- Work must be directly grant related.
- Must be included in the most recently approved work plan and/or budget.
- May not be selected if listed on the state's prohibited vendors list .
- May not be selected if they have a conflict of interest to employees or officials of the grant.
- May not receive payment for grant writing

Equipment and Electronics

Equipment over \$3,000 and electronics purchases such as digital cameras, computers, phones, GPS units, interactive whiteboards, video cameras, LCD Projector, etc. require prior approval. (Please note that any individual piece of equipment that costs more than \$5,000 is not allowed under this grant.)

If an equipment/electronics purchase is already included in your most recently approved budget, additional approval is not necessary. If an equipment/electronics purchase is *not* included in your approved budget, prior approval (and a budget revision) is required. Please email your grant manager a proposed revised budget with the equipment/electronics purchase included for approval.

Promotional Materials

Promotional materials that directly contribute to your grant objectives and are limited in cost may be approved on a case-by-case basis. If the promotional materials are already included in your most recently approved budget, additional approval is not necessary. If the promotional materials are *not* included in your approved budget, prior approval (and a budget revision) is required. Please email your grant manager a proposed revised budget with the promotional materials included for approval.

Incentives and Stipends

HESI recognizes the importance of compensating community members for their time expertise. Both incentives and stipends are allowable expenses that require prior approval. HESI differentiates between incentives and stipends as follows:

- Incentives are items given to participants in a program to encourage participation in something that is for their own benefit (e.g., a gift card for getting a cancer screening or attending an educational session) or for the evaluation of a program (e.g., a gift card for taking part in a focus group). Incentives may not be cash.
- Stipends are gift cards or payment given to an individual who provides some kind of work or service for the program itself, which benefits others. Examples:
 - A stipend given to advisory board members who spend 2 hours/month per year helping develop and/or guide the program.
 - A peer mentor who goes into the community to teach others about HIV/AIDS transmission and protection.

The costs of incentives are to be reasonable in their nature and amount; it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

Gift cards purchased as incentives and/or stipends must be carefully tracked and are subject to financial reconciliations and audits. Grantees must keep logs of gift card recipients, including the date the gift card was received by participant. Incentives must be always kept in a secure locked location (ex: locked drawer, locked cabinet). If the incentives and/or stipends are already included in your most recently approved budget, additional approval is not necessary. If the incentives and/or stipends are *not* included in your approved budget, prior approval (and a budget revision) is required. Please email your grant manager a proposed revised budget with the incentives and/or stipends included for approval.

Handling of Incentives

Grantee is required to have policies and procedures in place addressing the purchasing, security, distribution, and asset tracking of incentives. All grantee staff involved in the purchase, distribution, security, and reconciling of incentives must be trained on the grantee's policies and procedures prior to the grantee placing any order for incentives. Those policies and procedures must, at a minimum, include the provisions outlined in this section. (For more detailed information, please refer to the grant agreement.)

Separation of Duties

More than one grantee staff person must be involved in the management and handling of the incentives. The grantee staff who authorizes the purchase of incentives must not have sole physical access to the incentives. The grantee staff who will have physical access to the incentives cannot have sole access to modify the incentives records. Handoff of incentive from one person to another must be documented.

Distribution of Incentives

- Incentives may only be used for approved purposes by MDH.
- Only one incentive can be given to an individual per occurrence/event.
- Undistributed incentives must always be kept in a secure location. Incentive instruments must never be stored in any personal homes, they must always be securely stored in the grantee's business space.
- Grantee will purchase and have on hand no more than three months' worth of incentives at any given time. The three months' worth must be based off the most currently approved workplan. All incentives must be distributed prior to grantee purchasing additional incentives.
- Grantee will be responsible for the costs of any incentives that remain undistributed at the end of the Grant Agreement.
- If MDH provided the grantee with the incentives, the return of undistributed incentives to MDH must occur in person with the MDH's Authorized Representative within 30 calendar days of the grant expiration date. If in-person return is not possible, the grantee must return undistributed incentives via courier or via US Mail that requires signatures and a tracking number within 30 calendar days of the grant expiration date.
- The tracking log must be returned separately from the physical cards. Electronic return is the preferred method for the tracking log.

Incentive Tracking Documentation

The tracking documentation the Grantee is required to maintain must not contain any private data. The tracking system must record the following:

1. number of incentives on hand, including starting balance and any additional incentives purchased;
2. description of the incentives;
3. quantity of incentive(s) distributed to each participant;
4. the last four digits of any pre-paid card number;
5. value/amount;
6. a unique non-identifiable data point for each participant (e.g. case number, file number);
7. date participant received incentive(s); and

8. signature of Grantee staff member providing incentive(s) to participant(s).

Out-of-state Travel

Out-of-state travel expenses include but are not limited to:

- Conference or workshop registration fees.
- Commercial transportation (air, light rail, bus, shuttle bus, taxi, et cetera) provided that no air transportation shall be by first class unless authorized by MDH. Fares for light rail, bus, shuttle bus, and taxi will be reimbursed from the airport to hotel and from the hotel to airport.
- Reasonable checked baggage fees for flights.
- Meals in accordance with the [Commissioner's Plan \(https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp\)](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp). Meal reimbursement rates vary for out-of-state metropolitan areas.

All out-of-state travel requires prior approval and must relate to grant duties or activities. If the out-of-state travel is already included in your approved budget and work plan, additional approval is not necessary. If the out-of-state travel is *not* included in your approved budget and work plan, prior approval (and a budget revision request) is required. Please email your grant manager a proposed revised budget and work plan with the out-of-state travel included for approval, along with a brief justification of how the out-of-state travel will support your EHDI program objectives.

Allowable Uses of EHDI Funds

Allowable uses of grant funds include, but are not limited to:

- a. Approved prevention or screening services.
- b. Building networks and collaborations, including supporting the organization's leaders to engage with other partners in collective efforts to inform policy, systems, and environmental conditions that increase health opportunities for priority populations (e.g., participating in advisory groups or building cross-sector partnerships to advance health equity related to one or more Priority Health Areas [PHAs])
- c. Childcare for program participants (grantees may provide group childcare for participants but may not reimburse participants for childcare expenses).
- d. Computers that will be directly used for your proposed activities.
- e. Condoms and lubricants for HIV/STI prevention (if purchased for teen pregnancy prevention using TANF funds, condoms must be used for educational purposes only).
- f. Costs associated with attending required Grantee Gatherings or relevant conferences and events (e.g., mileage, meals, lodging, and registration). If these costs are not part of your approved workplan and budget, please reach out to your grant manager for approval prior to incurring any expenses.
- g. Developing and training community leaders, including staff development related to the project, in order to build a community's capacity to act to

- address health inequities in one or more PHAs.
- h. Educational opportunities for staff and participants related to your program, including transportation and fees.
 - i. Food and refreshments for program meetings, sessions, etc. as appropriate (refer to the “Travel Expenses” section for food costs limits based on either Tribal Policy/GSA limits).
 - j. Individual counseling or crisis intervention services to prevent domestic violence and suicide (Unintentional Injury and Violence prevention grantees).
 - k. Office supplies that are not included in the organization’s indirect cost pool.
 - l. Project implementation, including program operations, staff salaries and benefits, et cetera.
 - m. Project planning, including community assessment or data collection activities to inform project development (e.g., mapping community assets and needs; engaging stakeholders in developing creative, sustainable solutions).
 - n. Programs or initiatives that focus on males (teen pregnancy prevention and infant mortality grantees).
 - o. Programs or initiatives that focus on youth who are parents (teen pregnancy prevention grantees).
 - p. Promotional materials such as buttons, stickers, magnets, etc. that are intended to generate visibility or interest in your project, generate awareness, etc.
 - q. Screening supplies such as blood pressure cuffs, glucose monitors and cholesterol testing kits (general funds only).
 - r. Speaker fees directly related to the EHDI project.
 - s. Transportation for program participants:
 - general funds recipients only may provide non-cash support to participants such as bus tokens, cab rides, etc.
 - *all grantees* may provide program-provided transportation in an organization vehicle, rented bus, etc.

NOTE: For items that may cross multiple grant programs (equipment such as computers, office furniture, etc.), each grant can only cover the amount of the cost equivalent to the percentage that it is used for the grant. For example, if a computer is used by staff that is 0.5 FTE on a grant, you can include 50% of the costs to that grant.

Unallowable Uses of EHDI Funds

Unallowable costs are expenditures for which grant funds cannot be used. MDH has the authority to disallow expenditures not preapproved. MDH staff review invoices and reserve the right to question or take action on inappropriate uses of funds. Unallowable uses of EHDI funds include, but are not limited to, the following:

- a. Alcohol, cannabis products, or any illegal substance.
- b. Any cost not directly related to the EHDI grant.
- c. Any expenses that do not directly contribute to the activities or deliverables approved in the work plan.

- d. Any individual piece of equipment that costs more than \$5,000.
- e. Bad debts or personal debts.
- f. Capital improvements (significant changes or additions to property that enhance its overall value, prolong its life, or adapt it to new uses).
- g. Cash assistance paid directly to individuals to meet their personal or family needs.
- h. Conducting compliance checks.
- i. Contingencies.
- j. Contributions or donations.
- k. Costs incurred prior to or after the grant award (unless otherwise indicated).
- l. Fines and penalties.
- m. Fundraising.
- n. Gifts or bonuses for staff.
- o. Goods or services for staff personal use.
- p. Grant writing.
- q. Interest.
- r. Lobbying.
- s. Losses on agreements or contracts.
- t. Political campaigns on behalf of, or in opposition to, any candidate for public office.
- u. Purchase of vehicle(s) for program use or expenses related to a vehicle's license tabs, maintenance, etc. (The IRS mileage rate includes depreciation, maintenance and repairs, tires, gasoline, oil, insurance, and license and registration fees.)
- v. Research.
- w. Sponsorships of events, trainings or advertisements that are not directly related to the EHDI grant.
- x. Staff meals (except during approved travel).
- y. Supplanting of funds from other sources.
- z. Treatment of a disease or disability.

Lobbying Restrictions

EHDI projects, especially projects working on Level of Change 3, may potentially involve advocating for change in local, regional, Tribal or state policy. **Grant funds may not be used for lobbying**, which MDH defines as advocating for a specific public policy after it has been formally introduced to a legislative body. However, **grantees may use grant funds to educate stakeholders about the importance of policies as a public health strategy**. Education includes providing facts, assessment data, reports, program descriptions and information about budget issues and population impacts without making a recommendation on a specific piece of legislation. Education may be provided to public policy makers, other decision makers, specific interest holders, and the general community.

Grantees may make educational materials related to their PHA(s) available to the public and governmental bodies, officials and employees. These materials may not advocate the adoption or rejection of an official action, but may contain facts, analysis, studies and research. Grantees may not use grant funds to participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office.

Lobbying restrictions do *not* apply to informal or private policies. Informal or private policies - sometimes called "voluntary" policies - are policies passed by an organization. For example, an

apartment building may establish its own smoke-free policy (one not required by law). Grantees *may* choose to advocate or lobby for or against these kinds of policies in support of their identified PHA(s).

Grantees may use other funding sources to influence an official action of a governmental unit or tribal government related to their selected PHA(s), in accordance with federal and state law, grantee policy and funding restrictions, but they must clearly document which activities are covered by which funding source. Volunteers of a grantee who spend more than \$250 of their own funds in any year to influence state legislation or administrative rules may need to register as a lobbyist under Minnesota Statutes, section 10A.01, subdivision 21. Information about registration is available from the state Campaign Finance and Public Disclosure Board at 1-800-657-3889.

If you have questions about navigating the line between advocacy and lobbying, contact your grant manager *before you begin the activity*.

Maximizing Your EHD I Funds

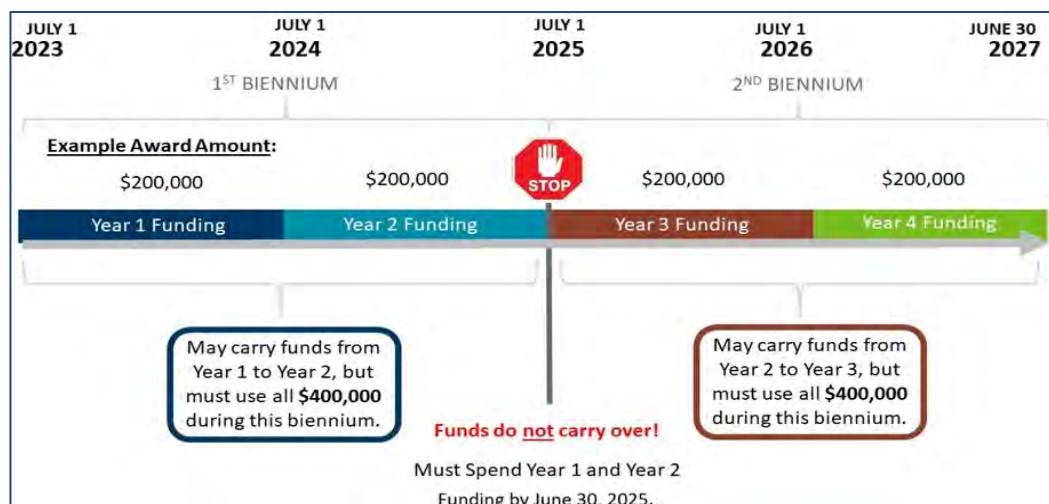
Grantees are strongly encouraged to closely monitor their spending to ensure that all grant funds awarded to your organization are used for the EHD I project within the grant period. Any unused funds at the end of the biennium cannot be carried over and are lost, which represents a missed opportunity to invest further in our communities.

Spending your budget funds in planful and appropriate ways is considered a performance measure for EHD I grantees. Your grant manager is happy to answer any questions related to your budget and help problem-solve any concerns. Please consider your grant manager a partner in this process!

Each set of funding has a specific time frame during which it must be spent before the funds are no longer available to be accessed by the grantee or even by MDH. For EHD I funding, this time frame is the biennium (two-year period). The first biennium runs from July 1, 2023 – June 30, 2025, and the second biennium runs from July 1, 2025 – June 30, 2027. This means that the funding that your organization is awarded in Year 1 and Year 2 must be spent before June 30, 2025 or it will be lost. **No funding may carry over to the next biennium.**

The illustration below gives an example of funding timeframes based on a sample award amount of \$200,000 per year.

Funding by Biennium



EHDI funding has not increased since the grant program was created by the legislature in 2001. It is difficult to make the case for additional funding when a portion of grant funds remains unused each cycle. **We strongly recommend that grantees check their spending against their budget at least quarterly to ensure spending is on track and that a plan is in place to spend your entire award amount.** Grant managers are available to support grantees around spending matters, and revising budgets and work plans as needed to maximize your funding. Talk to your grant manager if you have any questions or concerns about your spending or budgeting.

Underspending on your grant award – or expending funds too quickly – across the award period can be problematic and may result in the creation of a spending plan to help monitor spend down of grant funds.

Budget and Work Plan Revisions

Your grant manager will send you your approved budget that is already set up for budget revisions. When you receive it, please save it to your computer.

Video: How to complete a budget modification request

This instructional video walks you through the process of requesting a budget modification using your current budget form: [How to make a budget revision \(https://www.youtube.com/watch?v=VsnAmypGPxA\)](https://www.youtube.com/watch?v=VsnAmypGPxA)

As always, please reach out to your grant manager if you have any questions

Budget Modifications: 10% or Less of Budget Line

If you would like to make a change to your budget that is 10% or less of the budget lines in question, you do not need to request a budget revision. Simply make the changes to your most recently approved budget as shown above and email the changes to your grant manager. Grantees must notify grant managers of budget modifications **to ensure your budget in your MDH grant file is always up-to-date and aligns with your spending.**

Budget Revisions: More than 10% of Budget Line

Grantees must expend funds in accordance with the negotiated line-item budget summary and budget approved by MDH. If you anticipate changes that are greater than 10% of any of the approved overall budget lines, you must request a budget revision.

For example, to move \$1,500 from Salary & Fringe to Supplies because you had a cost- savings in Salary & Fringe. Check to see if \$1,500 is more than 10% of either the Supplies or the Salary & Fringe line

General Funds	
Line/Category	TOTAL
Salary & Fringe Benefits	\$ 67,375.00
Contractual Services	\$ 14,000.00
Travel	\$ 550.00
Supplies	\$ 2,500.00
Other	\$ 4,150.00
Subtotal (direct costs)	\$ 88,575.00
Indirect Costs	\$ 8,857.50
Total	\$ 97,432.50

In the example, the total Salary & Fringe line expenses are \$67,375 (10% is \$6,737.50) and the total Supplies line expenses is \$2,500 (10% is \$250). Because the \$1,500 you want to move to supplies exceeds the 10% threshold (\$1,500 > \$250) of the Supplies line total, you must request a budget revision BEFORE the spending occurs.

Budget Revision Summary

Your budget should already have additional columns to conduct the budget revision. The template will have the current approved budget and the section for revision will capture the changes automatically highlighted in green or red.

Always check to make sure you are working with the most recent version of your approved budget when using the template for revisions.

Important: The budget revision template auto calculates changes made to the budget

I	J	K
Budget Revision Purposes Only (DO NOT EDIT \$)		
Date Submitted: 4/4/2024 (Approved)		
Difference	Previously Approved Amount	
\$ 11,744.00	\$ 25,376.00	
\$ -	\$ 8,211.42	
\$ -	\$ -	
\$ -	\$ 28,534.15	
\$ -	\$ 9,120.00	
\$ -	\$ -	
\$ 11,744.00	\$ 71,241.57	14%

Do not make changes or enter anything into Columns I, J or K. Column I auto-calculates the difference, and Column K provides a percentage for line-item changes.

Making Line-Item Changes

- To make a budget revision, enter the new amount in the line item you want to revise on the budget side of the template.
- As you update line items, Column I will display the difference between the original and new amounts. You will see the percent of change in column K.
- If the change is under 10% proceed with the change and send a copy to your grant manager with a note about the change.
- If the change is over 10% you will need to notify your grant manager and request a budget revision. Your grant manager will need to approve changes over 10% of a line item.

Only make changes in the columns below. Columns A, B, C, D, E, F, G, H						Columns I, J, K will auto calculate. Do not enter any numbers		
						Budget Revision Purposes Only (DO NOT EDIT \$)		
						Date Submitted:		
Salary & Fringe								
Staff position	Staff Name	Salary Charged to Grant	% Fringe (if applicable)	Fringe Total (if applicable)	Line Total	Difference	Previously Approved Amount	
Executive Director		\$ 30,000.00	25.00%	\$ 7,500.00	\$ 37,500.00	\$ -	\$ 37,500.00	
Project Manager		\$ 16,000.00	20.00%	\$ 3,200.00	\$ 19,200.00	\$ -	\$ 19,200.00	
Project Coordinator		\$ 10,000.00	15.00%	\$ 1,500.00	\$ 11,500.00	\$ -	\$ 11,500.00	
				\$ -	\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	\$ -	
Total for Salary & Fringe						\$ 68,200.00	\$ -	\$ 68,200.00
Contractual Services (facilitators, evaluators, speakers, trainers, etc.)								
Subcontractor	Description of Service Provided & Timeline				Total	Difference	Previously Approved Amount	
HR Consultant					\$ 10,000.00	\$ -	\$ 10,000.00	
Financial consultant					\$ 10,000.00	\$ -	\$ 10,000.00	
					\$ -	\$ -	\$ -	
					\$ -	\$ -	\$ -	
					\$ -	\$ -	\$ -	
					\$ -	\$ -	\$ -	
					\$ -	\$ -	\$ -	
Total for Contractual						\$ 20,000.00	\$ -	\$ 20,000.00

Ensure your modifications are accurate and reflect your current budget needs. Check if the changes exceed 10% of any approved overall budget lines.

The template will automatically calculate and show the percentage of changes in Column K. See the image below.

If changes exceed the 10% threshold, additional approval will be required. (See grant guidelines)

Important: As you revise your budget, please make sure the previously approved total budget amount does not change or exceed the total budget. This total can be found at the bottom of your budget sheet.

General Funds Total	\$ 340,000.00	\$ -	\$ 340,000.00
Total Budget	\$ 340,000.00	\$ -	\$ 340,000.00

						Budget Revision Purposes Only (DO NOT EDIT \$)		
						Date Submitted: 4/4/2024 (Approved)		
Salary & Fringe								
General Funds - Year 1 (July 2023 - June 2024)								
Staff position	Staff Name	Salary Charged to Grant	% Fringe (if applicable)	Fringe Total (if applicable)	Line Total	Difference	Previously Approved Amount	
0.50 Program Manager	Ahmed	\$ 25,800.00	28.00%	\$ 7,224.00	\$ 33,024.00	\$ 7,648.00	\$ 25,376.00	
0.10 Database Administrator	Sue Ann	\$ 6,415.17	28.00%	\$ 1,796.25	\$ 8,211.42	\$ -	\$ 8,211.42	
0.05 Program & Services Director	Linda Bryant		28.00%	\$ -	\$ -	\$ -	\$ -	
1. Program Coordinator	Natisha Nicole Mcroy	\$ 22,292.31	28.00%	\$ 6,241.85	\$ 28,534.15	\$ -	\$ 28,534.15	
1. Lead Facilitator (Part-time)	TBD	\$ 8,000.00	14.00%	\$ 1,120.00	\$ 9,120.00	\$ -	\$ 9,120.00	
				\$ -	\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	\$ -	
Year 1 Total for Salary & Fringe						\$ 78,889.57	\$ 7,648.00	\$ 71,241.57
General Funds - Year 2 (July 2024 - June 2025)								

Review the entire budget to ensure all changes are correctly reflected and there are no errors. Save the revised budget with an appropriate file name for easy identification.

File name: **name of organization.Budget Revision.Date**

Email the proposed budget to your grant manager. Include an explanation for the revision in the body of the email.

Your grant manager will review your proposed changes and get back to you with any questions or requests for revisions (generally within 5 business days). Please ensure enough time in your planning process to allow for revisions if needed. You must receive approval from your grant manager before you can use the revised budget.

MDH has authority to deny budget revision requests.

Other Reasons to Request a Budget Revision

In addition to changes of more than 10% to a budget line, grantees should request a budget revision anytime the budget expenditures change significantly. For example, if a grantee:

- Has a staffing change on the EHDI project;
- Has a new spending need, such as a new computer or additional supplies not already listed in the approved budget; or
- Needs to remove an item from the budget that will no longer be needed, such as a professional development opportunity or supplies for an event.

It is important to remember that your spending must always align with your most recently approved budget on file. If you have a question about whether or not a budget revision is needed, or you have any questions about an allowable expense, please contact your grant manager.

Work Plan Revisions

Grantees must request a work plan revision if an activity, objective or strategy is changing and is no longer consistent with their most recently approved work plan. To request a work plan revision, make the proposed changes to a copy of your most recently approved work plan. Please underline new text and ~~strikethrough old text~~. For example:

OBJECTIVE 1B: By June 30, 2021, 75 percent of program participants will see reductions in the level of risk factors that can lead to diabetes and its complications.

STRATEGY 1B.1: Educate people with prediabetes or at risk for diabetes on how to prevent diabetes.

ACTIVITY	LEAD PERSON & SUPPORT STAFF	PARTNERS INVOLVED	TIMELINE	ACTIVITY OUTPUT
Activity 1: Implement the <u>Together We Prevent Diabetes Program (Juntos Evitamos la Diabetes)</u> , † CAN Prevent Diabetes Program (CANPD) <u>tailored to culturally-designed programs for the Somali and Latino communities</u>	Project Coordinator Diabetes Educators	University of Minnesota Extension (Family Development-Health & Nutrition) <u>Latinx Health Resource Organization (LHRO)</u> <u>Confederation of Somali Community in Minnesota</u>	September 2019-June 2020 August 2020-May 2021	10 Somali and 10 Latino participants recruited per cycle 80 percent of participants complete <u>CANPD Together We Prevent Diabetes Program (Juntos Evitamos la Diabetes)</u> 16 initial sessions conducted 6 follow-up sessions conducted Pre-post tests administered to all participants and results compiled

Once you have revised your work plan to reflect the changes you would like to request, email a copy of the proposed work plan to your grant manager. Include a brief description of and justification for the change in the body of the email.


Your grant manager will review your proposed changes and get back to you with any questions or request for revisions (generally within 5 business days). MDH has authority to deny work plan revision requests.

Payment and Invoice Procedures

Invoice Instructions

Grantees must submit invoices using the standard EHDI invoice form. Please submit your invoice electronically (either as a Microsoft Excel document or PDF) as an email attachment to ommh@state.mn.us.

EHDI Invoice Form

 DEPARTMENT OF HEALTH CENTER FOR HEALTH EQUITY		Eliminating Health Disparities Initiative Grant Invoice Submit invoices monthly to ommh@state.mn.us according to the schedule in your grant agreement.	
Date:	<input type="text"/>	Grantee:	<input type="text"/>
Address:	<input type="text"/>		
Contact:	<input type="text"/>	Phone:	<input type="text"/>
		Email:	<input type="text"/>
Billing period (dates)	From:	<input type="text"/>	To: <input type="text"/>
	General Funds	TANF	<i>Note: Budget changes of more than 10% to any line-item require approval before costs are incurred. Budget changes of 10% or less do not require approval but require notification.</i> <i>Please email budget change requests and notifications to your grant manager or to ommh@state.mn.us.</i>
Salary and Fringe Benefits	<input type="text"/>	<input type="text"/>	
Contractual Services	<input type="text"/>	<input type="text"/>	
Travel	<input type="text"/>	<input type="text"/>	
Supplies and Expenses	<input type="text"/>	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>	
SUBTOTAL	\$0.00	\$0.00	
Indirect <i>Use rate in approved budget</i>	<input type="text"/>	<input type="text"/>	
	Total General Funds: \$0.00	Total TANF: \$0.00	INVOICE TOTAL: \$0.00
ORIGINAL CERTIFICATION SIGNATURE			
I declare that no part of this claim has been previously billed to MDH, and reflects only charges that conform and are consistent with the description and conditions of the grant agreement work plan and budget. I also declare that the data on this document is correct and all transactions that support this claim were made in accordance with all applicable Federal and State statutes and regulations.			
Authorized Official Signature:	<input type="text"/>	Date:	<input type="text"/>
<i>Electronic signatures are accepted as legally binding.</i>			

Financial transactions will be on a reimbursement basis. Grantee reimbursement requests must correspond to the way expenses were budgeted in your most recently approved budget. For example, if a grantee budgeted for food at a project advisory board meeting under “Supplies,” then the food expenses should be invoiced under the “Supplies” line. MDH staff will review each invoice against the approved grant budget and grant expenditures to-date before approving payment. Grantees do **not** need to separate evaluation spending from implementation spending on their monthly invoices.

When completing the invoice, once you enter your total expenses in each line-item, the invoice form will auto-calculate your subtotal for you. Once you have a subtotal, please enter the appropriate amount of indirect based on the rate approved in your budget (e.g., if you were approved at 10% indirect, enter 10% of your subtotal in the “Indirect” line). The form will then auto-calculate your General Funds and/or TANF total for the invoice period. Please note that the template is password-protected to avoid any accidental errors.

The State does not pay merely for the passage of time; therefore, indirect costs may not be charged to the grant when no work has been performed during that period. Indirect costs must always be proportional to the direct costs on your invoice.

As stated in your grant agreement, **invoices must be submitted in a timely fashion and are due by the last day of the following month when the expenditures are incurred.** For example, if an expense is incurred in July 2023, an invoice must be submitted for this expense by August 31, 2023.

As it relates to the invoice submitted each June – the last month of each state fiscal year - MDH asks that you **please submit the June invoice by July 15.** This helps to ensure grantees are paid for the final invoice of the state fiscal year (June) in the event that there are follow-up questions, errors, or concerns regarding the June invoice that need to be communicated. Some examples of invoice questions that may involve additional time and communication to resolve include: A June that exceeds a grantees’ available budget funds; a line item on the invoice exceeds an overage of 10% and has not been approved; the Indirect Rate listed is incorrect; the address on the invoice does not match the address listed in SWIFT; and so on. Again, submitting the June invoice on July 15 (as opposed to the July 30 date) allows any issues to be communicated and addressed prior to the July 30 deadline in which MDH Finance can no longer process the final invoice for the close of state fiscal year.

If you would like to request an alternative payment schedule (e.g. bimonthly or quarterly) please send a written request to your grant manager.

If you have any questions about how to submit an invoice, please contact your grant manager.

Payment Procedure

MDH staff will process your invoice as soon as possible and then send it to our Finance Department for additional processing and payment. Payment will be sent to the location each grantee specified when the organization registered as a vendor with the State of Minnesota. If you have questions about your payment, please contact your grant manager.

MDH has authority to deny invoices submitted more than 30 days after the submission dates specified in your grant agreement. By statute, the state has 30 days from the receipt of the invoice at MDH to issue payment. Please note: If MDH staff have questions, concerns, or request changes to an invoice, the 30 days to issue payment begins *after* the question, concern, or request has been addressed then approved by MDH staff. If your organization or grant program is having trouble with spending grant funds or meeting financial requirements, please notify your grant manager as soon as possible and we will work to support you.

EHDI GRANTEE REFERENCE GUIDE

Per your grant agreement, if deliverables are not completed satisfactorily, the state has the authority to withhold funds, recover funds, or both, as well as to terminate the grant agreement. Refer to your grant agreement for more details.

MDH has authority to deny reimbursement for work deemed unsatisfactory, or performed in violation of federal, state or local law, ordinance, rule or regulation, as well as costs not preapproved nor in accordance with approved work plan activities and strategies, as noted in this guide.

APPENDIX A: Grant Duties - Summary

General

1. Perform the activities set forth in the approved Work Plan within the Budget. Grantee must contact the State if Grantee encounters difficulties. If grant deliverables are not completed satisfactorily, the State has the authority to withhold funds, recover funds, or both.
2. Receive written prior approval from the State for any changes to the work plan or changes over 10 percent to the line-items in the budget.
3. Designate one staff person (at least 0.5 FTE dedicated to the project) to serve as the primary liaison between the State and the Grantee. Note: Multiple staff allocated to make up for this 0.5 FTE requirement will not meet this requirement.
4. Comply with State and EHDI Grant Management requirements including, but not limited to, site visits, program evaluation, grant monitoring, and grant financial reconciliation processes.
5. Participate in State-sponsored technical assistance and training including conferences, summits, grantee gatherings, webinars and trainings. Appoint at least one staff person to attend Grantee Gatherings annually throughout the grant period.
6. Contribute to the development of, and participate in, a shared measurement system (SMS) among grantees.
7. Participate in the EHDI Community of Practice, which may take place at grantee gatherings, through additional in-person meetings, and/or through online networking and sharing (such as a Basecamp page).
8. Notify the State in writing before submission of an abstract or call for presentations at a national or state conference, and before submitting manuscripts for publication, that are based on work funded by this EHDI grant.
9. Submit all mass media developed under the grant – such as billboards, bus advertisements and radio ads – to be preapproved by the State before production. The State reserves the right to approve, modify and/or deny any communications or publications developed under the grant, including advertisements, signage, printed materials, and websites.
10. Develop a budget and work plan for the second half of the grant period (July 2025 – June 2027) in Year 2 of the grant and work with MDH to revise the work plan and budget as needed before June 30, 2025.
11. Provide additional grant-related information to the State upon request.
12. Perform the activities set forth in the approved Work Plan within the Budget. Grantee must contact the State if Grantee encounters difficulties. If grant deliverables are not completed satisfactorily, the State has the authority to withhold funds, recover funds, or both.

13. Receive written prior approval from the State for any changes to the work plan or changes over 10 percent to the line-items in the budget.
14. Designate one staff person (at least 0.5 FTE dedicated to the project) to serve as the primary liaison between the State and the Grantee. Note: Multiple staff allocated to make up for this 0.5 FTE requirement will not meet this requirement.
15. Comply with State and EHDI Grant Management requirements including, but not limited to, site visits, program evaluation, grant monitoring, and grant financial reconciliation processes.
16. Participate in State-sponsored technical assistance and training including conferences, summits, grantee gatherings, webinars and trainings. Appoint at least one staff person to attend Grantee Gatherings annually throughout the grant period.
17. Contribute to the development of, and participate in, a shared measurement system (SMS) among grantees.
18. Participate in the EHDI Community of Practice, which may take place at grantee gatherings, through additional in-person meetings, and/or through online networking and sharing (such as a Basecamp page).
19. Notify the State in writing before submission of an abstract or call for presentations at a national or state conference, and before submitting manuscripts for publication, that are based on work funded by this EHDI grant.
20. Submit all mass media developed under the grant – such as billboards, bus advertisements and radio ads – to be preapproved by the State before production. The State reserves the right to approve, modify and/or deny any communications or publications developed under the grant, including advertisements, signage, printed materials, and websites.
21. Develop a budget and work plan for the second half of the grant period (July 2025 – June 2027) in Year 2 of the grant and work with MDH to revise the work plan and budget as needed before June 30, 2025. Provide additional grant-related information to the State upon request.

APPENDIX B: EHDI Priority Health Area (PHA) Specialists

Breast and Cervical Cancer

The Minnesota Department of Health's (MDH) [Comprehensive Cancer Control Program](https://www.health.state.mn.us/diseases/cancer/compcancer) (<https://www.health.state.mn.us/diseases/cancer/compcancer>) and [Sage Cancer Screening Program](https://www.health.state.mn.us/diseases/cancer/sage/) (<https://www.health.state.mn.us/diseases/cancer/sage/>) work to reduce the burden of cancer in Minnesota through cancer prevention and control services. The programs aim to reduce death and illness from cancers for which early detection saves lives: breast, cervical, colorectal, prostate, and skin cancer. The Sage Screening Programs help keep Minnesotans healthy through screening and early detection of breast and cervical cancer. Screenings are provided at participating locations free of charge to people who qualify.

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Diabetes

The Diabetes and Health Behavior team at MDH is currently involved in a number of projects. EHDI grantees interested in diabetes and cardiovascular disease prevention and management are encouraged to engage with [2030 Minnesota Cardiovascular Health Statewide Plan](https://www.health.state.mn.us/diseases/cardiovascular/stateplan) (<https://www.health.state.mn.us/diseases/cardiovascular/stateplan>). This plan is being co-created with communities most impacted and a variety of stakeholders. The 2030 Cardiovascular Health and Diabetes Statewide Plan is a call to action and a roadmap for individuals, communities, and organizations to work together to prevent, treat and manage diabetes, cardiovascular disease, and stroke for the next ten years.

It provides a unique opportunity to promote health equity and wellbeing, by increasing access to affordable, culturally appropriate, high-quality community prevention, clinical care, and disease self- management services.

EHDI grantees are also encouraged to sign up for quarterly *Diabetes Email Updates* on the MDH webpage [Diabetes](https://www.health.state.mn.us/diseases/diabetes/index.html) (<https://www.health.state.mn.us/diseases/diabetes/index.html>).

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Kim Matteen
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651-201-5434

Heart Disease and Stroke

The Cardiovascular Health (CVH) Unit at MDH is largely funded through CDC via three grants that focus on hypertension, cholesterol, cardiac rehabilitation. Grant activities currently funded are focused on the use of electronic health records (EHRs), team-based care approaches, self-measured blood pressure monitoring, community pharmacists, behavioral health-primary care integration, use of app-based technology to support patient health, and expanding participation in cardiac rehabilitation.

The CVH Unit, in partnership with the Diabetes and Health Behavior Unit, is nearing the launch of a new 10-year state plan [2030 Minnesota Cardiovascular Health and Diabetes \(https://www.health.state.mn.us/diseases/cardiovascular/stateplan/index.html\)](https://www.health.state.mn.us/diseases/cardiovascular/stateplan/index.html). This plan has been developed through multi-year engagement with many community partners and will be designed to support practical and aspirational activities by a broad range of communities and organizations. The CVH Unit expects that EHDI-funded initiatives to address cardiovascular disease and stroke will be complementary to state plan-identified activities.

Contacts:

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651-201-4051

HIV/AIDS and Sexually Transmitted Infections (STIs)

[END HIV MN \(https://www.health.state.mn.us/diseases/hiv/partners/strategy/index.html\)](https://www.health.state.mn.us/diseases/hiv/partners/strategy/index.html) is a comprehensive long-term plan to end new HIV infections and improve health outcomes for people living with HIV in Minnesota. This legislatively mandated plan was created over several years by the Minnesota Department of Health, the Minnesota Department of Human Services, and the Minnesota HIV Strategy Advisory Board.

External groups and meetings focused on HIV/AIDS that are open to community members and that EHDI grantees might be interested in are the [Minnesota Council for HIV/AIDS Prevention \(https://www.mnhivcouncil.org/\)](https://www.mnhivcouncil.org/), the city of Minneapolis stakeholder meetings of the

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651-201-4830

Beth Gyllstrom (STIs, congenital syphilis)
Epidemiologist
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651-201-4072

Immunizations for Adults and Children

A small workgroup of internal and external partners (clinical, public health, professional) has been convened to develop strategies to address the immunization gap in innovative and collaborative ways. There is also a specific focus on Minnesota's low MMR (measles, mumps, rubella) vaccine rates due to the continued increased risk of measles cases. MDH is engaging community partners on strategies to address vaccine hesitancy and access barriers for MMR and all childhood vaccines.

Nationally, general flu vaccine promotion starts in the fall (September through October) and goes through the winter.

Contacts:

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651-201-5591

Carly Edson

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Infant Mortality and Access to and Utilization of High-Quality Prenatal Care

Michelle Chiezah is the State Infant Mortality Coordinator. She is available to offer technical assistance on report and grant proposal writing, data analysis and interpretation, strategic planning, trainings on infant health and mortality topics, and can help grantees connect with internal and external resources and partners. To date, Michelle has responded to EHDI grantee requests for data on infant mortality, birth outcomes, and related topics; presentations on infant mortality in Minnesota; and resources such as flyers, brochures, and booklets on an infant mortality prevention topic (e.g., smoking cessation and safe sleep).

Outside of EHDI, Michelle manages the Infant Mortality Reduction Initiative at MDH. The Infant Mortality Reduction Initiative provides resources, education, information, and technical assistance to local public health agencies, Tribal governments, and community-based organizations to improve birth outcomes across Minnesota. Additionally, she manages a couple of grants related to infant health and mortality. The Star Legacy Foundation grant provides grief and loss support services to Minnesota families who have experienced an infant death or a stillbirth, and the Wilder Research African American Babies Coalition aims to build capacity, train, educate, or improve practices among individuals, from youth to elders, serving families with members who are black, indigenous, or people of color during pregnancy and postpartum.

Contact:

Michelle Chiezah

State Infant Mortality Coordinator

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651-201-3621

Teen Pregnancy Prevention

Eliminating Health Disparities Initiative (EHDI) grantees utilize TANF dollars to support a range of protective factors related to teen pregnancy prevention (TPP) including healthy relationships, parent-child connectedness and communication, culturally relevant and fact-based sexuality education, and teen- friendly clinical services.

PHA Specialists are available to offer technical assistance related to adolescent sexual health topics including: data, best practices, training and education resources, connecting with internal and external resources and partners, evidence-based curricula and promising practices, and questions related to sexual health, reproductive justice, and teen pregnancy prevention.

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E. Brooke Stelzer (she/her)
EHDI Grant Manager and Communications Specialist
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Unintentional Injury and Violence

Unintentional injury and violence prevention at MDH addresses a broad range of issues that are often inter-related. MDH is working to integrate prevention activities by addressing shared risk and protective factors that underlay drug overdose, harms related to excessive drinking, unintentional injury, violence, and mental health including suicide.

MDH's [Suicide Prevention Program \(https://www.health.state.mn.us/communities/suicide\)](https://www.health.state.mn.us/communities/suicide) uses a public health approach to prevent suicides by supporting and coordinating state-funded suicide prevention activities and the state suicide prevention plan, providing technical assistance and data to support community-based prevention programs. Or you may also reach out to **Tanya Carter**, the Suicide Prevention Supervisor. She is available, along with her team, to offer technical assistance on report and grant proposal writing, data, analysis, and interpretation, strategic planning, training on suicide prevention, intervention, and postvention. She can also connect grantees to both internal and external partners and resources working on similar topics. Previously, Tanya has assisted EHDI grantees with trainings and presentations on suicide, helped to edit videos and public service announcements around suicide prevention. She has provided Suicide Prevention toolkits that have been translated into the language within the grantee community, if English was not the preferred language.

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Additional contacts:
health.violenceprev@state.mn.us (Sexual Violence Prevention Program)

Beatriz Menanteau (Suicide Prevention)
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651-201-4154

Tanya Carter (Suicide Prevention)
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Anna Lynn (Mental Health Promotion)
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Heidi Glesmann (Substance Use Prevention)
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