<table>
<thead>
<tr>
<th>Program Area</th>
<th>Description of Grant</th>
<th>Reporting/Invoicing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Master Grant Contract</strong></td>
<td>Every 5 years, MDH enters into a Master Grant Contract with all CHBs. There is no funding attached to this contract. It serves as the legal foundation for subsequent Grant Project Agreements with CHBs for all MDH grant program funding. The Master Grant Contract is intended to streamline the grant process between MDH and CHBs. Contact: <a href="mailto:deeann.finley@state.mn.us">deeann.finley@state.mn.us</a></td>
<td></td>
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| **Local Public Health Grant**      | The state general funds (i.e., state tax dollars) and match provide a base of stable, non-categorical grant funding to Community Health Boards. This funding is used to support local public health infrastructure activities and develop action plans to address the local public health priorities and issues as identified by their community health assessment.  
  • Funding Source – state general funds  
  • Grant Cycle – calendar year for 5 years with annual award letter  
  • Funding is based on a 2003 funding allotment  
  • Match of 75% required  
  [www.health.state.mn.us/communities/practice/lphact/invoice.html](http://www.health.state.mn.us/communities/practice/lphact/invoice.html) | Reporting: Annually  
  Invoicing: Quarterly or monthly (determined by CHB). Within 30 days after end of the invoice period. Contact: deeann.finley@state.mn.us |
| **Maternal & Child Health (Title V) Block Grant** | The federal Title V MCH Block Grant and match provide funding to improve the health and wellbeing of pregnant women, infants, children and adolescents, children and youth with special health care needs, and the provision of family planning services. Two-thirds of the federal dollars are distributed to CHBs for a broad array of MCH services.  
  • Funding Source – federal funds (CFDA 93.994)  
  • Grant Cycle currently on a calendar year but will move to federal fiscal year on 10/01/2019.  
  • Funding is based on a 2003 funding allotment  
  • Match of 50% required  
  [www.health.state.mn.us/communities/titlev/](http://www.health.state.mn.us/communities/titlev/) | Reporting: Annually  
  Invoicing: Quarterly or monthly (determined by CHB). Within 30 days after end of the invoice period. Contact: kathy.wick@state.mn.us |
| **Family Home Visiting (TANF)**    | Family Home Visiting funds can be used for non-medical home visiting services for families, WIC nutritional services, and group teen pregnancy prevention efforts.  
  • Funding Source – federal funds (CFDA 93.558)  
  • Grant Cycle – state fiscal year (July 1 through June 30)  
  • Funding is based on a 2003 funding allotment  
  [www.health.state.mn.us/communities/fhv/grant.html](http://www.health.state.mn.us/communities/fhv/grant.html) | Reporting: Quarterly and Annually  
  Invoicing: Quarterly or monthly (determined by CHB). Within 20 days after end of the invoice period. Contact: dawn.reckinger@state.mn.us |
| **Maternal Infant and Early Childhood Home Visiting Program (MIECHV)** | The federal Affordable Care Act of 2010 created MIECHV to provide funding for evidence-based home visiting programs to improve the health and development outcomes for at-risk children and families. Evidence-based home visiting models funded by MIECHV that are | Reporting: Quarterly as directed by MDH (data) and annually (status report)  
  Invoicing: Quarterly |
<table>
<thead>
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<tr>
<td>Evidence-Based Home Visiting Program (EBHV)</td>
<td>State Evidence-Based Home Visiting funding can be used for evidence-based home visiting services provided by Community Health Boards, tribal nations, and non-profits. This funding is to support the start-up and expansion of selected evidence-based home visiting models to serve families in need. The models are intended to be implemented at the community level as part of a coordinated, integrated system of early childhood services. Funding Source – state general funds Grant Cycle – based on specific grant agreements Funding is awarded through competitive application process</td>
<td><a href="mailto:dawn.reckinger@state.mn.us">dawn.reckinger@state.mn.us</a></td>
<td>Quarterly as directed by MDH (data) and annually (status report)</td>
<td>Quarterly</td>
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<td>Women, Infants and Children (WIC)</td>
<td>WIC provides funding for nutrition and breastfeeding support for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. Services include nutrition assessment and education, breastfeeding support, nutritious foods, and health care referrals. Funding Source – federal funds (CFDA 10.557) Grant Cycle – calendar year for 5 years Funding is by reimbursement based on the number of participants served each month</td>
<td><a href="mailto:kate.franken@state.mn.us">kate.franken@state.mn.us</a></td>
<td>HuBERT Information System</td>
<td>Monthly</td>
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<tr>
<td>State Health Improvement Partnership (SHIP)</td>
<td>SHIP was launched in 2008 as part of Minnesota’s health reform effort with the goal of helping Minnesotans live longer, healthier lives by decreasing obesity and tobacco use and exposure, the leading causes of chronic disease, disability and death. CHBs are awarded grants based on a menu of proven strategies. Funding Source – state general funds Grant Cycle – 5 year grant agreement with funding November 1 to October 31 Funding amount is determined by population</td>
<td><a href="mailto:susan.michels@state.mn.us">susan.michels@state.mn.us</a></td>
<td>Monthly, quarterly and annual reports as directed by MDH</td>
<td>Monthly</td>
</tr>
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</table>
| **Public Health Emergency Preparedness** | The Center for Emergency Preparedness and Response Section (EPR) oversees emergency preparedness and response funding to local health departments, tribal agencies and healthcare coalitions as they develop plans and protocols for responding to public health threats. Priority activities are guided by 15 Public Health and 4 Healthcare Preparedness Capabilities. These capabilities are national standards for state and local planning to identify risks and gaps, determine priorities and plan with partners to assure safer, more resilient and better prepared communities whether the public health threat is caused by natural, accidental, or intentional means.  
- Funding Source – federal funds (CFDA 93.069)  
- Grant Cycle – 5 year grant agreement with funding July 1 through June 30  
- Funding determined by a SCHSAC work group formula  
https://www.health.state.mn.us/communities/ep/ | Reporting: Mid and End of year, EPR consolidates for submission to CDC  
Invoicing: Quarterly (invoices are on the EPR SharePoint site)  
Contact: kara.cornils@state.mn.us |
| **Early Hearing Detection & Intervention (EHDI) and Birth Defects Follow-up** | The MDH Children and Youth with Special Health Needs Program (Early Hearing Detection & Intervention [EHDI] and Birth Defects) provides funding to CHBs to follow-up with families in order to identify needs and connect families to federal, state and community services and supports. In addition, CHBs follow-up with families of children who did not pass the newborn hearing screening and may need assistance with diagnosis or further testing.  
- Funding Source – federal funds and state funds from fees  
  EHDI Screening/Diagnosis (CFDA 93.314), EHDI Confirmed Hearing Loss (CFDA 93.251), Birth Defects (state funding)  
- Grant Cycle – annual grant (January 1 to December 31)  
- Funding is reimbursed by number of clients served (varies every year)  
www.health.state.mn.us/people/childrenyouth/cyshn/ | Reporting: MEDSS (Minnesota Electronic Disease Surveillance System)  
Invoicing: Quarterly or monthly (determined by CHB)  
Contact: Nicole.brown@state.mn.us |
| **Minnesota Vaccines for Children (MnVFC) Site Visits** | MnVFC is a component of the Immunization Program at MDH. Select CHBs conduct site visits to assess local medical clinics’ compliance with the MnVFC program including, storage and handling techniques of vaccines, and provide teaching and needed follow-up. Clinics which receive MnVFC vaccines are required to be visited every 24 months.  
- Funding Source – federal funds (CFDA 93.268)  
- Grant Cycle – annual grant  
- Funding – Reimbursement for completed components of clinic assessments, education and follow-up  
www.health.state.mn.us/people/immunize/hcp/mnvfc/ | Reporting: Quarterly as directed by MDH  
Invoicing: Quarterly  
Contact: Jessica.munroe@state.mn.us |
| **Eliminating Health Disparities – Tuberculosis**  
**MN Statute 145.928, Subd. 9** | The MDH Refugee and TB programs provide funding to CHBs for health screening and follow-up services for tuberculosis for foreign-born persons. Funds are distributed based on the formula defined in statute.  
- Funding Source – state general funds  
- Grant Cycle – state fiscal year (July 1 through June 30)  
- Funding – formula based (defined in statute) | Reporting: MEDSS (TB surveillance)  
Invoicing: Yearly (end of fiscal year)  
Contact: blain.mamo@state.mn.us |
| **Follow Along Program (FAP)** | MDH Children and Youth with Special Health Needs provides funding to CHBs to support the early identification of children birth to 3 years of age with developmental and/or social-emotional concerns and to facilitate connections to community agencies, such as Part C Infant and Toddler Intervention Services. The FAP provides early childhood developmental guidance, screening, referral and ongoing care connection/coordination.  
- Funding Source – federal funds administered by MN Department of Education, distributed to MDH through a state interagency agreement.  
- Grant Cycle – state fiscal year (July 1 through June 30)  
- Funding – total amount is split evenly between participating agencies.  
www.health.state.mn.us/mnfap | Reporting: Quarterly  
Invoicing: Quarterly  
Contact: shawn.holmes@state.mn.us |
| **Child and Teen Checkups (C&TC)** | The C&TC program is Minnesota’s federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. It is administered by the Minnesota Department of Human Services (DHS) and not covered under the Master Grant Contract. |  |

There are a number of other funding and resource opportunities administered by MDH that may be available to CHBs. These could be awarded on a competitive, formula, reimbursement, or risk-based basis. These may fluctuate based on new federal or state funding awarded to the MDH. Information about overall local public health spending can be found under Expenditure Summary on the OPI Publications Database:  
www.health.state.mn.us/communities/practice/resources/publications/