

This document will be updated on an ongoing basis. Check frequently for updates.

Foundational Public Health Responsibilities Grant

EXPENDITURE GUIDE UPDATED: APRIL 2024

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Purpose of this document

The purpose of this document is to provide information on the Foundational Public Health Responsibilities (FPHR) Grant funding. It is intended to be a source of information regarding funding, invoicing, reporting, spending ideas and examples, and answer expenditure questions. **This is a living document – check frequently for updates.** If you do not see the information you need, reach out to your public health system consultant with any questions: [Who is my public health system consultant? - MN Dept. of Health](#). You can also contact the MDH Center for Public Health Practice at health.ophp@state.mn.us

Information on and resources for the FPHR Grant are posted here: [Funding for Foundational Public Health Responsibilities - MN Dept. of Health](#). Information about the foundational public health responsibilities can be found here: [Foundational Public Health Responsibilities - MN Dept. of Health](#).

Source of funding

The FPHR Grant comes from the state general fund (i.e., state tax dollars). During the 2023 session, the Minnesota Legislature allocated community health boards a total of \$9,844,000 and tribes \$535,000 to fulfill foundational public health responsibilities. This is ongoing funding to strengthen local and tribal public health in Minnesota and is for foundational public health responsibilities first. It contains a required 75% local match.

This funding is legislatively a component of the Local Public Health Grant. However, these funds have a separate set of duties and expectations and must be accounted for and managed as a separate funding source. Over the course of the next year, the Minnesota Department of Health will work to integrate this funding and activities more fully into the overall Local Public Health Grant while continuing to assure the FPHR funding focuses on FPHR activities. More guidance on the use of the funds will be posted here: [Funding for Foundational Public Health Responsibilities - MN Dept. of Health](#).

For the full text of relevant statutes and laws, see [Minn. Stat. chapter 145A.131](#).

Amount and distribution of funding

Funding amounts for each community health board are posted online under funding awards: [Funding for Foundational Public Health Responsibilities - MN Dept. of Health](#). This table includes the amount for each component of the funding formula.

Funding formula

On December 14, 2023, the Commissioner of Health approved the following funding formula recommended by State Community Health Services Advisory Committee (SCHSAC):

- Base annual funding of \$115,000 to each community health board
- Allocate 60% of remaining funds based on social vulnerability index
- Allocate 40% of remaining funds based on capacity to community health boards serving fewer than 100,000 people

This means that, overall, 59.6% of the foundational funds are allocated to base funding, 24.3% to social vulnerability index, and 16.2% to capacity.

The SCHSAC Foundational Public Health Responsibility Funding Workgroup’s final report with recommendations and rationale can be found online for at least one year under the workgroup: [Standing and Active SCHSAC Workgroups - MN Dept. of Health.](#)

Local match

Community health boards must provide a match of at least 75% of the new foundational public health responsibilities funding, as is current practice with the Local Public Health Grant. Match sources are the same as (but in addition to) the Local Public Health Grant.

Eligible funds include those from local property taxes; third-party reimbursements; fees; and other local funds, donations, or nonfederal grants used for community health services described in [Sec. 145A.02 MN Statutes Subd. 6](#). The Minnesota Department of Health will develop guidance to help community health boards identify potential match sources. The department encourages community health boards to reach out to your public health system consultant with questions or contact health.ophp@state.mn.us: [Who is my public health system consultant? - MN Dept. of Health.](#)

Workplan and budget

Community health boards will be required to submit a workplan identifying planned activities and budget for the FPHR Grant in REDCap. Training on this workplan and budget was provided in early 2024. A link to the rollout webinar can be found at [Funding for Foundational Public Health Responsibilities - MN Dept. of Health \(state.mn.us\)](#). The workplan asks for the community health board’s proposed activities in the foundational capabilities and foundational areas. Community health boards can choose to address any or all FPHR.

Grant cycle and invoicing

Grant cycle

Timeline reflects the 2024 and 2025 FPHR grant cycle and carry-forward timeline. FPHR funds remaining as of December 31, 2024, may be carried forward; however, these carry-forward funds must be spent by June 30, 2025.



Invoice

The invoice for reimbursement of FPHR Grant expenditures can be found online: [Funding for Foundational Public Health Responsibilities - MN Dept. of Health](#).

The Local Public Health Grant (and aligned Foundational Public Health Responsibilities Grant) period is 1/1/20 to 12/31/24. This Grant Award Cover Sheet includes only the 2024 FPHR award. Payments for this grant will include the following code: MDH.FPHR.STATE.R.[invoice period – e.g. Q12024]

Invoice frequency

Invoicing can occur quarterly or monthly (as determined by the community health board). Invoices are due within 30 days after the end of the invoice period.

Invoices submitted quarterly are on the following schedule:

- January 1 to March 31 (Q1) due April 30th
- April 1 to June 30 (Q2) due July 31st
- July 1 to September 30 (Q3) due October 31st
- October 1 to December 31 (Q4) due January 31st

Expenditure tracking

FPHR Grant funds should be managed and accounted for as a unique funding source. Expenditures should be tracked according to standard expenditure categories as describe below.

Expenditure Categories:

- **Salary and fringe:** All employee time spent on FPHR Grant activities supported by these funds.
- **Contractual:** All contracted activities supported by these funds. This should include: description of contracted services; contractor/consultant’s name; length of contracted services; and contracted services budget allocation. Subcontracts over \$5,000 that are not included in the original budget require approval from the Minnesota Department of Health.
- **In-state travel:** All in-state travel is supported by these funds. Travel and subsistence expenses must fall within the following guidelines outlined in the Master Grant Agreement according to the current “Commissioner’s Plan.”
- **Supplies and equipment:** Purchases of needed supplies to carry out the FPHR Grant activities. Equipment is defined as tangible, non-expendable personal property that has a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. Equipment over \$5,000 requires prior written approval from the Minnesota Department of Health.
- **Other:** This category contains items not included in the previous budget categories.

Reporting

Community health boards will be required to report quarterly on their grant activities. This reporting will be done in REDCap. Some information on FPHR funding may also be included as part of the community health board annual report. The Minnesota Department of Health will strive to follow the guidance from the FPHR Funding Workgroup to limit the reporting burden while also maintaining accountability for the funding and legislative intent.

Grantee duties

Below are the duties for the Foundational Public Health Responsibilities Grant:

EXHIBIT A: Grantee's activities/scope of work

The purpose of this funding is to support the implementation of foundational public health responsibilities by community health boards (grantees). The foundational public health responsibilities are the unique responsibilities of governmental public health that define a minimum package of public health capabilities and programs that must be available in every community.

This funding must be used to fulfill foundational public health responsibilities as defined by the commissioner in consultation with the State Community Health Service Advisory Committee (SCHSAC). Based on the recommendation by SCHSAC, grantees cannot use these funds for non-foundational public health responsibilities activities at this time.

More details on the foundational public health responsibilities and examples of the work supported by these funds can be found online: [Funding for foundational public health responsibilities - MN Dept. of Health](#).

Duties:

1. Grantee shall complete, and update as necessary, proposed activities and a workplan for Minnesota Department of Health (MDH) approval in REDCap. This workplan will assure compliance with funding requirements and make connections with other grantees. Any changes made to the original proposal must reviewed and approved by MDH.
2. Grantee shall complete a proposed budget in REDCap by the date provided to them by MDH. Any revisions made to the original budget must be made in REDCap and reviewed by MDH.
3. Grantee shall implement activities to carry out foundational public health responsibilities in accordance with the definitions outlined in this document and online: [Funding for Foundational Public Health Responsibilities - MN Dept. of Health](#).
4. Grantee shall provide requested financial and programmatic reporting information by the dates provided to them by MDH to meet funding reporting and monitoring requirements.

Overall use of funds

This funding must be used to fulfill foundational public health responsibilities as outlined in Minnesota Statute. The statute authorizing these funds allows community health boards to use these funds for community health priorities if it can demonstrate full implementation of foundational public health responsibilities; however, SCHSAC currently recommends, and the Commissioner of Health approved the recommendation, that the Minnesota Department of Health withhold funding for community health priorities until SCHSAC has adopted a set of minimum standards for FPHR implementation. As of the most recent University of Minnesota FPHR cost and capacity assessment, no local health departments are fully implementing FPHRs.

The FPHR Funding Workgroup recommended that SCHSAC create a workgroup to establish these standards and inform the development of a process by which the Minnesota Department of Health can

determine that foundational public health responsibilities are fully implemented in any given jurisdiction.

The Minnesota Department of Health will provide additional guidance and training on eligible expense activities in early 2024. For more information and frequently asked questions, visit: [Funding for Foundational Public Health Responsibilities - MN Dept. of Health](#).

For the full text of relevant statutes and laws, see [Minn. Stat. chapter 145A.131](#).

Spending ideas and examples

Cost and capacity assessment

Community health boards should examine the results of their cost and capacity assessment to determine priority areas for FPHR Grant funding. The cost and capacity assessment also provides a comprehensive list of activities identified as foundational. Local public health can now view agency-specific and state-level data from the 2022 Minnesota cost and capacity assessment through interactive dashboards. The web-based dashboards display the assessment's results across different foundational public health responsibilities. Find information about staffing, spending, responsibility implementation, and more:

- [Agency-level Dashboard](#)
- [State-level Dashboard](#)

The Minnesota Department of Health has also created written and video guides to help you navigate the dashboards: [Publications and Resource Documents - MN Dept. of Health](#). If you would like discuss your agency's cost and capacity assessment in more detail, contact the Center for Public Health Practice at health.ophp@state.mn.us or reach out to your public health system consultant: [Who is my public health system consultant? - MN Dept. of Health](#).

National headlines, Minnesota activities

Minnesota has adopted the [PHAB National Framework for Foundational Public Health Services](#), which defines a minimum package of public health capabilities and programs that no jurisdiction can be without. Prior to the adoption of the national framework, Minnesota had developed a similar foundational public health responsibilities framework that included a more robust set of activities to allow for the completion of a comprehensive cost and capacity assessment.

A document was developed to organize the previously developed Minnesota activities under the headlines of the national framework. The document, *Foundational Public Health Responsibilities: National Headlines, Minnesota Activities*, has been posted online: [Funding for Foundational Public Health Responsibilities - MN Dept. of Health](#).

The document will help community health boards identify those activities that are considered foundational and appropriate for the use of FPHR Grant funding. This work is rapidly evolving, and this document provides only a small sample of allowable costs. Over the next several months, local public health and the Minnesota Department of Health will be working together to better define what activities are foundational for Minnesota's state and local public health system.

Ask yourself

Community health boards are expected to use discretion in determining whether an expense is allowable using FPHR funding. To guide this decision-making process, grantees could use the following questions:

- Does the use of the funding meet the legislative intent of the funding?
- Does it strengthen your foundational capabilities/areas of your community health board?
- Does the activity have an impact on the broader populations vs. serving an individual?
- Is the activity included in the *Foundational Public Health Responsibilities: National Headlines, Minnesota Activities* document?
- Did your community health board/agency show the activity as a gap in the cost and capacity assessment?
- Is the item or request included in your approved budget?
- Is the cost of the activity reasonable, cost efficient, and necessary?
- Is it a good use of public funds? Would the activity be perceived by the public, potential critics, community leaders, decision makers and partners, in a positive manner?
- Does the work align with the community health board's strategic plans?

Allowable and unallowable expenses

Allowable expenses

Please note equipment over \$5,000 requires prior written approval from the Minnesota Department of Health.

- Costs associated with attending in-state or out-of-state conferences or trainings related to FPHR. This may include travel costs and registration fees. Out-of-state travel requires prior approval. Travel costs must align with the current [State of Minnesota Commissioner's Plan](#).
- Electronics – computers, monitors, laptops
 - Electronics that support FPHR is an allowable cost. FPHR can only cover the amount of the cost equivalent to the percentage that it is used for FPHR. For example, if a computer is used by staff that is .5 FTE in FPHR, you can include 50% of the costs.
- Office furniture
 - Desks, office chairs
 - FPHR can only cover the amount of the cost equivalent to the percentage that it is used for FPHR. For example, if the office furniture is used by staff that is .25 FTE in FPHR, you can include 25% of the costs.

Unallowable expenses

Please note these are examples of unallowable expenses and is not an exhaustive list.

- Capital improvements, including construction costs and renovation costs

- Childcare
- Costs associated with providing direct services to individuals
- Filing cabinets
- Food purchased for meetings that do not have a direct and clear connection to FPHR
- Generators
- Health screening supplies and associated costs
- Incentives – gift cards, gas cards
- Lead test kits
- Mileage/travel expenses that support direct client services
- Radon test kits
- Refrigerators/freezers
- Travel outside of the United States
- Vaccinations
- Vehicles (including costs associated with the purchase, maintenance, and/or retrofitting)
- Water test kits

Frequently asked questions

For a list of frequently asked questions, visit: [Funding for Foundational Public Health Responsibilities - MN Dept. of Health](#). This list will be updated on an ongoing basis, so check the website frequently. If you have questions about this guide or FPHR, contact the Minnesota Department of Health Center for Public Health Practice at health.ophp@state.mn.us or reach out to your public health system consultant: [Who is my public health system consultant? - MN Dept. of Health](#).

Document links

Links are listed in the order of which they appear in the document.

[Who is my public health system consultant? - MN Dept. of Health](https://www.health.state.mn.us/communities/practice/ta/systemconsultants/contact.html)
(<https://www.health.state.mn.us/communities/practice/ta/systemconsultants/contact.html>)

[Funding for Foundational Public Health Responsibilities - MN Dept. of Health](https://www.health.state.mn.us/communities/practice/systemtransformation/foundationalfunding.html)
(<https://www.health.state.mn.us/communities/practice/systemtransformation/foundationalfunding.html>)

[Standing and Active SCHSAC Workgroups - MN Dept. of Health](https://www.health.state.mn.us/communities/practice/schsac/workgroups.html)
(<https://www.health.state.mn.us/communities/practice/schsac/workgroups.html>)

[Sec. 145A.131 MN Statutes](https://www.revisor.mn.gov/statutes/cite/145A.131) (<https://www.revisor.mn.gov/statutes/cite/145A.131>)

[Sec. 145A.02 MN Statutes](https://www.revisor.mn.gov/statutes/cite/145A.02#stat.145A.02.6) (<https://www.revisor.mn.gov/statutes/cite/145A.02#stat.145A.02.6>)

[Agency-level Dashboard | Cost and Capacity Assessment](https://public.tableau.com/app/profile/jp.leider6501/viz/MN_CCA_Individual/Title)
(https://public.tableau.com/app/profile/jp.leider6501/viz/MN_CCA_Individual/Title)

[State-level Dashboard | Cost and Capacity Assessment](https://public.tableau.com/app/profile/jp.leider6501/viz/MinnesotaCCAvisuals_No_Ind/Title)

(https://public.tableau.com/app/profile/jp.leider6501/viz/MinnesotaCCAvisuals_No_Ind/Title)

[Publications and Resource Documents - MN Dept. of Health](https://www.health.state.mn.us/communities/practice/systemtransformation/resources.html)

(<https://www.health.state.mn.us/communities/practice/systemtransformation/resources.html>)

[The Foundational Public Health Services - Public Health Accreditation Board \(phaboard.org\)](https://phaboard.org/center-for-innovation/public-health-frameworks/the-foundational-public-health-services/)

(<https://phaboard.org/center-for-innovation/public-health-frameworks/the-foundational-public-health-services/>)

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