



# 2021 Community Clinic Grant Program

REQUEST FOR PROPOSAL (RFP)

Minnesota Department of Health  
PO Box 64882  
St. Paul, MN 55164-0882  
651-201-3870  
[health.CommunityClinicGrant@state.mn.us](mailto:health.CommunityClinicGrant@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

01/15/2021

To obtain this information in a different format, call: 651-201-3870.

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## RFP Part 1: Overview

### 1.1 General Information

- **Announcement Title:** Community Clinic Grant Program – Fiscal Year 2021
- **Minnesota Department of Health (MDH) Program Website:**  
<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#community>
- **Application Deadline:** 11:59 PM, Friday March 5, 2021.

### 1.2 Program Description

Minnesota Statute 145.9268 authorizes the Commissioner of Health to award grants to support the capacity of eligible organizations to plan, establish or operate clinical services for populations with low income and/or living in rural areas of the state.

Fiscal Year 2021 program funding will support clinic efforts to improve:

- A. Mental health screening and follow-up services for adolescents and young adults ages 12-25 (minimally ages 12-17), or
- B. Oral health programs, with preference for projects supporting collaborative practice dental hygienists to provide services in community locations, or
- C. Clinical services for at-risk youth.

### 1.3 Funding and Project Dates

#### Funding

Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date.

Funding	Estimate
Estimated Amount to Grant	\$530,000
Estimated Number of Awards	10-13
Estimated Award Maximum	\$45,000
Estimated Award Minimum	Not applicable

#### Match Requirement

The Community Clinic Grant Program does not require matching funds.

#### Project Dates

Funding will be provided for one year, June 1, 2021 – May 31, 2022. It is expected that applicants will be able to complete the proposed project during the grant period.

## 1.4 Eligible Applicants

Eligible entities include:

- Nonprofit clinics established to provide preventative, medical, dental or mental health services to low-income or rural population groups.
- A government entity operating a clinic which provides preventative, medical, dental or mental health services.
- An Indian Health Services unit or Indian tribal government operating a clinic which provides preventative, medical, dental or mental health services; or,
- A consortium of these entities.
- Applicant organizations must also have a policy to ensure no person will be denied services due to inability to pay (e.g., sliding-fee scale).

Additionally, mental health screening project applicants must:

- Serve young people, minimally ages 12-17 but preferably ages 12-25.
- Provide directly or partner with a local clinic that provides Child and Teen Checkups (C&TC) or preventative health visits for adolescents and young adults.
- Accept Medicaid-eligible patients.

For purposes of the Community Clinic Grant Program, the term clinic means an outpatient or ambulatory setting for the diagnosis or treatment of illness or injury or the maintenance of health. Clinics may be stationary or mobile and must not be solely for the purpose of urgent nor emergent care. Eligible health services include preventative, medical, dental and mental health. Clinics may provide one or more of these services and are not required to provide all.

### Collaboration

For mental health screening projects, collaboration with local young people, families and community partners is required. Successful applicants will be required to work with young people (ages 12-25) through listening sessions, advisory boards and/or surveys to consult on and inform the project. Collaborative entities may include primary care clinics, local public health [C&TC coordinators](#), community mental health agencies, culturally specific or faith-based organizations, schools and youth-serving agencies.

For all other grant projects, collaboration is encouraged.

## 1.5 Questions and Answers

Consultation and guidance in completing the application process is available upon request. For assistance, contact Brenda Flattum, Office of Rural Health and Primary Care, at 651-201-3870, toll free from Great Minnesota at 1-800-366-5424 or at [health.CommunityClinicGrant@state.mn.us](mailto:health.CommunityClinicGrant@state.mn.us).

All questions regarding this RFP must be submitted by email or phone to Brenda Flattum at [health.CommunityClinicGrant@state.mn.us](mailto:health.CommunityClinicGrant@state.mn.us) or 651-201-3870. If MDH determines that questions and answers should be published, all answers will be posted within five business on the [Community Clinic Grant](#) program website.

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Please submit questions no later than 12:00 p.m. Central Time, on February 12, 2021.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. Any violation of this prohibition may result in the disqualification of the applicant.

## RFP Part 2: Program Details

### 2.1 Priorities

#### Health Equity Priorities

The vision of the Minnesota Department of Health is for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy. Achieving health equity means creating the conditions in which all people have the opportunity to attain their highest possible level of health without limits imposed by structural inequities. Find more information on health equity at [MDH Center for Health Equity](#).

It is the policy of the State of Minnesota to ensure fairness, precision, equity and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. [The Policy on Rating Criteria for Competitive Grant Review](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The goal of the Community Clinic Grant program is to increase access to clinical services for underserved populations. Per state statute, this grant will serve populations experiencing health care access due to low incomes or living in rural areas. Underserved populations may also include, but would not be limited to, subpopulations experiencing known health inequities due to characteristics such as age, race/ethnicity, gender, income, geography, education, sexual orientation, disability, military service and veteran status. Some data resources are available through the [Minnesota Center for Health Statistics](#).

Mental health screening project awards will prioritize applicants serving rural and/or American Indian adolescents and young adults.

### 2.2 Eligible Projects

Eligible projects for the Fiscal Year 2021 Community Clinic Grant program are limited to:

- A. Mental health screening and follow-up services for adolescents and young adults ages 12-25, or
- B. Oral health programs, with preference for projects supporting collaborative practice dental hygienists to provide services in community locations, or
- C. Clinical services for at-risk youth.

For purposes of the Community Clinic Grant Program, the term clinic means an outpatient or ambulatory setting for the diagnosis or treatment of illness or injury or the maintenance of health. Clinics may be stationary or mobile and must not be solely for the purpose of urgent or emergent care. Eligible health services include preventative, medical, dental and mental health. Clinics may provide one or more of these services and are not required to provide all.

## Mental Health Screening Projects

Mental health screening proposals are being requested to increase the rate of mental health screening and follow-up for patients aged 12-25 and document follow-up services. With support from the MN Department of Health, the aim of this project is to improve depression screening and follow-up for young people in primary care using practice-based quality improvement (QI) tools and methods. Specifically, the goals are to achieve an 80% screening rate for depression or broader mental health in patients ages 12-25 using an age-appropriate standardized screening tool, with documentation of a follow-up plan if the screen is positive. Substantial technical assistance for QI activities, including training and support for screening response and referral, will be provided by the National Improvement Partnership Network (NIPN) and the Minnesota Department of Health (MDH).

Proposed projects must include:

- A clinician champion (a licensed health care provider who takes the lead in the QI project).
- Letter of commitment from clinic leadership for participating in quality improvement activities.
- Statement of commitment to participate in monthly virtual clinical QI calls with MDH and NIPN, February through October, and to submit 4 to 6 months of related aggregate clinic data to NIPN on a monthly basis, through free access to the NIPN QI data system. (Note: This will NOT include private patient data.)
- A plan to engage local young people or patients (ages 12-25) through listening sessions, advisory boards, surveys, or other approaches to consult on and inform the project plan and QI process.
- A plan to implement and sustain learnings and processes (including the use of an age-appropriate standardized screening tool) developed from the QI project into their broader primary care practice.
- A plan to establish a referral network, as part of the project, to include local mental health or tele-mental health services, local public health and other community agencies that provide services for youth and families (such as schools or culturally specific supports).
- Costs related to youth engagement, building community relationships and establishing referral response and pathways should be reflected in the budget.

MDH, in collaboration with NIPN, will provide grantees for the mental health screening track the following:

- Technical assistance for QI including training and free access to data collection and analysis support.
- Maintenance of certification and/or continuing medical education credits for participating licensed health care providers.

Eligible expenditures for the mental health screening project may include, but are not limited to:

- Staff time for project coordination, data collection, reporting, planning and facilitating youth or community meetings.
- Engaging local public health (e.g., [Child and Teen Checkups Coordinators](#)) to assist with the project coordination.
- Incentives, food, travel, or time reimbursement for youth participation in project planning.
- Equipment or planning related to tele-mental health services.
- Costs related to integration of behavioral health services with primary care services, referral pathways or expanding clinic capacity to manage common mental health concerns.
- Electronic health record updates to support mental health screening, referral and/or follow-up services.

## Oral Health Projects

Proposals to improve oral health may include a broad range of projects including direct services, expanding services, replacing equipment, etc. However, preference will be given to proposals to establish or expand the use of collaborative dental hygiene agreements between dental hygienists and dentists to support expanded oral health services in community-based locations.

The following resources may be used to learn more about collaborative dental hygiene agreements.

- [Minnesota Statutes 150A.10, subd. 1a](#) authorizes Collaborative Dental Hygiene Practice in Community Settings.
- [Minnesota Administrative Rules 3100.8700](#) describe dental hygiene scope of practice that may be provided by a collaborative practice dental hygienist.
- Collaborative agreements must be registered through the [Minnesota Board of Dentistry](#), which also provides an agreement template.
- [Normandale Community College](#) offers additional resources, documents, links and a “Coffee Talks” video series on collaborative dental hygiene practice.

## Clinical Services for At-risk Youth Projects

Proposals for clinical services for at-risk youth may include preventative, medical, dental and/or mental health services. Projects may focus on one or more of these services and are not required to include all.

## Ineligible Expenses for All Projects

Ineligible expenses include but are not limited to:

- Fundraising
- Taxes, except sales tax on goods and services



- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

## 2.3 Grant Management Responsibilities

### Grant Agreement

Each grantee must formally enter into a grant agreement with MDH. The grant agreement will address the conditions of the award, including implementation for the project. Once the grant agreement is signed, the grantee is expected to read and comply with all conditions of the grant agreement.

No work on grant-funded activities can begin until a fully executed grant agreement is in place.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

### Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants. The Community Clinic Grant program requires quarterly submission of written progress reports and a final summary report at the end of the project period.

### Grant Monitoring

Minn. Stat. §16B.97 and Policy on Grant Monitoring require the following:

- One monitoring visit during the grant period on all state grants over \$50,000.
- Annual monitoring visits during the grant period on all grants over \$250,000.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000.

### Technical Assistance

Consultation and guidance in completing the application process is available upon request. For assistance, contact Debra Jahnke, Office of Rural Health and Primary Care, at 651-201-3870, toll free from Great Minnesota at 1-800-366-5424 or at [brenda.flattum@state.mn.us](mailto:brenda.flattum@state.mn.us).

Technical assistance will also be available to grantees for invoicing and reporting. It is the grantee's responsibility to meet all obligations in the contract. Changes to the contract require prior approval from MDH.

### Grant Payments

Per State Policy on Grant Payments, reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant

payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension. The invoicing and payment schedule will be quarterly.

Invoices for reimbursement of grant expenditures must include supporting documentation for proof of expenditures. Reimbursements will not be processed until the narrative progress report is received.

## 2.4 Grant Provisions

### Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per [Minn. Stat. §16B.98](#) and [Conflict of Interest Policy for State Grant-Making](#).

**Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work contemplated by this RFP.** The list must provide the name of the entity, the relationship, and a discussion of the conflict. Submit the list as an attachment to the application. If an applicant does not submit a list of conflicts of interest, MDH will assume that no conflicts of interest exist for that applicant.

Organizational conflicts of interest occur when:

- a grantee or applicant is unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties.
- a grantee's or applicant's objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties.

In cases where a conflict of interest is suspected, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

### Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minnesota Statute Section 13.599, all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in Minn. Stat. § 13.37, Subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. (Minn. Stat. § 13.599, subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minnesota Statute Section 13.37, the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act (Minnesota Statutes chapter 13) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

## **Audits**

Per [Minn. Stat. §16B.98](#) Subdivision 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

## **Affirmative Action and Non-Discrimination Requirements for all Grantees**

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. [Minn. Stat. §363A.02](#). The grantee agrees to take affirmative steps to employ, advance in

employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minnesota Rules, part [5000.3500](#).

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.

## 2.5 Review and Selection Process

### Review Process

Applications will be reviewed by a committee of volunteer health care stakeholders representing various geographies, health-related entities and populations from across the state. The review committee will evaluate and make recommendations on all eligible and complete applications received by the deadline. MDH will consider all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

### Selection Criteria and Weight

A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria. Review criteria can be found in Section 4 of this document.

### Grantee Past Performance and Due Diligence Review Process

It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.

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State policy requires programs to conduct a financial review prior to a grant award made of \$25,000 and higher to a nongovernmental organization, in order to comply with [Policy on the Financial Review of Nongovernmental Organizations](#).

### **Notification**

MDH anticipates notifying all applicants via email of funding decisions by April 30, 2021.

## RFP Part 3: Application and Submission Instructions

### 3.1 Application Deadline

All applications **must** be submitted online through the online grant portal no later than **11:59 p.m. Central Time, on Friday, March 5, 2021.**

**Late applications will not be accepted.** It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer or technology problems.

### 3.2 Application Submission Instructions

Applications must be submitted electronically through the ORHPC online grant portal:

Read the request for proposal for program information and application instructions. You will need to create an account in the online [Grants Portal](#), after which you will be taken to the electronic application within the Portal.

If you have any questions, please contact us at: [health.CommunityClinicGrant@state.mn.us](mailto:health.CommunityClinicGrant@state.mn.us)

### 3.3 Application Instructions

The Application includes the following components:

- Online form:
  - Organization and Application Information
  - Project Information
  - Project Abstract
  - Narrative
  - Budget Narrative
  - Grant Budget Line-Item Request
- Required Attachments
  - [Governing Board Resolution](#)
  - [Due Diligence form](#)
  - Audited Financial Statement
    - Statement of Expenses and Revenues (for Government Programs, Tribal Programs, and Clinics and/or grant projects of a larger organization)
  - Patient Payment Policy
  - [Key Personnel Biographical Sketch\(es\)](#)
  - [Project Work Plan](#)
  - Letters of Support
- Optional Attachments
  - Organization's Geographic Service Area

**Incomplete applications will be rejected and not evaluated.**

Applications must include all required application materials, including required attachments. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

All application documents submitted to MDH become public information once awards are announced.

**All costs incurred in responding to this RFP will be borne by the applicant.**

## Section 1. Project Abstract

This section requests summary information about the project including the request amount, the name of the program the grant funds are being requested, contact information, specific, measurable objectives that the project will accomplish and how the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, how" of a project.

## Section 2. Narrative

The online application provides open fields for grant applications to respond to narrative questions about the project. The purpose of the Project Narrative is to provide details and context for the proposed project. Please provide concise and thorough responses to the questions outlined below. Failing to provide all the requested information and in the order prescribed may result in a lower score during the application review.

### Applicant Information

The applicant information section not only documents eligibility but also the capability of the organization to successfully provide services to the population.

#### Eligibility and Organizational Background

- Briefly describe the organization's mission and goals. If the proposed project includes a collaborating community partner, a brief description of the partner's organization should be included. For example, a dental clinic providing outreach/mobile services at elementary schools should include a list of the targeted schools.
- Describe the services provided by the organization.
- Describe the organization's geographic service area (you may append a map).
- Explain the organization's policy to ensure no person will be denied services due to inability to pay, such as a sliding-fee scale or a charity care policy. If no sliding-fee or charity care policy is in place due to the nature of the organization and/or billing

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policies (e.g., tribal clinics, free clinics), please describe this and how it ensures that no person is denied services. (Attach a copy of the policy.)

- Describe the organization's patient population.
- Provide the **percentage of clinic** patients from each category:
  - % Minnesota Health Care Programs
  - % Medicare
  - % Sliding-fee users

### **Project Description and Collaboration**

#### Problem Statement

Provide a clear and concise (one to two sentences) statement of a problem experienced by the target population that your grant project is intending to address. The problem should be experienced by the patient/community population and should not be representative of the clinic (e.g., lack of revenue, decreased reimbursement, old equipment, etc.). Detailed demographic and health issues do not need to be included in this section but should be provided under Project Need, Section 2.

#### Project Description

The proposed project should address the problem described in the problem statement. Please include the following:

- A description of what will be done and an overview of how it will be done (as reflected in more detail in the Work Plan) to provide a broader picture of how activities are accomplished.
- A description of the target population to be served by the project including how many patients (in numbers) are expected to benefit from the project.

#### Project Need

Provide local (or patient) demographic data and health information that correlates to the problem statement and describe how it supports the need for the grant project. State and National data may be provided in addition to local data to support the severity of the problem described in the problem statement but should not be solely relied upon to support need. Data unrelated to the problem statement will not increase the merit of the application.

#### Support and Collaboration

- Letters of support are strongly encouraged for all applicants.
- Mental health screening projects require collaboration with local young people and community partners. Refer to Sections 1.4 and 2.2 for more details on collaboration and project requirements, including a letter of commitment from clinic leadership to participate in required quality improvement activities.



## Project Work Plan

This section works well in table format which you must download from the MDH website and fill out. It will be in a narrative format for the online portion and then you must upload the PDF as an attachment. A sample table is below:

### PROJECT GOAL 1:

(What conditions will prevail if the problem is resolved or reduced in long term.)

#### Objective 1:

(Must be measurable and achievable, see guidance above for required format.)

Activities	Start Date	Completion Date	Person/Staff Responsible
1. (activity detail)	(MM/DD/YYYY)	(MM/DD/YYYY)	(name/title)
2.	(MM/DD/YYYY)	(MM/DD/YYYY)	(name/title)
3.	(MM/DD/YYYY)	(MM/DD/YYYY)	(name/title)
4.	(MM/DD/YYYY)	(MM/DD/YYYY)	(name/title)

#### Objective 2:

(Must be measurable and achievable, see guidance above for required format.)

Activities	Start Date	Completion Date	Person/Staff Responsible
1. (activity detail)	(MM/DD/YYYY)	(MM/DD/YYYY)	(name/title)
2.	(MM/DD/YYYY)	(MM/DD/YYYY)	(name/title)
3.	(MM/DD/YYYY)	(MM/DD/YYYY)	(name/title)
4.	(MM/DD/YYYY)	(MM/DD/YYYY)	(name/title)

- Project Goal(s)

Goal statements are optional but may help the applicant formulate measurable objectives. One goal statement is sufficient.

- A goal is a restatement of a public health problem in a way that describes what conditions will prevail if the problem is resolved or reduced. A goal is long term and not necessarily measurable, but it clearly establishes a connection between public health problems/priorities and the applicant's intentions.
- For example, a project focused on healthy dogs may establish a goal to eliminate canine deaths due to the rabies virus.

- Objectives for Each Project Goal

Identify and include one or more objectives the proposed project is intending to achieve.

- Must be tangible, measurable and achievable outcomes specific to what the proposed grant project is intending to accomplish. *Grantees will be required to report measurable results from the objectives at the end of the grant period.*
- Should be patient-centered with the focus on the targeted population and not on organization activities.
- Must include a current base percentage or number so that intended change is clear and measurable. *It is expected that the grant project and objectives will be achieved within the grant period.*
- Should pertain to what will happen within the target population, not what the clinic will “do” (which are activities within the work plan).
- Objectives contain four common elements:
  1. An indicator (how the problem will change)
  2. A target (a “who” or a “what,” generally the client)
  3. A time frame (when), and
  4. The amount of measurable change expected in the indicator, or the target.

Objectives **must** be in the following format:

By (when, date), (% or # of change from a stated base) of (what population), will (indicator – do what, change how).

For example:

By May 31, 2022, 95% (from 86% in 2018) of the grantee’s registered canine pets will have up-to-date rabies vaccinations.

If a proposed objective includes that the grantee will do something, it would be considered an activity and will not score favorably in the review.

- Activities for Each Project Objective (includes timeline and staff responsible)

Provide detailed activities which describe how the objective(s) will be accomplished by the applicant organization.

- Each activity must include the name and title of the person responsible for the activity and a time period in which the activity will be completed.
- *Grantees will be required to report progress of activities and accomplishments on a quarterly basis during the grant period.*

## Section 3: Budget

The Budget in the online application includes two sections, Narrative and Line-Item requests.

The expenses included in the Grant Funds Requested column are those that will be supported by grant funds. Non-grant funds are not required but may be provided to offer grant reviewers a better understanding of the total cost of the *grant project*. The budget should be specific to the grant project described in the applicant's project narrative and is not intended to represent the organization's total budget.

### Budget Justification Narrative

Please provide a budget narrative in the fields provided that includes the following information:

- Justification for each expense should provide detail on how the budgeted cost items were calculated. Every cost item for which grant funds are being requested should clearly tie to the project description in Section 2 of the project narrative as well as to the work plan activities.

Explanations for each expense should include:

- The total grant funds requested for the cost item.
- Details on how the budgeted cost item was calculated.

The following examples provide illustrations of the type of information necessary. Examples for each cost item are *not* included.

EXAMPLE Salary: Total Grant Funds Requested \$22,179 (should match budget form)

- Jane Doe, Registered Nurse; annual salary \$29,572; 0.75 FTE for grant = \$22,179
- Remaining salary costs will be supported by organization funds (if applicable).

EXAMPLE Fringe: Total Grant Funds Requested \$4,214 (should match budget form)

- RN annual salary supported by grant \$22,179.
- Fringe Benefits @19% = \$4,214 Fringe benefits include: life/health insurance, FICA, unemployment, worker's compensation insurance coverage.

EXAMPLE Travel: Total Grant Funds Requested \$334 (should match budget form)

- Rate of reimbursement per mile = \$0.58 (Mileage reimbursement paid by program grant funds cannot exceed the Federal IRS mileage reimbursement rate unless otherwise negotiated directly with the State of Minnesota).
- Mileage = \$58; 100 miles of travel planned for project activities XYZ x \$0.58
- Lodging = \$200; 2 nights at estimated rate of \$100
- Meals = \$76; 2 travel days at per diem rate of \$38
- Out-of-state travel is discouraged and must be approved specifically by the MDH grant manager.

## Grant Budget Line-Item Request

Grantees must outline their request in the following categories:

### Grant Line-Items

- Salaries
- Fringe
- Travel
- Supplies
- Contracted Services
- Equipment and Capital Improvements
- Indirect Cost – cannot exceed 10% of overall grant.
- Other

### Match Line-Items (if applicable)

- Salaries Match
- Fringe Match
- Travel Match
- Supplies Match
- Contracted Services Match
- Equipment and Capital Improvements Match
- Indirect Cost Match
- Other Match

## Section 4: Required Attachments

### Governing Board Resolution

Please complete or replicate the Governing Board Resolution form and attach to the online application form. Grantees are required to submit a scanned copy of the Governing Board Resolution signed by the Authorized Organization Representative (CEO or officer with legal authority to enter a contract) and a witness, typically a Board Chair or officer.

### Due Diligence

Please complete the Due Diligence form and attach to the online application form.

### Audited Financial Documents

Please upload a scanned copy of the most recent independent audit to the online application form as defined below:

Nonprofit organizations must submit one of the following, based on annual income levels, for the previous full accounting period (12 months):

## FISCAL YEAR 2020 COMMUNITY CLINIC GRANT PROGRAM

- Organizations with annual income of under \$50,000 or who have not been in existence long enough to have completed IRS Form 990 or an audit must submit the most recent board-reviewed internal financial statements.
- Organizations with annual income over \$50,000 and under \$750,000 must submit the most recent IRS Form 990 or a Certified Financial Audit.
- Organizations with annual income over \$750,000 must submit the most recent Certified Financial Audit.

### **Statement of Expenses and Revenues**

If applicable, please upload a scanned copy of the statement of expenses and revenues to the online application form. Those required to submit this are:

- Government and tribal organization applicants must submit a statement of expenses and revenues for the clinical site/program relevant to the proposed grant project.
- Clinics and/or grant projects that are part of a larger organization must also submit a statement of expenses and revenues for the clinical site/program relevant to the proposed grant project.

### **Patient Payment Policy**

Please upload a scanned copy of the Sliding Fee Scale, charity care policy or other policy that ensures no person will be denied services because of inability to pay and attach to the online application form.

### **Key Personnel Biographical Sketch(es)**

Please download and complete the Key Personnel Biographical Sketch Form for each key project staff person identified in the proposal narrative and attach to the online application form. It is not necessary to include financial or administrative support personnel.

### **Project Work Plan**

Please download and complete in table format the Project Work Plan for your organization's project.

### **Letters of Support**

Please upload a scanned copy of at least one Letter of support for your organization's project.

## **Section 5: Other Supporting Documents**

Applicants may upload and submit additional information to support the application, such as service area maps but it is not required.

## **RFP Part 4: Community Clinic Statute and Application Scoring Criteria**

- Program Statute 145.9268
- Application Scoring Criteria