



## Grantee Guide

### OFFICE OF RURAL HEALTH & PRIMARY CARE (ORHPC)

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8/30/2022

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## Creating/managing applicant users

Foundant is MDH's online grant portal system and can be found here [Logon Page - Grant Lifecycle Manager \(grantinterface.com\)](https://grantinterface.com). All applications and follow ups will be completed through the online portal. Applications submitted via mail or email will not be considered.

The screenshot shows a web browser window with the URL [grantinterface.com/Home/Logon?urlkey=mdh](https://grantinterface.com/Home/Logon?urlkey=mdh). The page header features the MN Department of Health logo. The main content area is titled "Logon Page" and contains a login form with the following elements:

- Email Address\***: A text input field.
- Password\***: A text input field.
- Log On**: A blue button.
- Create New Account**: A button with a red arrow pointing to it.
- Forgot your Password?**: A blue link with a red arrow pointing to it.

To the right of the form is a grey box with the following text:

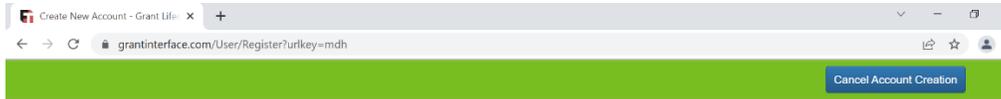
Welcome to the MN Department of Health's Office of Rural Health and Primary Care's online grant portal.

**FOR THOSE APPLYING FOR MN HEALTH CARE LOAN FORGIVENESS OR STATE LOAN REPAYMENT PROGRAM:** Please click on the "Create New Account" button to set up an account to enter into the grant portal.

**ALL CURRENT USERS:** Please click on the "Forgot your Password?" link to create a new password for the account that has already been set up for you.

- Existing users: If your organization currently has, or has had a grant with the ORHPC, and you already have a user account, please enter your credentials and log-in. If you forgot your passwords, please use the "Forgot your Password?" link to reset your password.
- New users: If your organization does not already have a profile in the system, you will need to create an account. Please click on "Create New Account" to complete the registration process and create your logon credentials.
  - All fields in the form below with an asterisk are required to create a profile for the portal.
  - There are five areas of information to complete
    - Organization Information
    - User Information
    - Primary Contact Question
    - Primary Contact/Authorized Representative
    - Password

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## Create New Account

If you already have an Account, click the "Cancel Account Creation" button to go to the Logon page.

The language for creating this account is currently targeted towards organizations, not individuals. Read the additional text provided in each question to help you complete the form as an individual vs. an organization.

**⚠ Using the browser's back button will delete your registration information.**

**ℹ This registration process has multiple steps you must complete before you can apply.**

Fields with an asterisk (\*) are required.

<b>Organization Information</b>	
<b>Organization Name*</b> If you are applying as an individual for loan forgiveness/repayment, please enter your first and last name here.	<b>Organization Assumed Name / DBA</b> If you are an individual applying for loan forgiveness, you can ignore this question. Please enter your organization's assumed name or DBA if different than your organization's legal name.
<input type="text"/>	<input type="text"/>

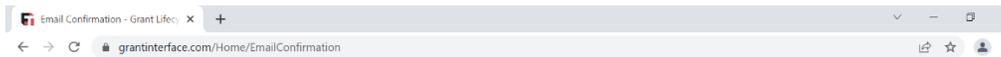


<b>Mail Address</b> If different from the address above, please type the mailing address here.	<b>Supplier / Vendor ID Number*</b> Enter 10 digits, including leading zeros. You do not need to enter 'VN' at the beginning of the number. If you do not have a Supplier / Vendor ID Number or you are an individual applying for loan forgiveness/repayment, please enter in 0000000000.
Street, City, State, Postal <input type="text"/>	# <input type="text"/>

<b>Supplier / Vendor Location Code*</b> Enter 3 digits, including leading zeros. Supplier/Vendor Location Codes are associated with and assigned at the same time as your Supplier/Vendor ID number. If you do not have a Supplier / Vendor Location Code or you are an individual applying for loan forgiveness/repayment, please enter in 000.
# <input type="text"/>
<b>Next &gt;</b>

<b>User Information</b>
Primary Contact Question
Primary Contact/Authorized Organization Representative
Password

- Once all required fields are completed and you submit the form, you will be prompted to check your email to confirm that you have received the system generated email, as shown below.



## Email Confirmation

**ℹ You will be receiving emails from this system about your request.**

To ensure you receive emails from this system we have sent you an email to confirm your account was created successfully. If you do not see an email from *MN Department of Health <administrator@grantinterface.com>*, look in your junk or spam folder.

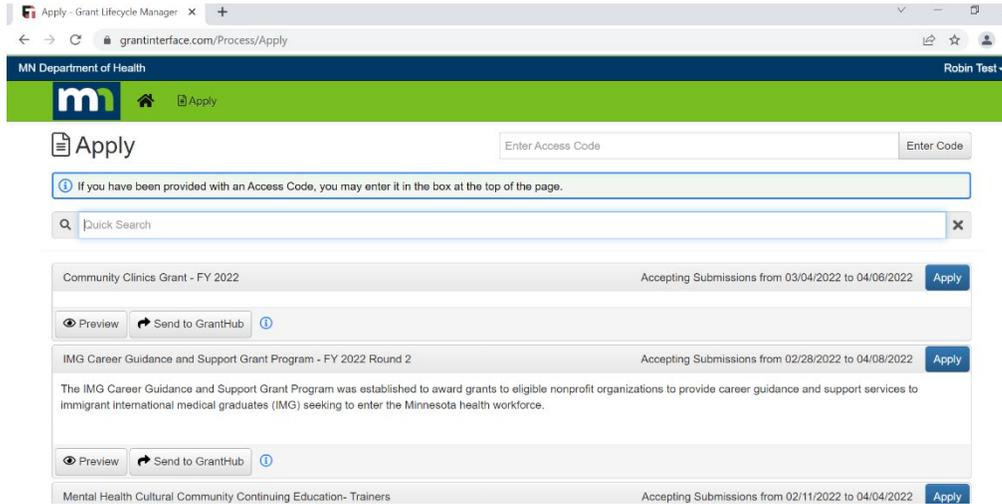
To remove *MN Department of Health <administrator@grantinterface.com>* from your spam filter, use the link below.

[Click Here](#) for a tutorial about removing email addresses from spam filters.

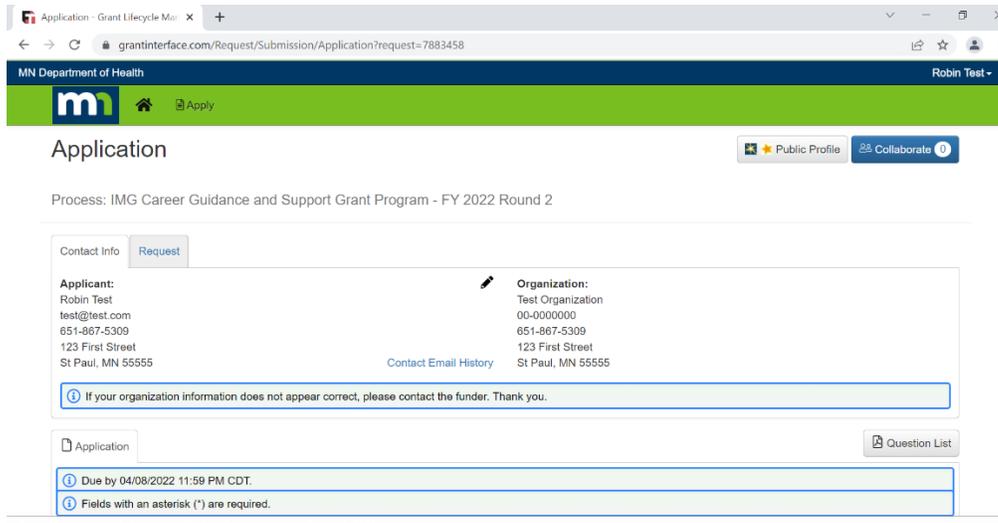
- I have received the email
- Continue without checking
- I have not received the email

## Creating an application

- Applications are created and submitted in the MDH Grant Portal System [Logon Page - Grant Lifecycle Manager \(grantinterface.com\)](#)
- Once logged into the portal, select which program/grant you'd like to apply for by selecting the blue "Apply" button next to the desired program



- This will open an application for the selected program
- Your organization's information based on your user profile will be displayed at the top of the application



- Fill out all required components of the application at your desired pace.
- On the bottom right hand side of the application, you can choose to "Save Application" or "Submit Application"

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MN Department of Health Robin Test

Please type in your name below to certify the statement above.

Today's Date\*

Title of Person Certifying\*

Email of Person Certifying\*

Phone Number of Person Certifying\*  
###-###-#### x### format.

Due by 04/08/2022 11:59 PM CDT.

Abandon Request Save Application Submit Application

- When saving the application, a list of all required components will be shown. You will not be allowed to submit the application until all required components are completed

MN Department of Health Robin Test

Confirmation Page

✔ Your Application has been saved.

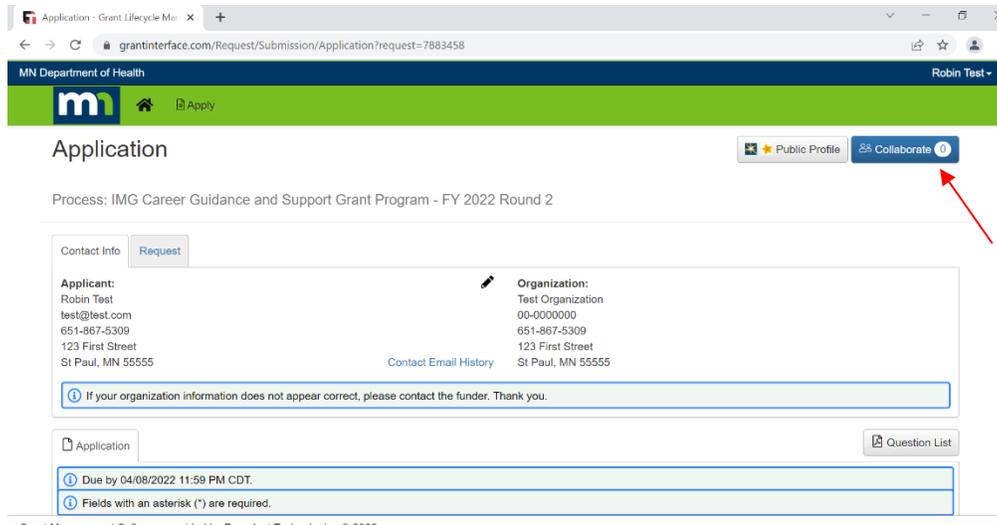
ⓘ The following required questions have not been answered:

- Project Name - Legal Name / Assumed (DBA)
- Organization Legal Name
- Organization Address 1
- Organization City
- Organization State
- Organization Zip
- Federal Tax ID
- State Tax ID
- MN State SWIFT Vendor ID
- MN State SWIFT Vendor Location Code
- Name of Project for Grant Funding
- AOR First Name
- AOR Last Name
- AOR Title
- AOR Phone
- AOR Email
- Fiscal Management Officer First Name

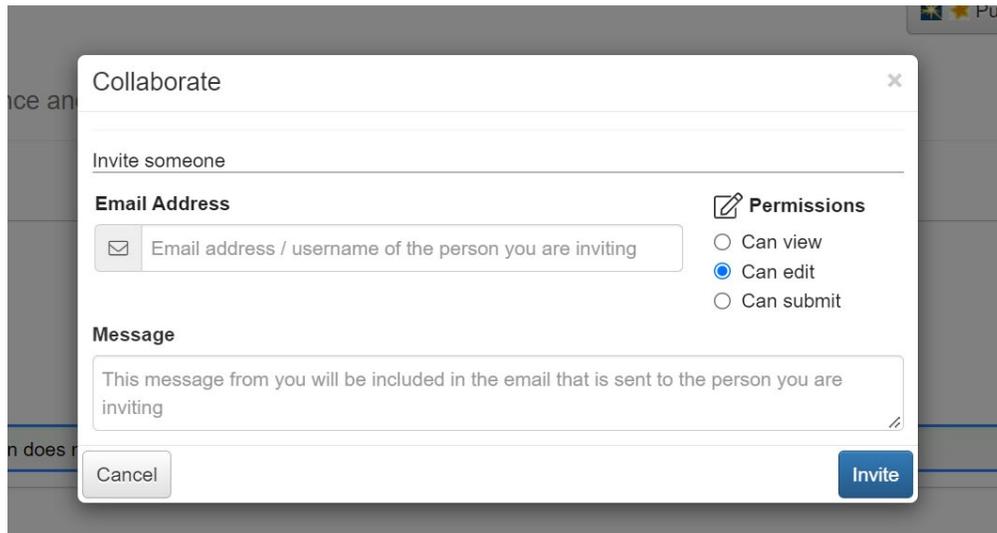
## Collaborating on applications

- The online grant portal allows collaborative work on any application
  - Collaborators do not need to be a part of your organization to be listed
  - You can have as many collaborators on an application as you wish
  - There are three roles of a collaborator
    - Viewer
    - Editor
    - Submit
- To add a collaborator, navigate to the top right hand corner of the application window and click on the blue “Collaborate” button.

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- The below screen will open up
  - Enter the email address of the collaborator
  - Select their permissions
  - Write an optional message to your collaborator. The system will send an automatic email notification with their new collaboration status.



## Submitting financial reports

- All reports must be submitted in the MDH Grant Portal System [Logon Page - Grant Lifecycle Manager \(grantinterface.com\)](#)
- Grantee Financial Reports will be assigned to the project under Follow Ups
- Emails will be sent to notify of upcoming and past due dates for reporting

- **Background Information:** Pulls from your application and is not editable

Background Information

**Project Name - Legal Name / Assumed Name (DBA)**  
Please enter in the legal name / assumed name (DBA) of your organization.

**Organization Legal Name**

**Organization Assumed Name / DBA**  
Enter in your organization's assumed name / DBA if different from above.

**Organization Address 1**

**Organization Address 2**  
If there is an associated PO Box or additional address line, please provide that here.

**Organization City**

**Organization State**  
Enter in the state abbreviation.

**Organization Zip**

- **Question Group:** Required fields to be completed for reimbursement requests.

Background Information

Question Group

**Invoice #**  
The invoice number should align to what is assigned to this request for payment in the grantee organization's accounting system.

**Total Amount Requested for Reimbursement\***

\$

**Certification\***  
I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the MN Department of Health based upon information provided in this report.

**First Name of Person Submitting the Form\***

**Last Name of Person Submitting the Form\***

**Email\***

**Data File Attachment # 1. Financial Report Form**  
This field should be used to attach additional forms required for invoicing specific to your grant program. Please find your corresponding program's form on this webpage.

Upload a file [100 MIB allowed]

- Invoice #: The invoice number should align to what is assigned to this request for payment in the grantee organization's accounting system.
- Total Amount Requested for Reimbursement: The amount being requested for payment during the reporting period.
- Certification: Certifying that the information presented is accurate and consistent with the contract.
- First Name, Last Name, Email of Person Submitting the form

- Data File Attachments: Any information required by your program to prove the request for reimbursement. Each program has specific requirements. Please see your grantee contract on reporting guidelines.
  - Reporting spreadsheets for programs can be found here: [ORHPC Grant Forms - Minnesota Dept. of Health \(state.mn.us\)](https://www.state.mn.us/orhpc/grant-forms)

## Requesting budget modifications

- Modifications greater than 10 percent of any budget line item in the most recently approved budget (incorporated in Exhibit A and/or Exhibit B) requires prior written approval from MDH and must be indicated on submitted reports.
  - Failure to obtain prior written approval for modifications greater than 10 percent of any budget line item may result in denial of modification request, loss of funds, or both.
- Modifications equal to or less than 10 percent of any budget line item are permitted without prior approval from MDH.
- To request a budget modification, please email the Grant Administrator of your program to request a budget modification be assigned to your MDH Grant Portal System [Logon Page - Grant Lifecycle Manager \(grantinterface.com\)](https://grantinterface.com)
  - Budget Modification Request forms will be assigned to the project under Follow Ups
- Background Information: Pulls from your application and is not editable

ⓘ Fields with an asterisk (\*) are required.

∨ Background Information

Budget Modifications may be requested but are not guaranteed approval. Your request is subject to approval from the State. Do not implement changes until your request has been approved by your State's Authorized Representative or their designee.

- Modifications greater than 10 percent of any budget line item in the most recently approved budget (incorporated in Exhibit A) requires prior written approval from MDH and must be indicated on submitted reports.
- Failure to obtain prior written approval for modifications greater than 10 percent of any budget line item may result in denial of modification request, loss of funds, or both.
- Modifications equal to or less than 10 percent of any budget line item are permitted without prior approval from MDH.

**Project Name - Legal Name / Assumed Name (DBA)**  
Please enter in the legal name / assumed name (DBA) of your organization.

**Organization Legal Name**

**Organization Assumed Name / DBA**  
Enter in your organization's assumed name / DBA if different from above.

**Organization Address 1**

**Organization Address 2**  
If there is an associated PO Box or additional address line, please provide that here.

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- Question Group: Required fields to be completed for reimbursement requests.

Question Group

**Certification\***  
I certify that this report has been examined by me, and to the best of my knowledge and belief the information is valid and consistent with the terms of the contract.

First Name of Person Submitting the Form\*

Last Name of Person Submitting the Form\*

Email\*

**Narrative\***  
Please describe what the changes are that you are proposing to make. Next, explain why you need to make the changes.

5,000 characters left of 5,000

**Data File Attachment # 1 - Budget Spreadsheet**  
Please upload an excel spreadsheet of your original budget (or latest approved budget) and amended budget (how you would like the budget to look). Please find your corresponding program's form on this [webpage](#).

- Certification: I certify that this report has been examined by me, and to the best of my knowledge and belief the information is valid and consistent with the terms of the contract.
  - First & Last Name
  - Email
  - Narrative: Please describe what the changes are that you are proposing to make. Next, explain why you need to make the changes.
  - Data File Attachment #1- Budget Spreadsheet: Navigate to the webpage link to find your program's budget modification worksheet
    - Fill in the originally approved budget as it appears in the executed contract
    - Fill in modifications desired
    - **NOTE: MODIFIED BUDGET TOTAL MUST MATCH ORIGINAL TOTAL**
  - Data File Attachment #2: This space is available to attach any supplemental information you'd like your Grant Manager to review that is not included in the Narrative
- Grant Manager will review requests once submitted. Grantee will be notified of approval or denial.

## Requesting contract amendments

Grant contracts and agreements are legally binding documents. As such, any changes to a grant contract agreement must be made through a contract amendment. Amendments are only allowed when the grantee duties are within the scope of the original request for proposal, notice of grant opportunity or grant application.

Grant contract agreements or grant award notifications must be amended whenever there are changes to the total obligation, compensation, or the expiration date. A grant contract agreement or grant award notification plus any amendments to it must not exceed five years without written permission from Commissioner of Administration.

- To request a contract amendment, please email the Grant Administrator of your program to begin the conversation on the amendment.
  - The Grant Administrator will provide you with all necessary forms to complete.
  - Requests will be reviewed by ORHPC and a signed confirmation or denial will be stored in the grantee documents in the online grant portal.

## Indirect rates

If your program allows indirect rates, ORHPC aligns to MDH policy. Please work closely with your Grant Manager for guidance on indirect rate policy and procedure.

In order to comply with [Sec. 16B.98 MN Statutes](#), MDH is responsible for negotiating appropriate limits to these costs so that the state derives the optimum benefit for grant funding. MDH requires that grantees formally agree to minimize indirect costs. MDH allows grantees with a federally negotiated indirect cost rate to bill the agency for indirect costs in an amount up to but not exceeding that rate, as applied to the grant's total direct costs. Grantees without a current federally negotiated indirect cost rate are allowed to bill the agency for indirect costs in an amount up to but not exceeding a rate of 10%, as applied to the grant's total direct costs. This policy applies to all grants, regardless of funding source.

Additionally, MDH requires that:

1. Administrative costs directly attributable to the grant program must be included as part of the appropriate budget line item and not included as part of an organization's indirect costs; and
2. Costs must be consistently categorized as either indirect or direct costs throughout the entire grant period