



Medical Education & Research Cost (MERC) Grant Program

GRANT APPLICATION INSTRUCTIONS – Sponsoring Institutions & Teaching Programs
Fiscal Year 2019 Clinical Training

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To obtain this information in a different format, call: 651-201-3838. Printed on recycled paper.

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Overview

General Information

Grant Title: Medical Education and Research Cost (MERC) Grant
Application Portal: <https://merc.web.health.state.mn.us>
Program Website: <https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html>

Quick References

- [Grant Information](#)
- [Committee](#)
- [Definitions](#)
- [History](#)
- [Legislation](#)
- [Publications](#)

Communication

- Applicants must subscribe to [GovDelivery](#) to receive MERC grant notifications.
- Communication from applicants must be directed to health.merc@state.mn.us.

Identify the following in the subject line of all correspondence:
Sponsoring Institution Name/Teaching Program Name
When Site Related: Grant ID Number (or NPI Number)/Clinical Training Site Name
FY2019 Clinical Training

MERC Program Staff	health.merc@state.mn.us
Diane Reger - Administrator	(651)-201-3566
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Cirrie Byrnes – Grant Verification Reporting (GVR)	(651)-201-3844

Background

Minnesota Statute 62J.692 authorizes the Commission of Health to award grants to support clinical medical education. The MERC grant was established in 1996, and funded for the first time in 1997. Its purpose is to provide support for certain medical education activities in Minnesota that historically were supported in significant part by patient care revenues. Due to Minnesota’s competitive health care market, payers became increasingly unwilling to pay the extra costs associated with the purchase of services at teaching facilities. Teaching facilities are forced to compete with non-teaching facilities, which results in greater difficulty in funding teaching activities. The Commissioner of Health has been responsible for administering the MERC grant since 1998.

Funding

The Minnesota Legislature has appropriated \$59 million in state fiscal year 2021. Funding comes from

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multiple sources including a carve-out on the Prepaid Medical Assistance Program (PMAP) rates, an appropriation from the Minnesota cigarette tax, federal matching funds, the general fund, and the health care access fund.

Funding will be allocated through a grant formula.

Table 1

Funding	Estimate
Estimated Amount to Grant	\$59,127,000
Estimated Number of Awards	Unknown – Formula Grant
Estimated Award Maximum	Unknown – Formula Grant
Estimated Award Minimum	\$5,000 Minimum – *Meeting Formula

Grant Determination

Grant are awarded based on the eligibility criteria and formula found in [Minnesota Statute 62J.692](#).

The [*formula](#) is explained in detail on the MDH website.

Eligible Applicants

Applicant Summary

The application consists of three separate sections based on organizational role.

- Minnesota Clinical Training Site
 - Where the students/residents gain clinical training experience in an inpatient or ambulatory patient care setting in Minnesota. A clinical training site is the Minnesota Health Care Program (MCHP) enrolled practice address where training occurred.
- Minnesota Teaching Program
 - Accredited Minnesota teaching program at a Minnesota institution that enrolls trainees and is responsible for the trainee’s overall education. Teaching program coordinates clinical training for their enrolled students/residents at clinical training locations.
- Minnesota Sponsoring Institution
 - A hospital, school, or consortium located in Minnesota that sponsors and maintains primary organizational and financial responsibility for a clinical medical education program in Minnesota and which is accountable to the accrediting body.

Applicant Detail

Minnesota Clinical Training Site

Clinical training site who hosted eligible trainees from an accredited medical education program sponsored by a Minnesota sponsoring institution.

- “Training Site” is a facility at a given practice address where clinical training occurred.
 - Training site must be located in Minnesota.

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- Clinical training must be funded in part by patient care revenue and occur in either an inpatient or ambulatory patient care training site.
 - If the training site is a physician owned clinic, the training site is defined as the clinic and not the physician.
 - Individual preceptors or departments within a facility should not be listed as an applicant.
 - Indicate the facility where clinical training occurred.
- Training that occurs in a nursing facility (or a hospital swing bed unit) is *not* eligible.
- Training site must be actively enrolled in the Minnesota Health Care Program (MHCP) and have a National Provider Identification (NPI) Number.
- Training site must have Minnesota public program reimbursement revenue on record with the Minnesota Department of Human Services during CY2019 from Medical Assistance/Prepaid Medical Assistance (MA/PMAP).
- Training site must have provided clinical training to a minimum of 0.10 eligible FTE trainees (208 hours) in fiscal year 2019.
 - Trainee total is comprised of overall MERC eligible sponsoring institutions, accredited teaching programs, and provider types.
 - “Eligible trainee FTE's means the number of trainees, as measured by full-time equivalent counts, that are at training sites located in Minnesota with currently active medical assistance enrollment status and a National Provider Identification (NPI) number where training occurs in either an inpatient or ambulatory patient care setting and where the training is funded, in part, by patient care revenues. Training that occurs in nursing facility settings is not eligible for funding under this section.” Minnesota Statute 62J.692, Subdivision 1 (h).
- The use of funds are limited to expenses related to clinical training program costs for eligible programs.
 - Training site must incur a minimum of \$5,000 in clinical training expenditures related to the eligible trainees to qualify.

Minnesota Teaching Program

“Clinical medical education program means the accredited clinical training of physicians (medical students and residents), doctor of pharmacy practitioners, doctors of chiropractic, dentists, advanced practice nurses* (clinical nurse specialists, certified registered nurse anesthetists, nurse practitioners, and certified nurse midwives), physician assistants, dental therapists and advanced dental therapists, psychologists, clinical social workers, community paramedics, and community health workers.” Minnesota Statute 62J.692, subdivision 1(d).

- The program must be accredited by an organization recognized by the Department of Education, the Centers for Medicare and Medicaid Services, or another national body that reviews the accrediting organizations for multiple disciplines and whose standards for recognizing accrediting

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organizations are reviewed and approved by the commissioner of health.

- Accreditation is required to be in place both at the time of training and ongoing.
- Program must be located in Minnesota.
- The program had students/residents that were in clinical training that was funded in part by patient care revenues and occurred in either an inpatient or ambulatory patient care training site during fiscal year 2019.

***Training programs for Advanced Practice Nursing must be “sponsored by the University of Minnesota Academic Health Center, the Mayo Foundation, or institutions that are part of the Minnesota State Colleges and Universities System or members of the Minnesota Private College Council.” Minnesota Statute 62J.692, Subdivision 3(b).**

Minnesota Sponsoring Institution

“Sponsoring institution means a hospital, school, or consortium located in Minnesota that sponsors and maintains primary organizational and financial responsibility for a clinical medical education program in Minnesota and which is accountable to the accrediting body.” Minnesota Statute 62J.692, subdivision 1(e).

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Application and Submission Instructions

The Minnesota Sponsoring Institution and Teaching Program roles will be covered in the instructions that follow.

Reporting Period

With the exception of names and addresses, the grant application must reflect clinical training during fiscal year 2019.

The examples found within the instructions may reflect screen shots that do not reference the current application period. These are for screen examples only.

Application Process

Minnesota Sponsoring Institution

Sponsor: A hospital, school, or consortium located in Minnesota that sponsors and maintains primary organizational and financial responsibility for a clinical medical education program in Minnesota and which is accountable to the accrediting body.

Application includes the sponsoring institution demographics, the teaching programs applying under sponsoring institution, and the clinical training sites applying through the sponsoring institution's teaching programs.

Applications must be submitted to the Minnesota Department of Health by a sponsoring institution on behalf of one or more teaching programs and clinical training sites hosting the clinical trainees.

The sponsoring institution is designated as the applicant because, in some cases, programs are not prepared to handle funding directly, but rely on the sponsoring institution or consortium for those functions. This system also reduces the administrative complexity in the event that more than one program at a given institution is receiving funding because the application and reporting process can be coordinated at a higher level. In some cases, the sponsoring institution, the teaching program and the training site will be three different entities. However, because other models also exist, the sponsoring institution may be the same as both the program and training site.

Teaching Program

Teaching Program: Accredited Minnesota teaching program at a Minnesota institution that enrolls trainees and is responsible for the trainee's overall education. Teaching program coordinates clinical training for their enrolled students/residents at clinical training locations.

Application includes teaching program demographics, program accreditation, clinical trainees, and the clinical training sites applying under the teaching program.

The teaching program must approve the clinical training site applying (location of training and eligible

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trainee FTEs) and submit the application to the sponsor for approval and submission to MDH.

Clinical Trainee Reporting - Pre-Application

Prior to opening the grant application, sponsoring institutions/teaching programs were encouraged to begin preparing clinical trainee information for sites where their students and residents received clinical training in a given period.

Between August 15 and August 31, the sponsoring institutions/teaching programs must provide fiscal year 2019 clinical FTE data to their training site representatives to allow them the opportunity to apply for the MERC grant. This communication should be directed through email.

To ensure consistent format and clarity for training sites that host students/residents from multiple disciplines and sponsors, an Excel template was provided to the previous grant cycle's sponsoring institution and teaching program representatives on July 9, 2020. The site will use the data to complete the grant application and report clinical training expenditures. The site's application will feed into the sponsoring institution and teaching program's grant application for approval and submission to MDH.

An example of the information the site must enter on their application is found in the figure below:

Figure 1

The screenshot shows a web application window titled 'Clinical Trainees at Facility'. At the top right, there is a search bar. Below it is a table with the following columns: Program Type, Sponsoring Institution, Teaching Program, Trainee Setting, Fulltime Equivalent (FTE) Clinical Trainee, and Action. The table is currently empty, displaying 'No data available in table' and 'Showing 0 to 0 of 0 entries'. Below the table, there are five input fields:

- Program Type: Select from drop down
- Sponsoring Institution: Select from drop down - sponsors applying
- Teaching Program: Select from drop down - teaching programs applying
- Trainee Setting: Select from drop down - Inpatient, Ambulatory, or Both
- Fulltime Equivalent (FTE) Clinical Trainee: Enter FTEs - Truncate to four decimals

Items #2 - #6 are entered into the screen above while Item #1 is necessary to begin the application.

1. Name and Address of Site (where training occurred)
2. Trainee Type
 - Advanced Dental Therapists, Advanced Practice Nurses, Chiropractic Students, Clinical Social Workers, Community Health Workers, Community Paramedics, Dental Residents, Dental Students, Dental Therapists, Medical Residents, Medical Students, PharmD Residents,

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PharmD Students, Physician Assistants, or Psychologists.

3. Sponsoring Institution Name.
4. Teaching Program Name and Contact Information.
5. Patient Care Setting - where the training was completed (inpatient/ambulatory/or both)
6. Student/Resident Clinical Trainee FTE Count (program total)
 - Clinical training hours / 2,080 = Full Time Equivalent (FTE) Trainee Count

$((\text{Student/Resident} \times \text{Weeks in Rotation}) \times \text{Hours per Week}) = \text{Clinical Training Hours}$
 $\text{Clinical Training Hours} / 2,080 = \text{FTE Count}$

FTE = 2,080 hours, 52 weeks, or 260 days.

One person cannot exceed one FTE.

FTEs are truncated to four decimals. FTEs should not be rounded.

The information below is not collected in the grant application; however, providing this to the clinical training sites will clarify what trainees and expenses the site should include in the application cycle.

- Dates of clinical training
 - Allows the training site to compare the FTE count provided by the program to their internal records.
- Name of Primary Preceptor(s) and Student(s)/Resident(s).
 - Be prepared to provide on a case-by-case basis if requested or provide upfront.

Sites are encouraged to contact the sponsoring institution/teaching program representative to clarify trainee data prior to submitting their application. By addressing trainee data upfront, disapproval of training site applications should be rare; however, if necessary, teaching programs will have the ability to remove site application if the discrepancy is not addressed.

Timeline/Deadlines

Summary

- Pre-Application
 - Prior to the application opening, teaching programs prepare clinical trainee FTE data to share with the training site representatives when the application opens.
- Application Opens August 15, 2020
 - Programs Provide Clinical Trainee Data to Site August 31, 2020
 - Site Application Due to Program September 30, 2020
 - Program Application Due to Sponsor October 20, 2020
 - Sponsor Application Due to MDH October 31, 2020
- Grant Announcement April 30, 2021 (or before)
 - Eligible Sites Receive Funding from Sponsor 60-days after release from MDH
- Grant Verification Report (GVR) Opens May 15, 2021 (or before)
 - GVR Due June 30, 2021 (or before)

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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 strongly suggests that applicants complete requirements a **minimum of three calendar days before the deadlines** to allow for any unforeseen circumstances. MDH will not be responsible for delays caused by notification, computer or technology problems. This extends to the submission of information between the clinical training sites and the teaching program and sponsoring institution.

Details

August 15 - 31:

Sponsors:

- Register for the application portal if not a previous applicant or representative.
- If applicable, previous representatives can assign new or additional representatives at the sponsor or teaching program level.
- Setup new teaching programs and assign representatives after registration in the system.
- Complete/Update Sponsoring Institution Demographics indicating intent to apply by August 31.
- Teaching programs and sites cannot begin their application to the sponsor until these steps are completed.

Programs:

- Register for the application portal (new users only).
- Representatives will receive access to the teaching programs assigned to them by the sponsor.
- Complete/Update Teaching Program Demographics indicating intent to apply.
- Attach updated accreditation documents, if applicable.
- Send email correspondence to training site representatives outlining clinical trainee FTE data.
- Training sites cannot begin the application to the program until these steps are completed.

Training sites:

- Register as a clinical training site representative in the application portal if not a previous applicant.
- Identify/Claim the clinical training site(s) user represents, if not completed in prior application period.
- Complete/Update Clinical Training Site Demographics and indicate intent to apply if known.
- Gather the clinical trainee data that arrives via email from the teaching program(s).
- Verify training information matches the sites records.
- If inconsistent, contact the teaching program PRIOR to completing Step 1 of the application process.

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September 1 – 30:

Sponsors:

- Assist teaching programs and training sites applicants under the sponsoring institution as needed.

Programs:

- Discussion with site(s) regarding trainee data, as needed. Teaching programs should conclude outstanding questions from the site(s) prior to September 15.
- Begin verifying/approving incoming clinical training site applications as submitted.

Training Sites:

- Prior to submitting an application to the program for approval, the site is encouraged to contact the teaching program regarding questions on the clinical trainee data.
- Begin Step 1 of the training site application.
- Do not submit application for trainees or trainee locations that are inconsistent with the student/resident records provided by the teaching program. Inconsistencies should conclude being addressed with the teaching program no later than September 15 to allow time for finalizing submission.
- Update clinical training site demographics indicating intent to apply if not previously completed. Remove previous intent to apply, if no longer applying.
- Submit Step 1 of the application to the teaching program for approval by September 30.

October 1 – 31:

Sponsors:

- Approve teaching program applications submitted for sponsor's approval (begin October 15 but can begin earlier if received).
- Submit application to MDH by October 31.

Programs:

- Verify applications submitted by clinical training site by October 15.
- In rare cases, clinical training site data may be denied by a teaching program and require an amendment. The site must submit final resolution and have approval from the program in place by October 20 or comply with removal of their application from the system.
- In rare cases where a resolution is not in place by October 20, the teaching program can remove the training site from the program's application and document the removal by sending a notification to the site by email. Sites who do not comply can be reported to the Minnesota Department of Health.
- Teaching programs must submit their application to the sponsor for approval by October 20.

Training Sites:

- Step 1 of the application will be reviewed by the teaching program for approval.
- If a site submitted inconsistent information, the application will be denied.
- Denied applications must be removed or amended **and have final approval in place** by October 20.
- Applications not approved before October 20, will be removed from the application process and notified by the teaching program that their application has been denied/removed. Sites who are not in compliance will be reported to the Minnesota Department of Health.

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Application Instructions – All users

The grant application is completed electronically through an online portal available at <https://merc.web.health.state.mn.us>.

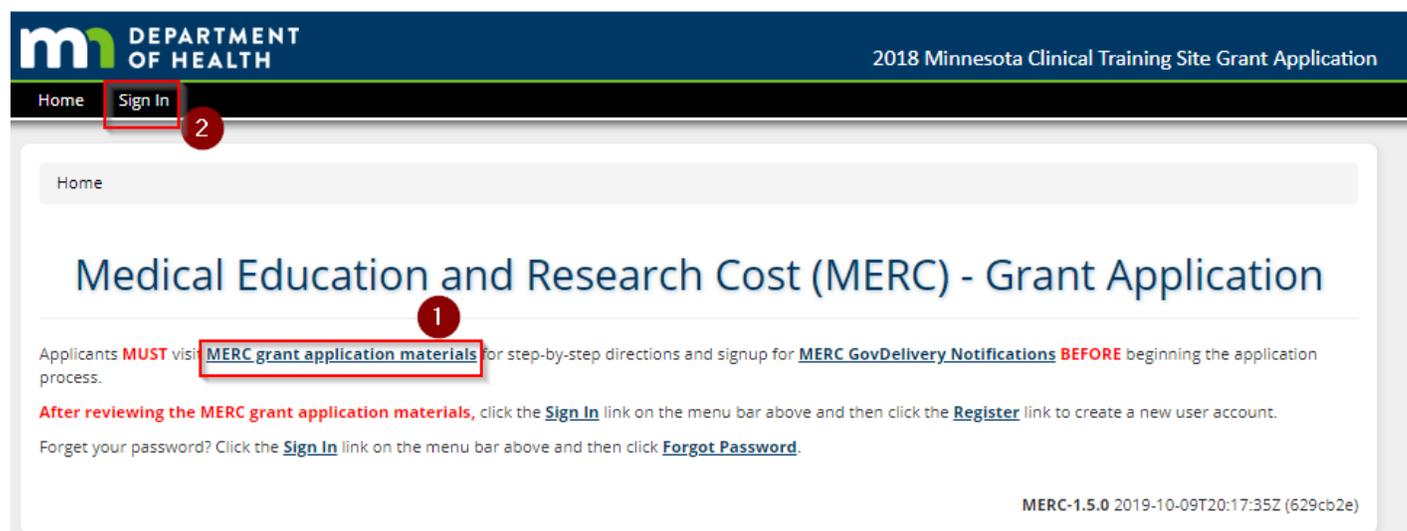
- It's recommended that users do not use their web browser autocomplete function for completing names and addresses in the application.
- All data submitted for the current application cycle should reflect clinical training in fiscal year 2019.
 - Step-by-step instructions and screen shot are included in the following pages.
 - Refer to the actual application for details.
 - Examples of the application screens are for reference only and may reflect a different application cycle.

Beginning the Application Process

Medical Education and Research Cost (MERC) Grant Application

- In the black menu bar at the top of each page, users will find quick links.
- Just below the black menu bar, links to previous pages are available for navigation.
- Click, Sign In to begin.

Figure 2



1. As needed, grant instructions and program information can be found using the link on the Home Screen.
2. To **begin the application process**, click sign-in on the top menu bar.

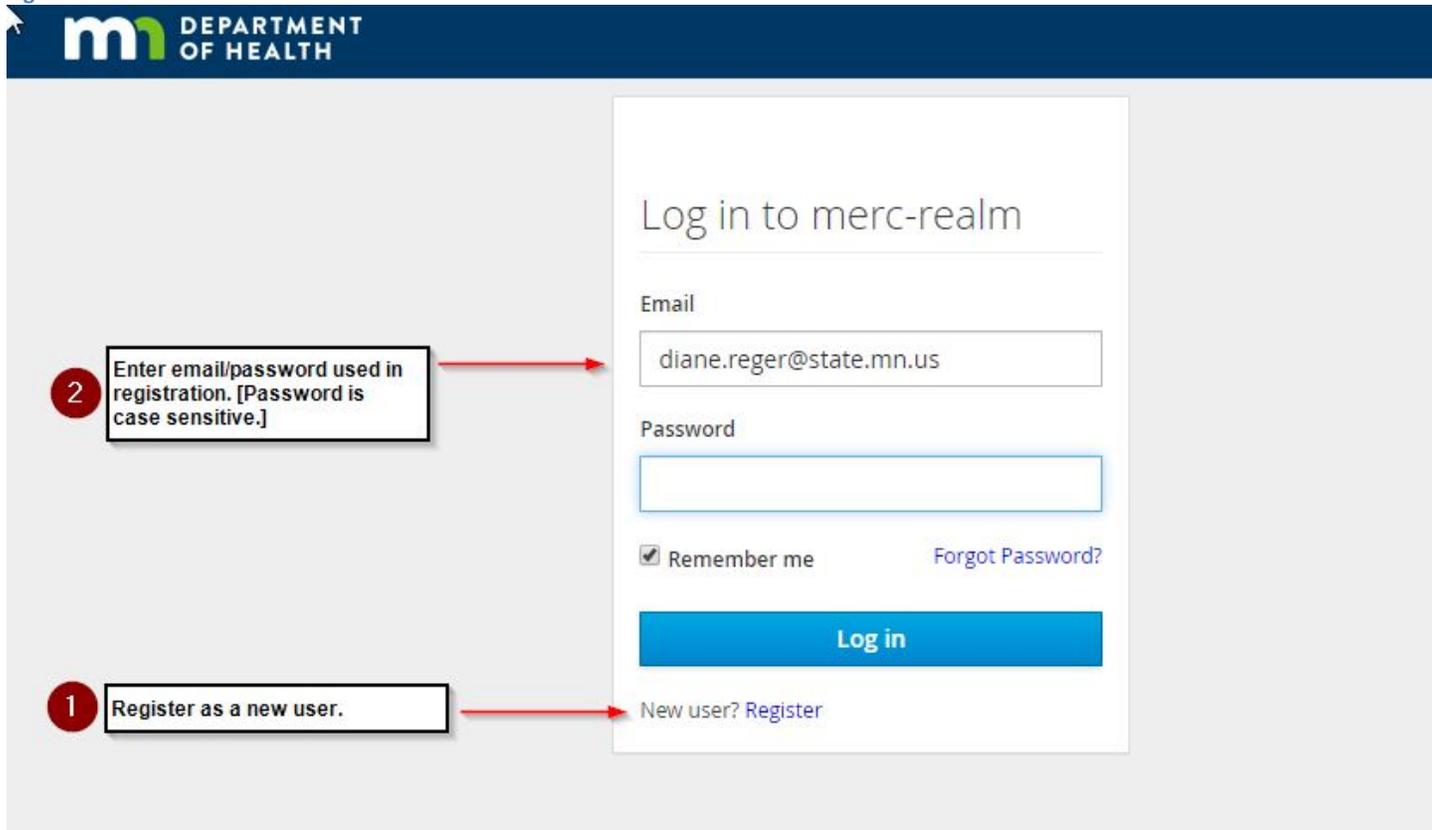
MDH may post alerts/notices below the menu bar found on the top of the screen.

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Grant Applicant Registration & Sign In

- New users must register.

Figure 3



1. New users must register for initial access.
 - Click Register and follow the prompts.
 - See Figure 4 on the next page for example.
2. Users who registered in a previous grant cycle do not need to register again. Enter the following:
 - Email address.
 - Password.
 - Press, log in.
 - Proceed to user profile in Figure 5.

If you have forgotten your password, press Forgot Password and follow the prompts.

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Figure 4

DEPARTMENT OF HEALTH

merc-realm

First name **1**

Last name

Email

Password

Confirm password

Register **2**

« Back to Login

Email verification

You need to verify your email address to activate your account.

An email with instructions to verify your email address has been sent to you.

Haven't received a verification code in your email? [Click here](#) to re-send the email. **3**

Someone has created a Merc-realm account with this email address. If this was you, click the link below to verify your email address.

[Link to e-mail address verification](#)

This link will expire within 15 minutes.

If you didn't create this account, just ignore this message.

Each registered user must have a unique email address.
This will be your username.
Do not use personal email addresses.
Email address should be with the organization you represent.

1. When registering for the first time, complete each field.
 - Usernames are based on email.
 - Each registered user must have a unique email address.
 - Email must be with the organization you represent.
 - Do not use a personal email address for registering.
2. Press register.
3. User must verify email address within 15 minutes of registration.
 - Check email associated with the registration and following the instructions in the email.
 - Email servers have been known to block system generated emails to guard against phishing. If you do not receive an email to verify registration, check your junk mail folder.

Passwords are case sensitive.

The application will remain active for 15 minutes without activity.

If left inactive, any unsaved data will be lost.

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User Profile

Each user must complete a profile (name, job title, work phone, employer name, and their address at their place of employment). These fields are mandatory.

Figure 5

The screenshot shows the 'Manage User Profile' page. At the top, there is a navigation bar with the Minnesota Department of Health logo and the text '2018 Minnesota Clinical Training Site Grant Application'. Below the navigation bar, the page title is 'Manage User Profile'. The main content area is divided into two sections: 'User Profile' and 'Employer Information'. The 'User Profile' section contains the following fields: Login Name (diane.reger@state.mn.us), First Name (Diane), Last Name (Reger), Title (State Program Administrator - Coordinator), Email (diane.reger@state.mn.us), and Phone ((651) 201-3566). The 'Employer Information' section contains the following fields: Name (State of Minnesota), Address 1 (PO BOX 64882), Address 2 (Enter employer address line 2), City (St. Paul), Select State (MINNESOTA), Zip Code (55164), and Postal Code (0882). An 'Update' button is located at the bottom of the form.

- Press continue (or update) to verify the information.
 - The user will be asked to verify (update as needed) their profile each time they access the application.
 - If no changes are necessary, scroll to the bottom of the screen and continue/update.
 - All data in the profile must correspond to the registered user.
 - Email cannot be changed in profile. If email changes, contact health.merc@state.mn.us.
 - Changes to the user's profile will be reflected throughout the application where the user is named.

Ability to Manage User Profile is also available on the top menu bar and the Home Screen (See Figure 6).

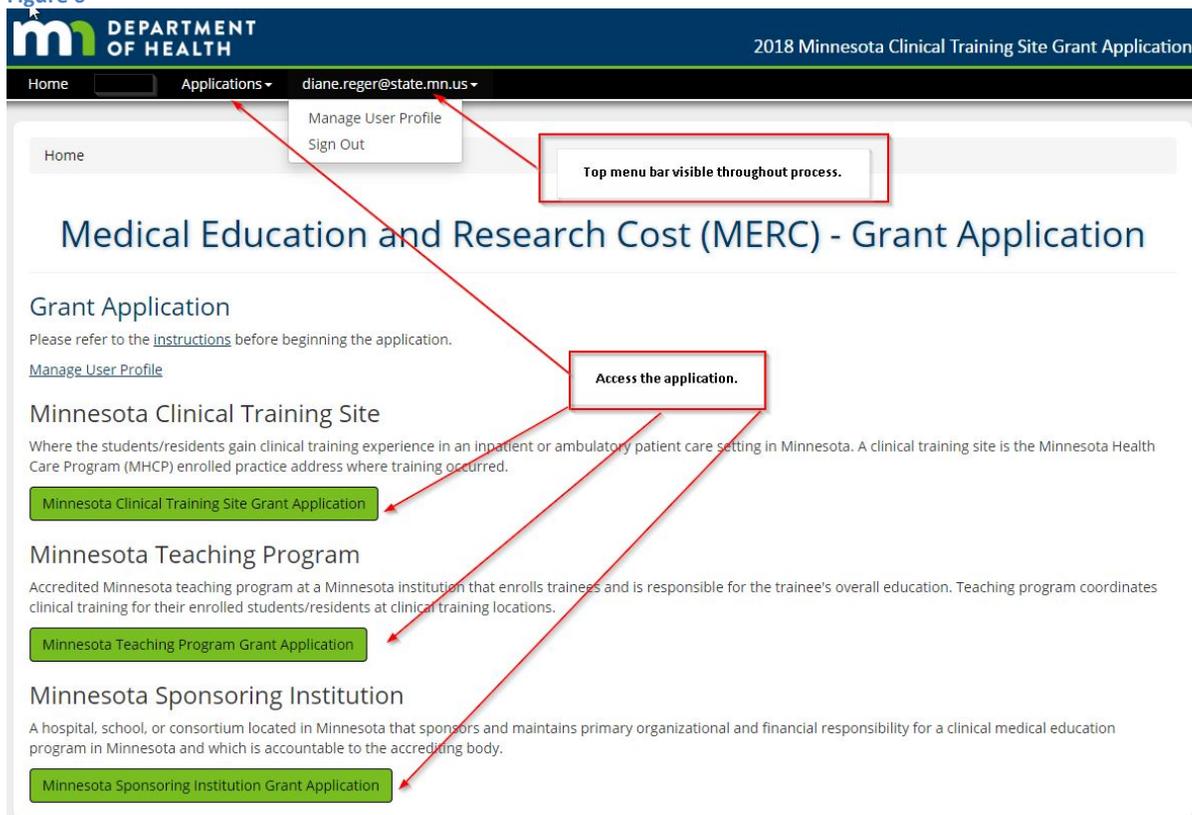
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Home Screen

After signing in and confirming user profile, all users will be directed to the home screen (Figure 6).

1. The relevant application can be accessed by using one of the following methods:
 - a. Mid-screen under each applicant type, users will find a short definition. By clicking on the green box, users can access:
 - Minnesota Sponsoring Institution Application (or)
 - Minnesota Teaching Program Application
 - b. Users can also use the top menu bar to access the application.
 - Click, Applications.
 - Minnesota Sponsoring Institution (or)
 - Minnesota Teaching Program
2. Additional links on the home screen include:
 - Link to this instructions manual.
 - Ability to manage user profile.
 - Sign out of the application portal.

Figure 6



Sign Out

- Sign out is found on the top menu bar under the user's email (See Figure 6).

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Minnesota Sponsoring Institution

A hospital, school, or consortium located in Minnesota that sponsors and maintains primary organizational and financial responsibility for a clinical medical education program in Minnesota and which is accountable to the accrediting body.

Figure 7



1. Manage Sponsoring Institutions & Teaching Programs
 - Setup user access for the sponsoring institution representative, add accredited teaching programs to the sponsor's application, and assign additional sponsoring institution representatives and teaching program representatives (as necessary).
2. Sponsoring Institution Demographics
 - Complete basic information regarding the sponsoring institution and indicate intent to apply.
3. Sponsoring Institution Applications
 - Approve the teaching program application(s) for submission to MDH.
4. Reports
 - Run reports based on the data completed in the application process.

**The tasks must be done in order. Instructions for each task are broken out.
Complete Steps 1 & 2 immediately.
Complete Step 3 after the teaching programs submit their training sites applications for approval
(October 20, 2020).**

Instructions for each section are broken out in the following pages.

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Manage Sponsoring Institutions & Teaching Programs

- A sponsoring institution representative must be granted access by MERC program administrator.
 - After initial access is granted:
 - the representative will be able to manage access for additional users at the sponsoring institution,
 - manage access for teaching programs at the sponsoring institution, and
 - manage the teaching programs that are part of the sponsoring institution.
- Previous representation will continue for returning applicants.

Figure 8

The screenshot shows the user interface for the '2018 Minnesota Clinical Training Site Grant Application'. The header includes the Minnesota Department of Health logo and the user's email 'diane.reger@state.mn.us'. The main content area is titled 'Manage Sponsoring Institutions & Teaching Programs'. Below the title is a section for 'List of Authorized Sponsoring Institutions'. This section features a search bar, a 'Show 10 entries' dropdown, and a table with columns for 'Grant Cycle Year', 'Sponsoring Institution', and 'Action'. The table is currently empty, displaying 'No data available in table'. Below the table, it says 'Showing 0 to 0 of 0 entries' and 'No Sponsoring Institutions Identified.' There are 'Previous' and 'Next' navigation buttons. A red circle with the number '1' highlights a link labeled 'Request Access to Sponsoring Institution' at the bottom left of the table area.

If the sponsoring institution **applied in the previous application period**, the representative on record will remain. The representative will see the sponsoring institution named.

- Skip the Request Access to Sponsoring Institution section.

If the sponsoring institution was **not** an applicant in the previous year or the previous year's representative is **no longer at the organization**, send an email to:

- health.merc@state.mn.us
- Subject Line: Sponsoring Institution Name – FY2019 Training MERC Application
- In the body of the email, indicate the Sponsoring Institution's name, the name and username of the person requesting access, and a brief paragraph stating the sponsor and accredited teaching program meet the FY2019 clinical training eligibility requirements.

1. Click request access to sponsoring institution (applies to new sponsoring institutions or institutions whose representative is no longer employed by the organization).

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Request Access to Sponsoring Institution

- One representative at the sponsoring institution must have initial access.
- The representative can add additional representatives after their access is granted.
- User will continue to have access in subsequent application periods.

Figure 9

The screenshot shows the 'Request Access to Sponsoring Institution' form. At the top, the Minnesota Department of Health logo and '2018 Minnesota Clinical Training Site Grant Application' are visible. The breadcrumb navigation includes 'Home / Minnesota Sponsoring Institution / Manage Sponsoring Institutions & Teaching Programs / Request Access to Sponsoring Institution'. The form itself has a blue header with the title 'Request Access to Sponsoring Institution'. Below this, there are three input fields: 'Grant Cycle Year' (a dropdown menu showing '2018'), 'Sponsoring Institution' (a dropdown menu showing '--Select--'), and 'Comment' (a text input field with the placeholder 'Enter comment...'). A green 'Submit Request' button is located at the bottom of the form. Red circles with numbers 1, 2, 3, and 4 are placed next to the dropdown menus and the submit button, respectively. A red circle with the number 5 is placed above the breadcrumb navigation.

1. Grant Cycle Year: Select 2019.
2. Sponsoring Institution: Select the sponsoring institution.
 - New sponsors meeting the application criteria, contact health.merc@state.mn.us as noted in the last section.
3. Comment: Provide a brief comment attesting to your authority to represent the sponsor.
4. Press Submit Request.
 - MDH will approve access or respond within 24 business hours of receiving the email.
 - After access is granted, the sponsoring institution representative may designate additional representatives. See Grant/Revoke Access.
5. Return to Manage Sponsoring Institutions & Teaching Programs after access is granted.

MERC Grant Application Instructions

Figure 10

DEPARTMENT OF HEALTH

2018 Minnesota Clinical Training Site Grant Application

Home Applications health.merc@state.mn.us

Home / [Minnesota Sponsoring Institution](#) / Manage Sponsoring Institutions & Teaching Programs

Manage Sponsoring Institutions & Teaching Programs

Sponsoring Institutions

Show 10 entries Search:

Grant Cycle Year	Sponsoring Institution	Action
2018	TEST Sponsoring Institution	Add/Remove Teaching Programs Grant/Revoke Access

Showing 1 to 1 of 1 entries

[Request Access to Sponsoring Institution](#)

Previous 1 Next

6. Add/Remove/Edit teaching programs.
7. Grant/Revoke access to additional representatives.
8. Return to the previous page.

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Add/Edit Teaching Programs

- Sponsors can add new programs or edit existing program names and users.
- The sponsoring institution has authority over the teaching program application.

Figure 11

Home / Minnesota Sponsoring Institution / Manage Sponsoring Institutions & Teaching Programs / Add/Remove Teaching Programs

Add/Remove Teaching Programs

Sponsoring Institution

Grant Cycle Year * 2018

Name: * Test Sponsor Diane1

Teaching Programs

Show 10 entries Search:

Grant Cycle Year	Sponsor Institution	Program Type	Program Name	Action
2018	Test Sponsor Diane1	ADVANCED PRACTICE NURSES	State of Minnesota	Edit
2018	Test Sponsor Diane1	MEDICAL RESIDENTS	State of Minnesota	Edit

Showing 1 to 2 of 2 entries Previous 1 Next

Add Teaching Program

Program Type * ---- Select ----

Name: * Enter name of teaching program

Add

Add New Teaching Programs

1. Program Type: Select the program type.
2. Type the Name of the teaching program
3. Click add to add the teaching program

If you are done:

4. Return to the previous screen.

If you are not done:

Repeat Steps 1 – 3 until the sponsor’s teaching programs are added.

Edit/Remove Teaching Programs

5. To edit/remove a teaching program, click edit.

MERC Grant Application Instructions

Edit Teaching Programs

- If the program name has changed or has a typo, edit the program name.
- If the teaching program was mistakenly added in the current grant application cycle, the sponsor may remove the newly added program.
- Do not delete programs from the application (see below or contact health.merc@state.mn.us for clarification).

Figure 12

The screenshot shows the 'Edit Teaching Program' form within the '2018 Minnesota Clinical Training Site Grant Application' system. The breadcrumb navigation at the top reads: Home / Minnesota Sponsoring Institution / Manage Sponsoring Institutions & Teaching Programs / Add/Remove Teaching Programs / Edit Teaching Program. The form fields are: Grant Cycle Year (2018), Sponsoring Institution (Test Sponsor Diane1), Program Type (ADVANCED PRACTICE NURSES), and Name (State of Minnesota). At the bottom, there are buttons for Save, Delete, and Cancel. Red callout boxes with numbers 1 through 4 are placed over the Program Type dropdown, the Name text box, the Save/Delete/Cancel buttons, and the 'Edit Teaching Program' breadcrumb link, respectively.

1. Program Type: Edit program type if incorrect.
2. Name: Edit program name if incorrect.
3. Click save, delete, or cancel.
 - Save – If edits were made.
 - Delete – If the program has no application history and was mistakenly added this grant cycle.
 - Do not delete programs that have applied in the past.
 - Program can indicate in Teaching Program Demographics if they are not applying during the current application cycle.
 - Contact health.merc@state.mn.us if further clarification is needed.
 - Cancel – To cancel without saving.
4. Return to the previous screen for additional edits.
 - Click Manage Sponsoring Institutions & Teaching Programs to Grant/Revoke Access to additional sponsoring institution representatives or teaching program representatives.

**Programs that have applied in previous years, should not be removed.
The sponsor can indicate that the program is not applying. (See teaching program demographics.)**

MERC Grant Application Instructions

Grant/Revoke Access – Sponsoring Institution Representative

- Sponsoring institution representative can grant or revoke access to other representative at their organization.

Figure 13

Home / Minnesota Sponsoring Institution / Manage Sponsoring Institutions & Teaching Programs / Grant/Revoke Access to Sponsoring Institution & Teaching Programs

Grant/Revoke Access to Sponsoring Institution & Teaching Programs

Sponsoring Institution

Grant Cycle Year * 2018

Name: * Test Sponsor Diane1

Sponsoring Institution Authorized Users

Show 10 entries Search:

username	Action
diane.reger@state.mn.us	Revoke Access 3

Showing 1 to 1 of 1 entries Previous 1 Next

Grant User Access to Sponsoring Institution

Username: * Enter username... 1

User must have an account before access can be granted.

Grant Access 2

1. Enter the user name of the representative to approve/grant access to.
 - User must be registered.
2. Grant Access.
 - User has immediate access and authority as a sponsoring institution representative.
3. Revoke Access to remove a representative.
 - Representative will no longer have access to the specific sponsoring institution application or oversee the teaching program applications.
 - Representative will continue to have access to the system.

MERC Grant Application Instructions

Grant/Revoke Access – Teaching Program Representative

(Optional)

- Sponsoring institution representative(s) will oversee the entire application.
- The sponsoring institution representative can complete the entire teaching program application or assigning additional access to program representatives.
- Additional access can be granted to one or more specific teaching program representative(s).
- The teaching program representative will be grant access to only the teaching program specified by the sponsoring institution representative.

Figure 14

Grant Cycle Year	Sponsor Institution	Program Type	Program Name	Action
2018	Test Sponsor Diane1	ADVANCED PRACTICE NURSES	State of Minnesota	Grant/Revoke Access
2018	Test Sponsor Diane1	MEDICAL RESIDENTS	State of Minnesota	Grant/Revoke Access

1. Grant/Revoke access by selecting the teaching program.

MERC Grant Application Instructions

Figure 15

2018 Minnesota Clinical Training Site Grant Application

Grant/Revoke Access to Teaching Program

Teaching Program

Grant Cycle Year * 2018

Sponsoring Institution: * Test Sponsor Diane1

Program Type * ADVANCED PRACTICE NURSES

Name: * State of Minnesota

Teaching Program Authorized Users

Show 10 entries Search:

username	Action
diane.reger@state.mn.us	Revoke Access 3

Showing 1 to 1 of 1 entries Previous 1 Next

Grant User Access to Teaching Program

Username: * Enter username... 1

User must have an account before access can be granted.

Grant Access 2

1. Enter the user name of the program representative to approve/grant access to.
 - User must be registered.
2. Grant access to the username indicated in #1.
 - User has access to the teaching program specified.
3. Revoke access to remove the representative named.
 - Representative will no longer have access to the teaching program specified.
 - Representative will continue to have access to the system, just not the program specified.
4. Return to previous screen using links on top of the page.

MERC Grant Application Instructions

Sponsoring Institution Demographics

The sponsoring institution must complete their demographics and indicate they are applying before the teaching programs and clinical training sites can submit applications to the sponsor for approval.

Sponsoring Institution Information

Figure 16

DEPARTMENT OF HEALTH

2018 Minnesota Clinical Training Site Grant Application

Home Admin Applications diane.reger@state.mn.us

Home / Minnesota Sponsoring Institution / Sponsoring Institution Demographics

Sponsoring Institution Demographics

Sponsoring Institution Demographics

Items with an * are required.

Sponsoring Institution(s)

Sponsoring Institution: * Test Sponsor Diane1 1

Sponsoring Institution Information

Name: Test Sponsor Diane1

Address Line 1: * 121 E 7th Place

Address Line 2: Enter address line 2

City: * St. Paul

Select State: * MINNESOTA

Zip Code: * 54321

Postal Code: 1234

2

Use arrows to expand or decrease section.

1. Select the sponsoring institution.
 - If the sponsor applied in the previous year, the information from the previous application will populate in #2.
2. Enter/Edit the sponsoring institution's information.

Scroll down the screen to continue.

MERC Grant Application Instructions

Authorized Representative – Sponsoring Institution

- The user profile of the sponsoring institution representatives named in Managed Sponsoring Institutions & Teaching Programs are included in the application.

Figure 17

Authorized Representatives

Search:

First Name	Last Name	Title	Email	Type	Address
MERC	Staff	MERC Grant Program Staff	health.merc@state.mn.us		Line 1: 85 East 7th Place, Suite 220 City: St. Paul State: MN Zip: 55101 Phone: (651) 201-3566

Showing 1 to 1 of 1 entries

1. No entry takes place.
 - The information can be updated in the representative's user profile.
 - If additional representatives should be named, return to Grant/Revoke Access – Sponsoring Institution Representative.

MERC Grant Application Instructions

Vendor Information

- To ensure timely payments, sponsoring institution must provide information for payments to be processed.
- The information provided in this section (other than the representative's name/title/email and phone) must be consistent with the vendor's information on record with the State of Minnesota.
 - Indicate the name of the representative that will be named in the grant agreement as the authorized representative.
 - This individual will also sign the grant agreement.
 - Organizations that require two signees, please notify health.merc@state.mn.us at the time of submission.
- To verify or setup the sponsoring institution as a vendor of the State of Minnesota, visit [SWIFT \(State of Minnesota Supplier Portal\)](#).

Figure 18

Vendor Information

Authorized Representative: * Diane Reger

Title: * Testing 10072019

Email: * health.merc@state.mn.us

Phone: * (651) 201-3566

Vendor Name: * State of Minnesota

DBA (when applicable): Minnesota Department of Health

Vendor Number: * 1111111111

Vendor Location Code: * 011

Federal Employer ID: * 11-1111111

Minnesota Tax ID: * 1111111

Address Line 1: * 111 MERC Circle

Address Line 2: 222 Line 2

City: * St. Cloud

Select State: * MINNESOTA

Zip Code: * 54321

Postal Code: 1234

I have verified that the information above is correct and complete.

MERC Grant Application Instructions

Opening the Sponsoring Institution Grant Application

- The sponsoring institution must indicate they will be applying for the current application period before the sponsor's teaching programs or clinical training sites can submit an application under the sponsoring institution.
- If the sponsoring institution is not applying, their programs or clinical training sites cannot apply.

Figure 19

Open Fiscal Year [2018] Application

Applying: YES NO

1. Indicate if the sponsoring institution has programs applying in fiscal year 2019.

Applicant Trainees

- As teaching programs and clinical training sites apply through the sponsoring institution, the table will update by trainee type and application counts.
 - All data is for informational purposes.
 - No data entry takes place in this section.

Figure 20

Applicant Trainees

Search:

Trainee Types	Teaching Programs	Clinical Training Sites	Eligible Clinical Trainee FTEs	Outside MN Clinical Trainee FTEs	Other Non-Eligible Clinical Trainee FTEs	Didactic / Classroom FTEs	Total Non-Eligible FTEs	Overall Program FTEs
ADVANCED PRACTICE NURSES	1	0	0.0	0.0	0.0	0.0	0.0	0.0
MEDICAL RESIDENTS	1	0	0.0	0.0	0.0	0.0	0.0	0.0
Total	2	0	0.0	0.0	0.0	0.0	0.0	0.0

Showing 1 to 2 of 2 entries

Update

Update/Save

- After demographics are complete, press update at the bottom of the screen to save the information.
- Return to the Minnesota Sponsoring Institution page using the links at the top of the page.

MERC Grant Application Instructions

Sponsoring Institution Applications

Approving & Submitting Applications

This section of the application cannot be completed until the teaching programs have submitted their application for final approval.

- Sponsors can begin approving application as they are submitted.
- Programs have until October 20, 2020, to submit the application for sponsor's approval.
- Sponsors must submit the application to MDH by October 31, 2020.

Figure 21

1. After the teaching programs have submitted their applications, the sponsor can begin approval.
 - a. Select the sponsoring institution to begin approval.
2. Links are available to return to the main sponsoring institution page (as needed).

**Allow training sites time to apply to the teaching programs.
Programs must submit their application to the sponsor for approval by October 20, 2020.
SPONSORS MUST SUBMIT THE APPLICATION TO MDH BY OCTOBER 31, 2020.**

MERC Grant Application Instructions

Figure 22

Home / Minnesota Sponsoring Institution / Sponsoring Institution Applications / Submit Grant Application

Submit Grant Application

Selected (Test Sponsor 1)

Sponsoring Institution Fiscal Year [2018] Clinical Training

Teaching Programs

Select all or select line by line to approve or disapprove.

Search:

<input type="checkbox"/>	Teaching Program (Type)	Status	Comment	Approved Date	Finalized Date	Action
<input type="checkbox"/>	Test Program A (Medical Residents) Status: TP-SUBMITTED Address: 123 Main Street City: St. Paul State: MN Zip: 54321 Zip4: 1234	NEW				<input type="button" value="View"/>
<input type="checkbox"/>	Test Program B (Advanced Practice Nurses) Status: TP-SUBMITTED Address: 123 Main Street City: St. Paul State: MN Zip: 54321 Zip4: 1234	NEW				<input type="button" value="View"/>
<input type="checkbox"/>	Test Program C (Physician Assistants) Status: TP-SUBMITTED Address: 123 Street City: St. Paul State: MN Zip: 54321 Zip4: 5321	NEW				<input type="button" value="View"/>

Showing 1 to 3 of 3 entries

Click to expand/see details.

Program applications can be viewed before approval. 1

Comment can be made to program if necessary. 3

2

4

1. View details of the teaching program's application before approval.
2. Select the teaching program to approve individually or select all.
3. Comment can be captured if disapproving (as needed).
4. Approve or disapprove the teaching program(s) application.
 - Disapprove teaching program if edits to the program are necessary before submission to MDH. This should be rare.
 - Upon disapproval, the program can be edited and resubmitted to the sponsor for approval.
5. As needed, links are available to return to the main sponsoring institution page.

MERC Grant Application Instructions

Figure 23

Teaching Programs

Search:

Teaching Program (Type)	Status	Comment	Approved Date	Finalized Date	Action
Test Program A (Medical Residents) Status: TP-SUBMITTED Address: 123 Main Street City: St. Paul State: MN Zip: 54321 Zip4: 1234	SP-APPROVED		10/10/2019		View
Test Program B (Advanced Practice Nurses) Status: TP-SUBMITTED Address: 123 Main Street City: St. Paul State: MN Zip: 54321 Zip4: 1234	SP-APPROVED		10/10/2019		View
Test Program C (Physician Assistants) Status: TP-SUBMITTED Address: 123 Street City: St. Paul State: MN Zip: 54321 Zip4: 5321	SP-APPROVED		10/10/2019		View

Showing 1 to 3 of 3 entries

1

Submit Application to MDH

1. After programs are approved, submit the application to MDH.

MERC Grant Application Instructions

Figure 24

[Home](#) / [Minnesota Sponsoring Institution](#) / [Sponsoring Institution Applications](#) / [Submit Grant Application](#) / [Finalize Application](#)

Finalize Application

Submit Grant Application

Items with an * are required.

Grant Application Summary Fiscal Year [2018] Clinical Training

Sponsoring Institution

Sponsoring Institution:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Figure 25

Teaching Program

Search:

Teaching Program	Type	Address
Test Program A	Medical Residents	123 Main Street City: St. Paul State: MN Zip: 54321 Facility Type: Medical Residents
Test Program B	Advanced Practice Nurses	123 Main Street City: St. Paul State: MN Zip: 54321 Facility Type: Advanced Practice Nurses
Test Program C	Physician Assistants	123 Street City: St. Paul State: MN Zip: 54321 Facility Type: Physician Assistants

Showing 1 to 3 of 3 entries

MERC Grant Application Instructions

Figure 26

Validation Summary

Application is complete. Confirm approval below.

Teaching Programs Approved: COMPLETED

Demographic Information: COMPLETED

Final Approval and Submission

I affirm that the grant application submitted is accurate to the best of my knowledge. The application reflects the sponsoring institution's accredited Minnesota teaching programs and clinical training sites during the application training period. I am aware of my responsibilities as a sponsoring institution representative under Minnesota Statute 62J.692.

Name: Diane Reger

Title: MERC Grant Program - TEST ACCOUNT

Email: health.merc@state.mn.us

Date Signed: 10/10/2019

Comment: Enter comment

Option box for notes to MDH.

Submit

1. Approval check box.
 - Signature will prefill based on representative's profile.
 - Optional comment box to MDH.
2. Submit the application to MDH by October 31, 2020.
3. Print Application (see figure below).
 - Return to the top of the screen to print and save a PDF copy of the submission. This document is part of the grant application process and should be maintained in the sponsor's internal records.

MERC Grant Application Instructions

Figure 27

[Home](#) / [Minnesota Sponsoring Institution](#) / [Sponsoring Institution Applications](#) / [Submit Grant Application](#)

Submit Grant Application

Selected

Items with an * are required.

3 [Print Application](#)

Sponsoring Institution Fiscal Year [2019] Clinical Training

Figure 28

Grant application submitted to MDH successfully!

[Home](#) / [Minnesota Sponsoring Institution](#) / [Sponsoring Institution Applications](#) / [Submission Summary](#)

Submission Summary

Grant Application Submission Summary [2018]

Sponsoring Institution Demographic

Name:	<input type="text" value="Test Sponsor 1"/>
Address Line 1:	<input type="text" value="111 MERC Street"/>
Address Line 2:	<input type="text"/>
City:	<input type="text" value="St. Paul"/>
State:	<input type="text" value="MN"/>
Zip Code:	<input type="text" value="54321"/>
Postal Code:	<input type="text"/>

MERC Grant Application Instructions

Figure 29

Teaching Programs		
Teaching Program Applications	TP Status	SP Status
Test Program A (Medical Residents) Address: 123 Main Street City: St. Paul State: MN Zip: 54321	TP-SUBMITTED TP Finalized Date: 10/08/2019	SP-SUBMITTED SP Finalized Date: 10/10/2019
Test Program B (Advanced Practice Nurses) Address: 123 Main Street City: St. Paul State: MN Zip: 54321	TP-SUBMITTED TP Finalized Date: 10/08/2019	SP-SUBMITTED SP Finalized Date: 10/10/2019
Test Program C (Physician Assistants) Address: 123 Street City: St. Paul State: MN Zip: 54321	TP-SUBMITTED TP Finalized Date: 10/08/2019	SP-SUBMITTED SP Finalized Date: 10/10/2019

Showing 1 to 3 of 3 entries

Figure 30

Home / Minnesota Sponsoring Institution / Sponsoring Institution Applications

Sponsoring Institution Applications

Sponsoring Institution Demographics must be completed before your application is started.

Show 10 entries Search:

Cycle Year	Sponsoring Institution	Teaching Program (Type) and Status	Action								
2018	Test Sponsor 1 SP Status: SP-SUBMITTED Finalized Date: 10/10/2019	<table border="1"> <thead> <tr> <th>Teaching Program (Type)</th> <th>TP Status</th> </tr> </thead> <tbody> <tr> <td>Test Program A (Medical Residents)</td> <td>TP-SUBMITTED</td> </tr> <tr> <td>Test Program B (Advanced Practice Nurses)</td> <td>TP-SUBMITTED</td> </tr> <tr> <td>Test Program C (Physician Assistants)</td> <td>TP-SUBMITTED</td> </tr> </tbody> </table>	Teaching Program (Type)	TP Status	Test Program A (Medical Residents)	TP-SUBMITTED	Test Program B (Advanced Practice Nurses)	TP-SUBMITTED	Test Program C (Physician Assistants)	TP-SUBMITTED	Select
Teaching Program (Type)	TP Status										
Test Program A (Medical Residents)	TP-SUBMITTED										
Test Program B (Advanced Practice Nurses)	TP-SUBMITTED										
Test Program C (Physician Assistants)	TP-SUBMITTED										

Sponsor has submitted the application.

MERC Grant Application Instructions

Application Status

As the applications process, the status will be recorded.

SP = Sponsoring Institution

TP = Teaching Program

TS = Training Site

Table 2

Status	Definition
NEW	Application Opened.
PENDING	Pending.
DISAPPROVED	Disapproved. Correction needed.
APPROVED	Approved. Pending submission by Program/Sponsor to MDH.
SUBMITTED	Submitted.

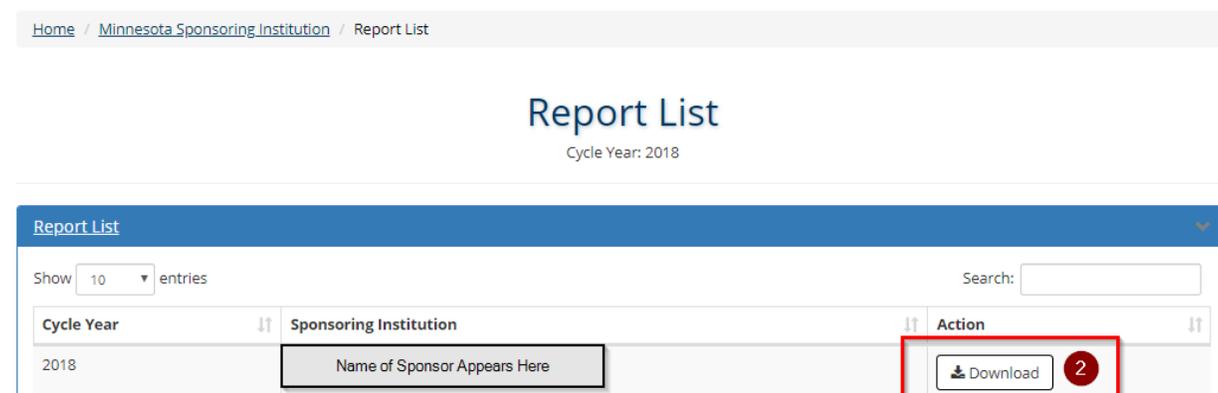
Reports

Reports are available to Minnesota sponsoring institutions that completed a grant application.

Figure 31



Figure 32

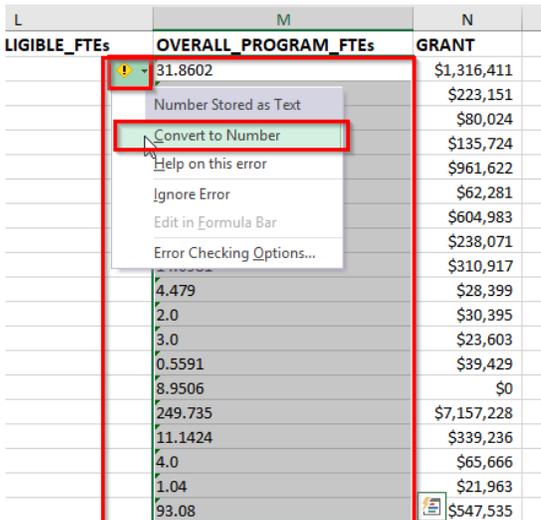


MERC Grant Application Instructions

1. Press, Reports.
2. Select, Download.

Excel pulls in the numeric fields as ‘numbers stored as text.’ For accounting purposes, users will find it helpful to convert these fields to numbers. Highlight the fields and press the yellow triangle found next to the highlighted section. Next, click ‘Convert to Number.’ See the figure below for an example:

Figure 33



The following comments are examples that may appear in the training site report.

Table 3

Comment	Description
Did Not Qualify for Formula – Below FTE Minimum	Overall site FTEs must meet 0.10 FTE minimum.
Site Withdrew Application or Expenditures Not Submitted	Site submitted initial application. Withdrew or did not submit required expenditure report in Step 2 of the application.
Did Not Qualify for Formula	Minnesota Health Care Program Revenue
Expenditures Below Minimum Grant	Site expenditures under \$5,000.
Below Minimum Grant	Overall site grant must meet \$5,000 minimum under formula.
Qualified for Grant	Site qualified for grant formula and grant.

Use the report to assist in the grant verification process. The information on the report is also reflect on the GVR document that must be submitted to MDH. After submitting the GVR, download the Excel report again to include the GVR submission date. Save the report in your grant records.

MERC Grant Application Instructions

Minnesota Teaching Program

“Clinical medical education program means the accredited clinical training of physicians (medical students and residents), doctor of pharmacy practitioners, doctors of chiropractic, dentists, advanced practice nurses* (clinical nurse specialists, certified registered nurse anesthetists, nurse practitioners, and certified nurse midwives), physician assistants, dental therapists and advanced dental therapists, psychologists, clinical social workers, community paramedics, and community health workers.” Minnesota Statute 62J.692, subdivision 1(d).

*Training programs for Advanced Practice Nursing must be “sponsored by the University of Minnesota Academic Health Center, the Mayo Foundation, or institutions that are part of the Minnesota State Colleges and Universities System or members of the Minnesota Private College Council.” Minnesota Statute 62J.692, Subdivision 3(b).

Completed by the sponsoring institution representative or a teaching program representative designated by the sponsoring institution.

- See Manage Sponsoring Institutions & Teaching Programs to manage user access and add teaching programs.

Figure 34



Complete in order. Instructions are broken out for each task.

1. Teaching Program Demographics Managed by Representative
 - Complete basic information regarding the teaching program and indicate intent to apply.
 - Complete by August 31, 2020.
 - Sites cannot apply until the program completes.
2. Teaching Program Application
 - Approve the grant applications submitted by clinical training sites by October 15, 2020.
 - Submit the program’s application to the sponsor by October 20, 2020.
3. Reports
 - Run reports based on the data completed in the application process.

Complete Step 1 no later than August 31, 2020.

Complete Step 2 approvals by October 15, 2020. Submit the application to the sponsor by October 20, 2020.

MERC Grant Application Instructions

Teaching Program Demographics Managed by Representative

The teaching program must complete the demographics and indicate the program is applying before the clinical training sites can submit applications to the program for approval.

- The table will reflect programs assigned to the user by the sponsoring institution representative.
- Contact the sponsoring institution representative for authorization questions or requests.

Figure 35

[Home](#) / [Minnesota Teaching Program](#) / Teaching Program Demographics Managed by Representative

Teaching Program Demographics Managed by Representative

Teaching Program Demographic Information

Demographics must be completed before application is started.

Show 10 entries

Search:

Cycle Year	Sponsoring Institution	Teaching Program	Program Type	Intends to Apply
2018	Sponsor name will appear here.	Program name will appear here.	Trainee type will appear here.	<input checked="" type="radio"/> YES 1 <input type="radio"/> NO Complete Demographics
2018	Sponsor name will appear here.	Program name will appear here.	Trainee type will appear here.	<input type="radio"/> YES <input checked="" type="radio"/> NO Complete Demographics

1. Select the teaching program to complete the demographics for.
 - Representatives that manage multiple programs must complete demographics for each program.

Program's Sponsoring Institution Information

- The sponsoring institution that oversees the teaching program is prefilled after the program is selected.

MERC Grant Application Instructions

Figure 36

Teaching Program Demographics

Teaching Program Demographic Information: Program name will appear here.

Items with an * are required.

Use arrows to expand or decrease sections.

Sponsoring Institution Information

Sponsoring Institution: Sponsor name will appear here.

Address Line 1: Address for sponsor will appear here.

Address Line 2:

City:

State: MN

Zip Code:

Postal Code:

Information pre-populated based on sponsoring institution's demographics.

Opening the Teaching Program Grant Application

Figure 37

Open Fiscal Year [2018] Application

2 Applying: YES NO

DO NOT select 'yes' unless accreditation was in place during the fiscal year and continues to be in place.
Clinical training sites will be allowed to apply through the program if 'yes' is selected.

Program's [2018] Fiscal Year

3 Start Date: 01/01/2018

End Date: 12/31/2018

2. Indicate if the program is applying. This opens the program's application to clinical training sites.
3. Enter the program 2019 fiscal year.
 - Programs that applied in the previous application will have FY2019 suggested dates prefilled.
 - Verify the program dates do not overlap the previously reported application period.
 - New programs must enter their program's 2019 fiscal year dates.
 - i. Programs can apply for a partial year if accreditation began mid-year.
 - ii. Application must reflect only the accredited training dates and trainees during those dates.

MERC Grant Application Instructions

Teaching Program Information

Figure 38

The screenshot shows a web form titled "Teaching Program Information". The form contains the following fields and values:

- Name: Test Program 2
- Address Line 1: 111 MERC Circle
- Address Line 2: 222 Line 2
- City: St. Cloud
- Select State: MINNESOTA
- Zip Code: 54321
- Postal Code: 1234
- Year program was established and began teaching activities (yyyy): 1950
- Program Type: Dental Residents
- Select One: Primary Care - General Practice Dentistry/Pediatric Dentistry; Specialist - Endodontics, Oral and Maxillofacial Surgery, Orthodontics, Periodontics, Prosthodontics, etc.
- Specialty: General Practice Dentistry

A red box highlights the fields from Name to Year established. A red circle with the number 4 is located to the right of the form.

4. Enter the teaching program's information.

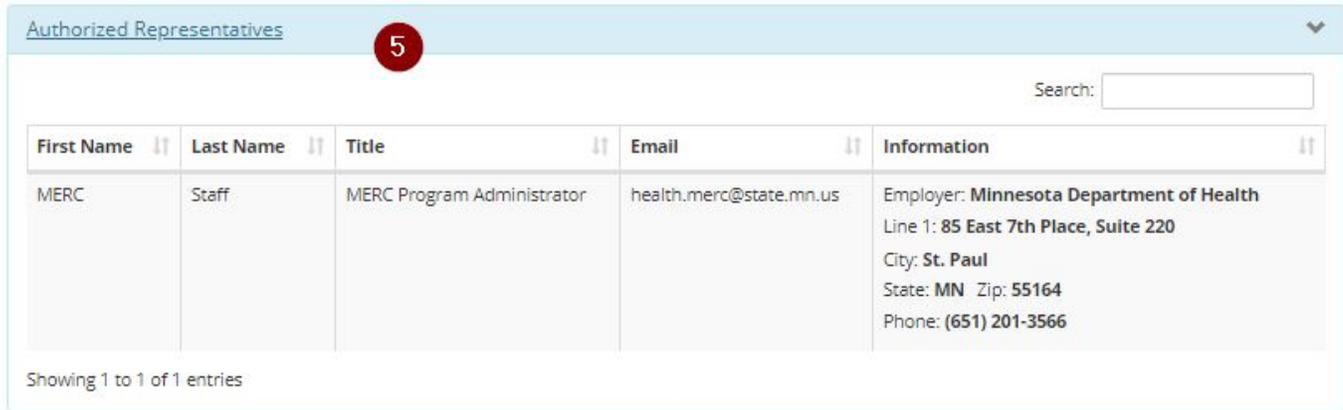
- Name – Prefilled based [Add/Edit Teaching Programs](#)
- Address
- Year the program was established and began teaching activities.
- Program type – Prefilled based on [Add/Edit Teaching Programs](#)
- Primary Care or Specialist
 - i. Advanced Practice Nurses, Dental Residents, Medical Residents – Select Primary Care or Specialist. See screen for details on selection.
 - ii. All other program types are pre-set as Primary Care.
- Specialty - Scroll through the available options and highlight the program's specialty (e.g. clinical nurse specialist, pediatric dentistry, internal medicine).
 - i. If the specialty is not listed, select OTHER at the bottom of the drop down list.
 - ii. Add the specialty using uppercase.
- If the teaching program applied in the previous year, the information from the previous application will populate in #4.
 - i. Review/Edit.

MERC Grant Application Instructions

Authorized Representatives – Teaching Program

- The user profile of the sponsoring institution and teaching program representative(s) named in Managed Sponsoring Institutions & Teaching Programs are included in the application.

Figure 39



The screenshot shows a web interface titled "Authorized Representatives" with a search bar and a table. A red circle with the number "5" is overlaid on the top left of the table area. The table has five columns: First Name, Last Name, Title, Email, and Information. The first row contains the following data:

First Name	Last Name	Title	Email	Information
MERC	Staff	MERC Program Administrator	health.merc@state.mn.us	Employer: Minnesota Department of Health Line 1: 85 East 7th Place, Suite 220 City: St. Paul State: MN Zip: 55164 Phone: (651) 201-3566

Showing 1 to 1 of 1 entries

5. No entry takes place.

- The information can be updated in the representative's user profile.
- If additional representatives should be named, return to Grant/Revoke Access – Teaching Program Representative.

MERC Grant Application Instructions

Accreditation

Teaching programs applying for a MERC grant must be accredited through an organization recognized by the U.S. Department of Education (“Current List of Nationally Recognized Accrediting Agencies and the Criteria for Recognition by the U.S. Secretary of Education.” U.S. Department of Education Office of Postsecondary Education, September 1998), the **Centers for Medicare and Medicaid Services** (42 C.F.R. §§ 413.85, 413.86) or another national body who reviews the accrediting organizations for multiple disciplines and whose standards for recognizing accrediting organizations are reviewed and approved by the Commissioner of Health.

Figure 40

The screenshot shows the 'Accreditation' form with the following fields and callouts:

- 6**: A dropdown menu for 'Name' with 'American Society of Health System Pharmacists (ASHP)' selected. A callout box says 'Select the accrediting body.'
- 7**: Radio buttons for 'Status' with options: 'Initial Accreditation', 'Continued Accreditation', and 'Other'. A callout box says 'Select one: New/Initial, Ongoing, Other (Describe).'
- 8**: A date input field for 'Initial Accreditation Granted' with '01/01/2011' entered. A callout box says 'Date accreditation was originally granted.'
- 9**: A date input field for 'Accreditation Continues Through' with '12/31/2021' entered. A callout box says 'Date of expected renewal/site visit.'
- 10**: A checkbox with the text 'I understand that programs must be accredited to meet qualifications. I attest the program is accredited both currently and during the training period in which I am applying. If accreditation status changes, I will notify the MERC program administrator.'
- 11**: A file upload button labeled 'Select file to upload:'. A callout box says 'Submit supporting documentation from the accrediting body naming the sponsor/program along with accreditation dates.'
- 12**: A checkbox with the text 'I have verified that the attached accreditation document(s) cover the training period. The accreditation dates above reflect when the program was first accredited, and when the next approval is scheduled take place according to the accreditation documents.'
- 13**: A 'Save Draft' button.
- 14**: A 'Finalize to Validate' button. A callout box says 'All information must be completed to Finalize.'

6. Programs applying for the first time can select from a dropdown list of accreditation bodies by clicking on the right arrow.
 - If the accrediting body is not in the existing list, email a PDF of the program’s accreditation letter to MERC staff at health.merc@state.mn.us. Do not proceed until confirmation from MERC staff.

MERC Grant Application Instructions

7. Select one:

- Initial Programs in their initial accreditation period.
- Continued Programs who have ongoing accreditation.
- Other Other status along with a short description – may affect eligibility.
Notify health.merc@state.mn.us before sites begin applying.

Programs must be and remain accredited.

8. Initial accreditation granted

- Enter the date the program’s accreditation was original granted.

9. Accreditation continues through

- Enter the date the current accreditation will be up for renewal/site visit.

10. Representative must attest to the accreditation.

11. Attach documentation, such as a letter from the accrediting body, verifying the program’s accreditation status and effective dates.

- Programs with ongoing accreditation must confirm the attached document is current.
- Add accreditation documents when updates are received.
- Do not remove an accreditation document that was previously provided.

12. Representative must attest the documentation corresponds to details provided in the accreditation section.

- If the program’s accreditation status changes, MERC staff must be notified in writing.
Eligibility may be affected.

13. Save draft if not complete.

14. Finalize demographics.

- All documents required.

Return to Minnesota Teaching Program page.

MERC Grant Application Instructions

Teaching Program Application

The program must first complete demographics to open the grant application cycle.

- An application will be added to the table after demographics are completed.
- Clinical training site applications will populate under the teaching program as sites apply to the program.
- Begin approving clinical training site applications as they apply to the program.
 - Clinical training sites can submit applications to the program until September 30, 2020.
 - Program must approve clinical training site applications by October 15, 2020.
 - In rare cases, site application discrepancies must be amended and reapproved by October 20, 2020.
 - Programs must submit the application to the sponsor by October 20, 2020.

Figure 41

Home / Minnesota Teaching Program / Teaching Program Application

Teaching Program Application

Teaching Program Applications

Teaching Program Demographics must be completed before your application is started.

Sort or Search. Search:

Cycle Year	Sponsoring Institution	Teaching Program (Type)	Training Site and Status	Action						
2018	Test Sponsor 1 Status: NEW	Test Program C (Physician Assistants)	<table border="1"><thead><tr><th>Training Site</th><th>TP Status</th></tr></thead><tbody><tr><td>TEST Site A MERC ID: 111111111</td><td>PENDING</td></tr></tbody></table>	Training Site	TP Status	TEST Site A MERC ID: 111111111	PENDING	Select 1		
Training Site	TP Status									
TEST Site A MERC ID: 111111111	PENDING									
2018	Test Sponsor 1 Status: NEW	Test Program B (Advanced Practice Nurses)	<table border="1"><thead><tr><th>Training Site</th><th>TP Status</th></tr></thead><tbody><tr><td>TEST Site B MERC ID: 222222222</td><td>PENDING</td></tr><tr><td>TEST SITE F MERC ID: 666666666</td><td>PENDING</td></tr></tbody></table>	Training Site	TP Status	TEST Site B MERC ID: 222222222	PENDING	TEST SITE F MERC ID: 666666666	PENDING	Select
Training Site	TP Status									
TEST Site B MERC ID: 222222222	PENDING									
TEST SITE F MERC ID: 666666666	PENDING									
2018	Test Sponsor 1 Status: NEW	Test Program A (Medical Residents)	<table border="1"><thead><tr><th>Training Site</th><th>TP Status</th></tr></thead><tbody><tr><td>TEST Site A MERC ID: 111111111</td><td>TP-APPROVED</td></tr><tr><td>TEST Site D MERC ID: 444444444</td><td>PENDING</td></tr></tbody></table>	Training Site	TP Status	TEST Site A MERC ID: 111111111	TP-APPROVED	TEST Site D MERC ID: 444444444	PENDING	Select
Training Site	TP Status									
TEST Site A MERC ID: 111111111	TP-APPROVED									
TEST Site D MERC ID: 444444444	PENDING									

Site submitted. Pending program approval.

Site submitted. Program approved.

1. Select the teaching program application to begin approving clinical training locations and trainee counts.

MERC Grant Application Instructions

Application Status

As the applications process, the status will be recorded.

SP = Sponsoring Institution

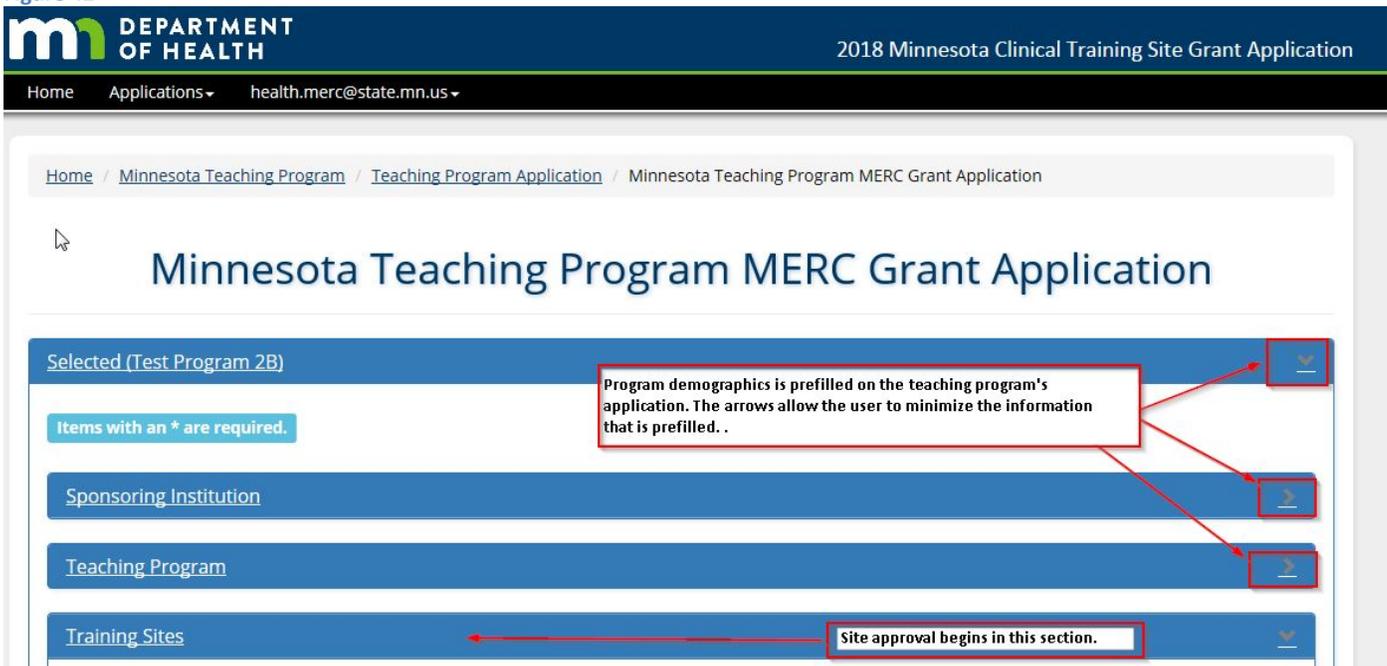
TP = Teaching Program

TS = Training Site

Table 4

Status	Definition
NEW	Application Opened.
PENDING	Pending.
DISAPPROVED	Disapproved. Correction needed.
APPROVED	Approved. Pending submission by Program/Sponsor to MDH.
SUBMITTED	Submitted.

Figure 42



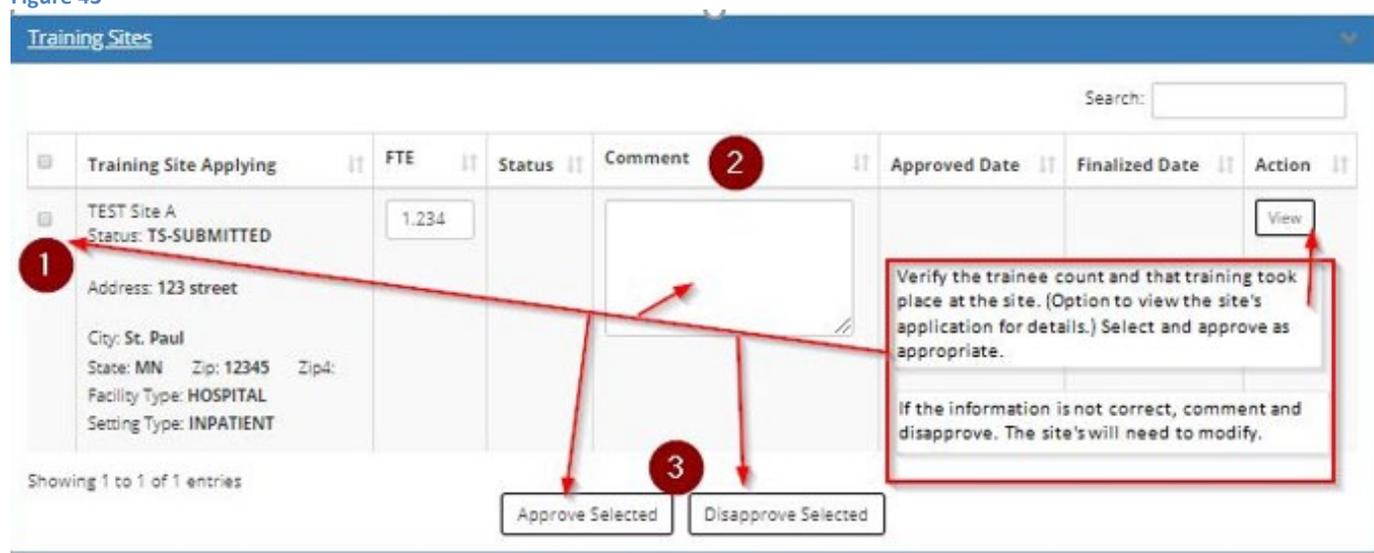
- The information completed in demographics auto completes the top section of the grant application.
- Review the information for accuracy.
 - To edit, return to Teaching Program Demographics before continuing.

MERC Grant Application Instructions

Training Sites of the Teaching Program

- Training sites applying under the teaching program are automatically added the program's application.
- The program must approve the clinical training site application before the application can be submitted to the sponsoring institution for submission to MDH.
 - Approval process should be completed by October 15, 2020.
- The program has the authority to disapprove clinical training site applications that are not consistent with program records.
 - Special attention should be given to the location where training took place and the eligible FTEs. FTEs should not be rounded (truncate to four decimals).
 - The program can approve the site's application based on the location of training and eligible FTE summary or view the detailed site application.

Figure 43



1. To approve or disapprove a training site, click the box next to the site name.
2. Insert a comment if the training site application will be disapproved due to inconsistencies (does not match the location where training took place or the FTE trainee count on record with the teaching program).
 - FTE count should not be rounded.
 - FTE trainee count truncated (cut off) at four decimals.
3. Approve or disapprove the training site.
 - Approve – verifies the program's records are consistent with the clinical training site's submission.
 - Disapprove – reopens the application to the training site for correction.
 - Teaching program has ability to add a comment before pressing disapprove. Comment will be noted in the clinical training site's application table.
 - When a program disapproves a training site, the program should contact the training site representative to discuss the discrepancies and notify the site their application must be amended and resubmitted.

MERC Grant Application Instructions

- The clinical training site must edit the application and resubmit to the teaching program for reconsideration/approval prior to October 20, 2020.
 - When site resubmits amended application, disapproval comment can be removed by the program before final approval takes place.
 - Teaching program cannot approve the application until the training site resubmits.
 - All approvals must be in place by October 20, 2020.
 - The program has the ability to remove sites that are not compliant with the submission deadline.
 - a. Notify sites in writing if their application was not in compliance and was removed.

The site name and address must be consistent with the location where training took place. The grant formula is based on the MA/PMAP claims reimbursement at the site location. Contact the site if there are inconsistencies requiring disapproval of the application.

The Department of Human Services administers the Minnesota Health Care Program (MHCP). Medicaid enrollment changes must be processed through the MHCP. Providers must contact the MHCP within 30-days of a change in their Medicaid enrollment or address. If necessary, refer training sites to MHCP Provider Change Form or at 800/366-5411 or 651/431-2700.

Trainee Summary

- Report the total number of non-eligible trainees for the teaching program.
 - See FTE definition below.
- Enter “0” for categories with no trainee FTEs in fiscal year 2019.

MERC Grant Application Instructions

Figure 44

The screenshot shows a web application interface for 'Trainee Summary'. It is divided into three main sections: 'Non-Eligible FTEs', 'Eligible FTEs', and 'Clinical Training Sites'.
1. **Non-Eligible FTEs**: Contains four input fields: 'Clinical Trainee FTEs Outside Minnesota' (with callout 4), 'Other - Clinical Trainee FTEs (Non-Eligible Sites)' (with callout 5), 'Didactic/Classroom FTEs' (with callout 6), and 'Total Non-Eligible' (which is auto-calculated). A 'Save' button (with callout 7) is at the bottom.
2. **Eligible FTEs**: Shows 'Total Eligible FTEs' with a value of 1.2339.
3. **Clinical Training Sites**: Shows 'Total Eligible Clinical Training Sites' with a value of 1.
A red-bordered box with callout 8 contains the text: 'Fields are calculated based on training sites. No data entry.' Red arrows point from this box to the 'Total Eligible FTEs' and 'Total Eligible Clinical Training Sites' fields.
At the bottom, a 'Submit Application to Sponsoring Institution for Approval' button is shown with callout 8. A second red-bordered box with callout 8 contains the text: 'After the sites that are expected to apply are approved, submit the application to the Sponsor for final approval and submission to MDH.'

FTE is defined as a *full-time equivalent*.

One person cannot exceed one FTE.

Full-time is considered a minimum of 2,080 hours, 52 weeks, or 260 days.

$((\text{Student/Resident} * \text{Weeks in Rotation}) * \text{Hours per Week}) = \text{Clinical Training Hours} / 2,080 = \text{FTE Count}$

FTE trainee count cut off at four decimals. FTE count should not be rounded.

4. Report the total number of clinical trainee FTEs training sites outside of Minnesota.
5. Report all other non-eligible trainee FTEs.
 - Examples of other non-eligible trainees include trainees in sites not enrolled in the Minnesota Health Care Program (MHCP), trainees in nursing homes or VA/federal facilities, or training sites in sites not supported by patient care revenue.
6. Report the total number of didactic/classroom (non-patient care) FTEs.
 - For example, if trainees spend half of their time in didactic/classroom activities, then half of the total student/resident FTEs should be reported here.

Total non-eligible automatically calculated by the system.

7. Save information entered.

MERC Grant Application Instructions

Eligible FTE total automatically calculated from training site section.

Clinical training sites total is automatically calculated based on training site section.

8a. Save if you are not ready to submit the application (pending site applications).

8b. Submit application to sponsoring institution for approval.

- After preparing the application to be submitted, the application **must be finalized**.

A program can be defined to exclude students who do not participate in clinical training, (for example, year one medical students whose time is all spent in didactic training). The definition of the teaching program should be consistent throughout the application.

MERC Grant Application Instructions

Finalize Training Site Application

The application must be finalized before the submission to the sponsoring institution is complete.

- Review the application summary for missing information.
- Return to the application or demographics if edits are necessary.
- Validated/Sign the application to complete.

Figure 45

Finalize Training Site Application

Finalize Training Site Application

Items with an * are required.

My Sponsoring Institution

Name:

My Teaching Program

Name:

Address line1:

Address line2:

City:

State:

Zip Code:

Training Site Application Summary

Search:

Site Name (Status)	Address	FTE	Status	Approved Date
Test Site C (TS-SUBMITTED)	111 Street St. Paul, MN 54321	2.0	TP-APPROVED	08/31/2019

Showing 1 to 1 of 1 entries

MERC Grant Application Instructions

Figure 46

The screenshot shows the 'Validation Summary' page. At the top, there is a search bar. Below it, three checkboxes are listed: 'Approved All:', 'Upload Accreditation:', and 'Demographic Information:', each with a 'YES' button. A red box highlights these three buttons, with three red arrows pointing to a callout box that reads: 'If all the boxes = YES, the program can submit the application to the Sponsor.' Below this, there is a checkbox with a red circle containing the number '1' next to it. The text reads: 'I affirm that the grant application submitted for the teaching program is accurate. I understand that only accredited programs with eligible clinical trainees qualify for MERC funding. I attest to the accreditation status of this program, the clinical trainee sites, and clinical trainees. I am aware that the Minnesota Department of Health requires this data to determine eligibility for the MERC grant.' Below this text are four input fields: 'Name:', 'Title:', 'Email:', and 'Sign Date:'. A red box highlights these four fields, with a red arrow pointing to a callout box that reads: 'After the box is checked, the Name, Title, Email and Date will prefill based on the user's profile.'

1. Verify the application.
 - Name and address of the submitting representative will populate.

Figure 47

The screenshot shows the 'Validation Summary' page with the 'Approved All:', 'Upload Accreditation:', and 'Demographic Information:' checkboxes all set to 'YES'. The checkbox with the red circle '1' is now checked. The input fields are pre-filled with the following information: 'Name: MERC Staff', 'Title: MERC Grant Program Staff', 'Email: health.merc@state.mn.us', and 'Sign Date: 08/28/2019'. A red arrow points from the checked checkbox to a 'Finalize' button at the bottom, which has a red circle containing the number '2' next to it.

2. Finalize to complete the application submission to the sponsoring institution for approval.

MERC Grant Application Instructions

Figure 48

DEPARTMENT OF HEALTH

2018 Minnesota Clinical Training Site Grant Application

Home Applications health.merc@state.mn.us

Submission Successful!

Home / Minnesota Teaching Program / Submission Summary

Submission Summary

Submission Summary

My Sponsoring Institution
TEST Sponsoring Institution

My Teaching Program
Test Program 2B

Training Site Application Submission Summary

Search:

Site Name	Address	FTE	Status	Finalized Date
XXXXXXXXXXXX	XXXXXXXXXX	5.4321	TP-SUBMITTED	08/28/2019

Showing 1 to 1 of 1 entries

Summary showing the application has been submitted to the Sponsoring Institution.

The application has been submitted to the sponsoring institution.

- The sponsoring institution must approve and submit the teaching program application to MDH.
- Sponsoring institution may disapprove the application.
 - If sponsoring institution disapproves the application, the teaching program application is reopened.
 - Sponsoring institution should contact the teaching program to inform them of the disapproval.
 - The disapproval will also appear in the status of the teaching program's application.
 - Teaching program must edit and resubmit to sponsoring institution for approval.

MERC Grant Application Instructions

Reports

Reports are available to Minnesota teaching programs that completed a grant application.

Figure 49

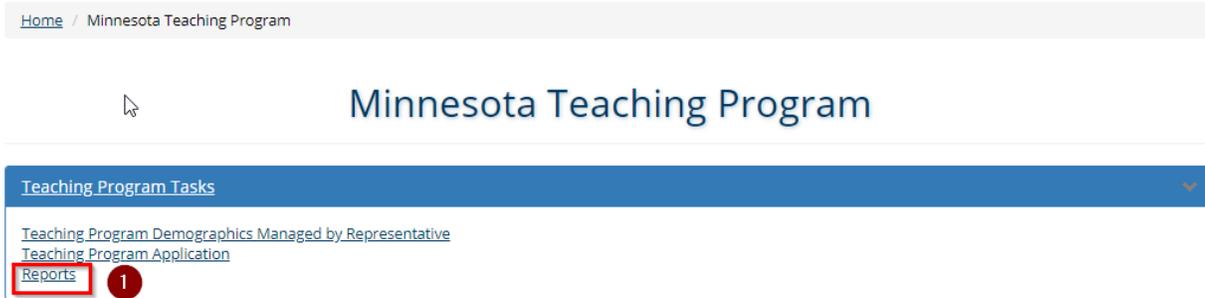
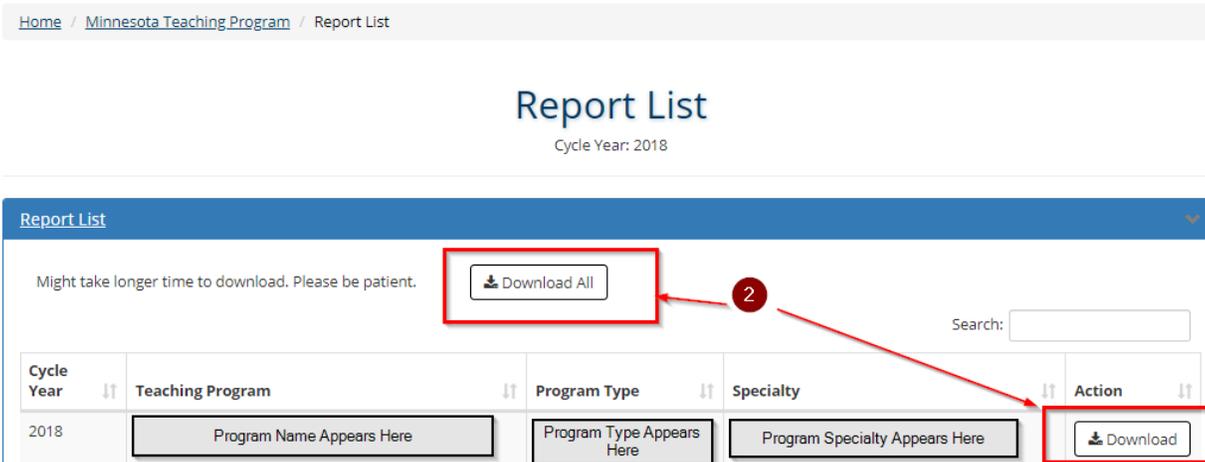


Figure 50



1. Press Reports
2. Select the report.
 - a. Download all – Representatives who manage more than one teaching program have the option to pull information into one Excel report.
 - b. Download – Download each program individually.

Excel pulls in the numeric fields as ‘numbers stored as text.’ For accounting purposes, users will find it helpful to convert these fields to numbers. Highlight the fields and press the yellow triangle found next to the highlighted section. Next, click ‘Convert to Number.’ See the figure below for an example:

MERC Grant Application Instructions

Figure 51

L	M	N
LIGIBLE_FTEs	OVERALL_PROGRAM_FTEs	GRANT
31.8602		\$1,316,411
		\$223,151
		\$80,024
		\$135,724
		\$961,622
		\$62,281
		\$604,983
		\$238,071
		\$310,917
4.479		\$28,399
2.0		\$30,395
3.0		\$23,603
0.5591		\$39,429
8.9506		\$0
249.735		\$7,157,228
11.1424		\$339,236
4.0		\$65,666
1.04		\$21,963
93.08		\$547,535

The following comments are examples that may appear in the training site report.

Table 5

Comment	Description
Did Not Qualify for Formula – Below FTE Minimum	Overall site FTEs must meet 0.10 FTE minimum.
Site Withdrew Application or Expenditures Not Submitted	Site submitted initial application. Withdrew or did not submit required expenditure report in Step 2 of the application.
Did Not Qualify for Formula	Minnesota Health Care Program Revenue
Expenditures Below Minimum Grant	Site expenditures under \$5,000.
Below Minimum Grant	Overall site grant must meet \$5,000 minimum under formula.
Qualified for Grant	Site qualified for grant formula and grant.

MERC Grant Application Instructions

Grant Verification Reporting (GVR)

The GVR details the grants awarded to clinical training facilities in Minnesota that hosted trainees from the institution. As required by the statute governing the MERC grant, the institution must forward payments to the clinical training sites and verify those payments were made with 60-days of the grant announcement.

A summary of grant payments will also be reported on the MERC website under [publications](#) and announced using [GovDelivery](#).

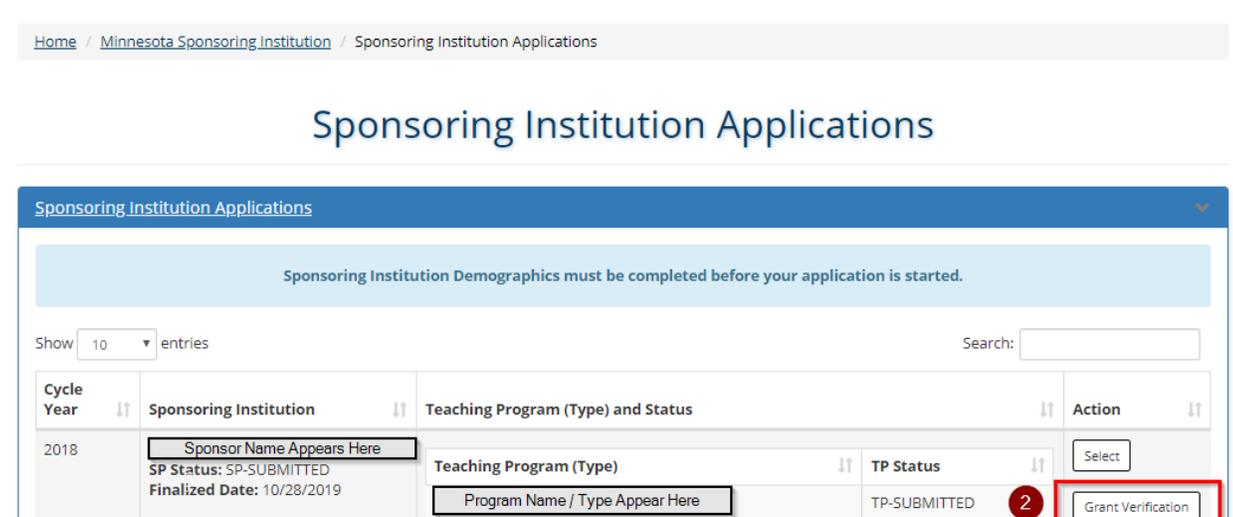
- The GVR section will appear in the application portal when MDH releases funding.
 - The GVR indicates the grant payments the sponsor is required to forward to the clinical training sites.
 - Once the sponsor verifies payments have been made to the training site, the site's grant materials will reflect an indicator that the payment has been made by the sponsor.
 - Sponsoring Institutions must complete the GVR within 60 days and no later than June 30, 2020.

Teaching programs do not have a separate GVR process. They are covered under the sponsoring institution.

Figure 52



Figure 53



MERC Grant Application Instructions

1. Select, Sponsoring Institution Application.
2. Click on, Grant Verification.
 - a. The document reflects the grant payments the sponsor must forward to the clinical training sites.

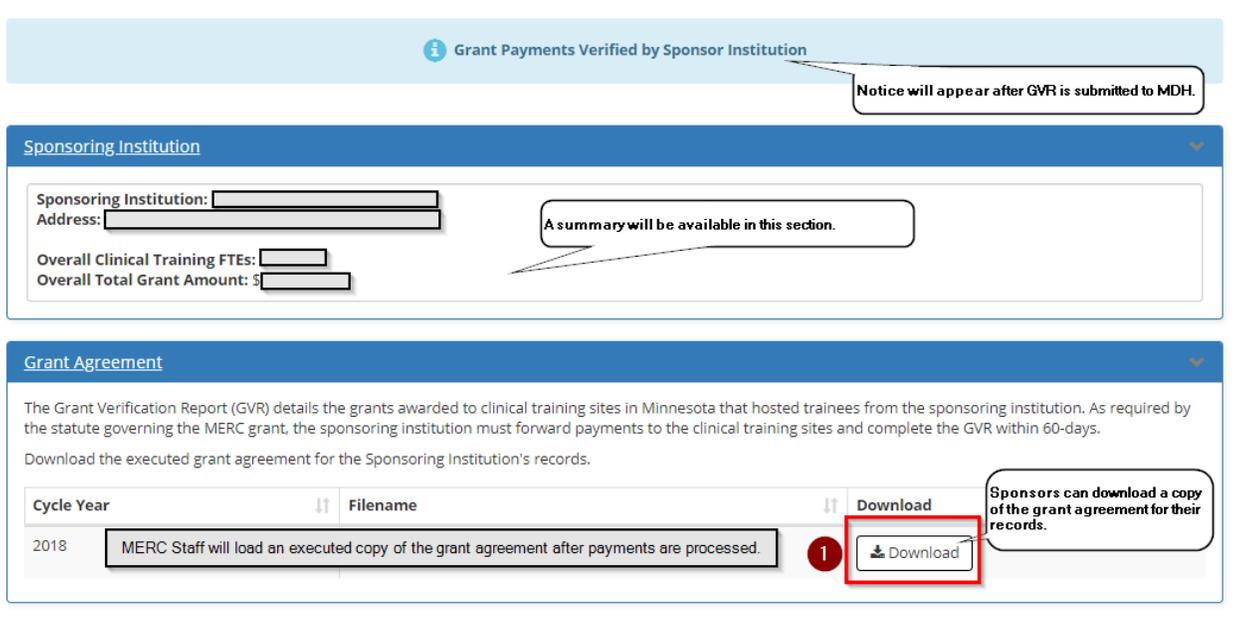
Figure 54



Print

The document can be printed and saved in PDF format by clicking Print Verification. This button is found at the top of the screen. After the document is submitted, print and retain a final copy.

Figure 55



Grant Agreement

1. An executed copy of the grant agreement between the sponsoring institution and MDH should be download and retained in the sponsoring institution's grant records.
 - a. The grant agreement is executed prior to the distribution.
 - b. The document will be uploaded to the GVR section by MDH when payment is made.

MERC Grant Application Instructions

Grant Calculation

Clinical training site grants are calculated using a [formula](#). The grant is then allocated through the sponsoring institutions and teaching programs that had students/residents at the site. This allocation is based on the site's reported clinical training expenditures by trainee type and the percent of trainees within that trainee type at the teaching program.

The following comments are examples of those noted in the GVR documents.

Table 6

Comment	Description
Did Not Qualify for Formula – Below FTE Minimum	Overall site FTEs must meet 0.10 FTE minimum.
Site Withdrew Application or Expenditures Not Submitted	Site submitted initial application. Withdrew or did not submit required expenditure report in Step 2 of the application.
Did Not Qualify for Formula	Minnesota Health Care Program Revenue
Expenditures Below Minimum Grant	Site expenditures under \$5,000.
Below Minimum Grant	Overall site grant must meet \$5,000 minimum under formula.
Qualified for Grant	Site qualified for grant formula and grant.

Making Payments to Training Sites

Details for the sponsor's clinical training sites include:

- Location where clinical training took place.
- Address where the grant should be mailed.
- Site's overall qualification status/comment (through any sponsor in Minnesota).
- The sponsor's teaching programs that had students/residents at the site location.
- Total grant payable from the sponsor to the clinical training site.

MERC Grant Application Instructions

Figure 56

Training site name will appear here.

MERC Application ID:
 Training Facility:
 Type:
 Location:
 Address:

Location where training took place.

1 Grant Mailing Address
 Billing Type:
 Authorized User:
 Training Facility:
 Address:

The address where the grant should be mailed.

Grant Comment:

A comment will appear here. This comment pertains to the training site overall (all sponsors/programs will see the same comment for the training site).

Teaching Programs

Teaching Program	Program Type	FTEs	Grant
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

The details of the sites's grant through the sponsoring institution by program.

Total FTEs: Total Grant: \$

2 The total grant amount the sponsor must forward to the clinical training site at the grant mailing address above.

3 Discrepancy Reporting (if applicable)

3

x Any discrepancy between the clinical training site grant details stated above and the sponsoring institution's payment to the grantee must be reported.

- Contact the MERC grant administrator immediately for instructions. Funding may be affected.
- Click the box to report a discrepancy between the award materials and the records uploaded from the sponsoring institution's accounting system.
- Explain the discrepancy and provide the date reported to the MERC grant administrator.

Report Discrepancy

Comment

Discrepancies are not expected! See warning and instructions above. Any comment in this section will appear on the training sites grant report. Do not use this section UNLESS there is a discrepancy that must be reported.

Payment should be made payable to the training site.

- Grant Mailing Address:
 - The address where payment should be mailed.
- Grant amount that must be paid to the clinical training site.
- If a site is closed or forfeits their grant, the grant must be returned payable to the Minnesota Department of Health. Please contact our office at health.merc@state.mn.us for more information before processing a return or noting a discrepancy.
 - The discrepancy section can remain closed, unless a discrepancy is being reported.
 - If a discrepancy is reported, both MDH and the training site will see the comment.

MERC Grant Application Instructions

Verification of Payments

Figure 57

Verification of Grant Funding

Upload an official report from the accounting system showing the incoming grant deposited and the outgoing grants paid to the clinical training sites. Grants must be consistent with the amounts above.

4

Cycle Year	Filename	Download	Remove
2018	After the file is uploaded, the name of the file will appear here. Once the GVR is submitted, the file cannot be removed.	<input type="button" value="Download"/>	<input type="button" value="Remove"/>

4. Upload an official accounting report from your accounting system showing the incoming grant deposited from MDH and the grants paid to the appropriate training sites.

Signature and Submission

Figure 58

Signature of Authorized Representative

I am an authorized representative for the sponsoring institution named above consistent with applicable corporate articles, by-laws, or resolutions in the distribution of the MERC grant.

I verify the grant payments above have been made. These payments are accurately reflected in the uploaded system generated accounting reports.

I accept the responsibility to return grant funds should a clinical training site forfeit their grant. Any discrepancies between the grant verification report and the sponsoring institution's distribution have been reported.

Name:

Title:

Email:

Date Signed:

Optional SAVE button. If user signs, SAVE button will disappear and SUBMIT button will appear.

Home / [Minnesota Sponsoring Institution](#) / [Sponsoring Institution Applications](#) / Sponsoring Institution Grant Verification Report (GVR)

MERC Grant Application Instructions

Figure 59

Signature of Authorized Representative

I am an authorized representative for the sponsoring institution named above consistent with applicable corporate articles, by-laws, or resolutions in the distribution of the MERC grant.

I verify the grant payments above have been made. These payments are accurately reflected in the uploaded system generated accounting reports.

I accept the responsibility to return grant funds should a clinical training site forfeit their grant. Any discrepancies between the grant verification report and the sponsoring institution's distribution have been reported.

Name:

Title:

Email:

Date Signed:

When box is checked, user can submit grant verification.

Home / [Minnesota Sponsoring Institution](#) / [Sponsoring Institution Applications](#) / Sponsoring Institution Grant Verification Report (GVR)

5. Sign the GVR.
 - a. Click the box to populate the fields.
 - b. Do not sign unless you are ready to submit.
6. Submit the Grant Verification to MDH.
 - a. Return to the top of the document to print/save the GVR for the sponsor's records.
 - b. Return to the main sponsoring institution page.
 - Run reports for the sponsor's records.
 - Print/Save the grant application.

The grant cycle is complete.