



Please mute your microphones. The webinar will begin at 9:00 am

Thank you!



2025 Community Clinic Grant

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Tribal State Relations Statement

- The State of Minnesota is home to 11 federally recognized Indian Tribes with elected Tribal government officials. The State of Minnesota acknowledges and supports the unique political status of Tribal Nations across Minnesota and their absolute right to existence, self-governance, and self-determination. This unique relationship with federally recognized Indian Tribes is cemented by the Constitution of the United States, treaties, statutes, case law, and agreements. The State of Minnesota and Tribal governments across Minnesota significantly benefit from working together, learning from one another, and partnering where possible.
- The Minnesota Department of Health recognizes, values, and celebrates the vibrant and unique relationships between the 11 Tribal Nations and the State of Minnesota. Partnerships formed through government-to-government relationships with these Tribes will effectively address health disparities and lead to better health outcomes for all of Minnesota.
- In our work, we demonstrate our commitment to Tribal-State relations in the following ways:
 - Staffing an Office of American Indian Health that supports promoting health in American Indian communities
 - Providing grants to Tribal Nations that support health

Program Description

- The Community Clinic Grant, authorized by [Minnesota Statute 145.9268](#), was established to award grants to support the capacity of eligible organizations to plan, establish or operate clinical services for populations with low income and/or living in rural areas of the state.

FY2025 Funding Options

Fiscal Year 2025 program funding will support clinic efforts to improve:

- **Option A:** Mental health services for all ages;
 - Programs may serve any age range
- **Option B:** Oral health programs for all ages, with preference for projects supporting collaborative practice dental hygienists to provide services in community locations; or
- **Option C:** Clinical services for at-risk youth ages 12 - 25.
 - This program defines youth as 25 and under. Programs may serve any age range up to age 25.

Funds Available

Funding	Estimate
Estimated Amount to Grant	\$561,000
Estimated Number of Awards	10-13
Estimated Maximum Award	\$45,000
Estimated Minimum Award	N/A

- Funding is allocated through a competitive process
- No expenditures may be made before the grant agreement is fully signed and executed and the start date arrives

Eligible entities include:

- **Nonprofit clinics** established to provide preventative, medical, dental, or mental health services to low-income or rural population groups.
- A **government entity** operating a clinic which provides preventative, medical, dental, or mental health services.
- An **Indian Health Services** unit or **Indian tribal government** operating a clinic which provides preventative, medical, dental, or mental health services; or,
- A consortium of these entities.

Additional Requirements

- All applicant organizations must have a policy or procedure to ensure no person will be denied services due to inability to pay (e.g., sliding-fee scale).
- Mental Health Projects Only:
 - Must accept Medicaid-eligible patients

Definitions: What is a clinic?

For the purposes of this program the term clinic means:

- An outpatient or ambulatory setting for the diagnosis or treatment of illness or injury or the maintenance of health.
- A stationary or mobile clinic
- A site that includes at least one of the following types of services: preventative, medical, dental or mental health.
- Services must not be solely for the purpose of urgent nor emergent (emergency room) care.

- No match is required
- Project Dates: June 1, 2025 to May 31, 2026
- Collaboration is not required but is encouraged, and preference will be given to organizations that show evidence of collaboration with other eligible community clinics, hospitals, health care providers, or community-based organizations.

Grant outcomes will vary based on the project.

- Example outcomes include:
 - Total number of patients served
 - Number of patients receiving services from underserved populations
 - Number of patients screened for various health issues

Competitive Priorities:

- Whether the project will increase access to primary care, mental health, or oral health services for rural, low income, underserved, and/or at-risk populations.
- Whether the project will improve health equity, reduce health disparities, and incorporate cultural competency in services provided.
- Whether the project demonstrates collaboration with other eligible community clinics, hospitals, health care providers, or community organizations.
- For Option B, oral health programs for all ages, whether the projects utilizes collaborative practice dental hygienists.

Eligible Expenses Include:

- Salaries
- Fringe benefits
- Travel
- Supplies
- Contracted services
- Equipment / Capital improvements
- Other expenses
- Indirect costs

Example Eligible Expenses

Example Eligible Expenses Include:

- Staff time for providing services, coordination, data collection, and reporting
- Mobile clinics
- Equipment, instruments and supplies necessary for comprehensive services, including telehealth
- Data collection, billing system or electronic health records systems
- Improvements for care delivery, such as increased translation and interpretation services
- Culturally tailored outreach materials to targeted populations
- Incentives, travel, or time reimbursement for youth participation in program treatment plan

Ineligible Expenses

- Ineligible Expenses Include:
 - Fundraising
 - Taxes, except sales tax on goods and services
 - Lobbyists, political contributions
 - Bad debts, late payment fees, finance charges, or contingency funds

Grant Contractual Obligations

- Work may not start prior to the full execution of agreement and the first day of the agreement period (June 1, 2025)
- Grant activities approved for payment are outlined in Exhibits A & B of the grant agreement
 - Any activities outside of this must be approved prior to action
- Grantees must report on financial and programmatic activities quarterly
 - January 20, April 20, July 20, October 20

Review Process

- MDH determines initial eligibility
- Review committee scores applications on the criteria in RFP Attachment A:
 - Project Narrative (60 points)
 - Project Work Plan (25 points)
 - Budget and Budget Justification (15 points)
- Review committee and MDH determine grant awards
- MDH conducts due diligence and past performance review prior to entering into grant agreements

Submitting Questions

- All questions regarding this RFP must be submitted via email to health.CommunityClinicGrant@state.mn.us
- Answers will be posted within 5 days on the ORHPC Grants and Funding website at: [Community Clinic Grant](#)
- Please submit questions no later than 4:30 p.m. Central Time on Wednesday, February 19, 2025

Application Submission

- Applications are due Monday, March 3, 2025 at 4:30 pm Central Time
- All applications will be completed and submitted via the online ORHPC Grants Management System
- The next slides show how to create a profile and begin an application in the online system

Creating/Managing Users

Logon Page

Email Address*

Password*

Log On Create New Account

[Forgot your Password?](#)

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

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

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

- **Existing Users:** log in or use the forgot password button
- **New Users:** verify if your organization has a profile.
- If a profile exists, please contact us to add you to your organization's profile.
- If your organization does not have a profile, you can create one using the "create new account" button.
- If you are unsure if your organization has a profile, please reach out to MDH

Starting an Application

- On the home page of the portal, find the Community Clinic Grant –FY 2025
- Click Apply


The screenshot shows the top navigation bar with the 'm' logo, a home icon, and an 'APPLY' button. Below the navigation bar is a grey informational banner: 'If you have been provided with an Access Code, you may enter it in the box at the top of the page.' Underneath is a search bar with a magnifying glass icon and the text 'Quick Search'. The main content area features a light blue header for 'Community Clinics Grant - FY 2025 Accepting Submissions from 01/06/2025 to 03/03/2025' with an 'Apply' button on the right. Below the header is a paragraph: 'Please refer to the [Request for Proposal](#) for further information about this grant program which includes information about the application process and requirements, the program statute, and award criteria.' At the bottom of the content area are three buttons: 'Preview', 'Send to GrantHub', and an information icon.

Application Sections

- 7 sections to complete
- Refer to RFP for instructions on narrative questions
- Complete at your own pace
 - Save button vs. Submit button

Application

[Apply](#) / [Community Clinics Grant - FY 2025](#) / [Application](#) / [Preview](#)

 Fields with an asterisk (*) are required.

> Application Instructions

> Section 1: Organization and Applicant Information

> Section 2: Project Information

> Section 3: Project Abstract

> Section 4: Narrative Questions and Work Plan

> Section 5: Budget

> Section 6: Required Attachments

> Section 7: Optional Attachments

> Section 8: Applicant Conflict of Interest

> Certification

Application Sections 1 & 2

- Basic information about your organization
- Important to note that the project contact will be the individual to whom reports are assigned
- Collaboration is possible: can add others as collaborators in portal
- SWIFT information is very important – this is how MDH contracts
 - If unsure, contact SWIFT help desk: 651-201-8100 or swifthelpdesk.mmb@state.mn.us

Application Section 3: Project Abstract

- Project Organization Name and Address
- Organization Type
- Project Type
- Sliding Fee Scale Policy
- Does your organization accept patients who are on Minnesota health care programs?
- Percentage of patients that are on Minnesota health care programs and sliding scale fee payment options

Application Section 4: Narrative Questions & Workplan

- Organization Description
- Problem Statement
- Target Population and Numbers Served
- Project Plan
- Project Impact on Access
- Health Equity Impact
- Project Outcomes
- Collaboration
- Project Evaluation
- Project Feasibility
- Project Workplan
 - Goals, activities, responsible staff, start and end dates

Application Section 5: Budget

- Budget Line Item
- Budget Narrative
 - If you apply for indirect costs, you must describe what items are included in the indirect line item

Application Section 6: Required Attachments

- Patient Payment Policy / Sliding Fee Scale
- Governing Board Resolution
 - Nonprofits only
- Due Diligence form
 - Not required from Community Health Boards and Tribal Nations
 - Additional required documents such as audited financial statements

Application Section 7: Optional Attachments

- Letters of Support
- Federally Negotiated Indirect Cost Rate

Application Section 8: Conflict of Interest & Certification

- Complete both sections prior to submission
- Should you be aware of any conflict of interest, this does not disqualify you for funding but requires a mitigation plan to collaborate with MDH
 - Any questions regarding the Conflict of Interest, please reach out

Questions?

Thank You!

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Health.CommunityClinicGrant@state.mn.us

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