



2024 Workplace Safety For Health Care Entities Grants

Erik Larson, MSW | Program Administrator Principal

- Welcome, Workplace Safety grantees!
- The MDH Office of Rural Health and Primary Care (ORHPC) is pleased to partner with you and support your important work
- Program Administrator:

Erik Larson, MSW

651-201-4178

Erik.Larson@state.mn.us

Meet Your Fellow Grantees

- Sanford Westbrook Medical Center
- Sanford Behavioral Health Center
Thief River Falls
- Mission Nursing Home
- Hayes Residence
- United Family Medicine
- Sanford Worthington Medical Center
- Benedictine Living Community-
Minneapolis
- Ely-Bloomenson Community
Hospital
- Steeple Pointe Senior Living
Community
- Neighborhood HealthSource
- Sanford Bagley Medical Center
- Judy Retterath Withdrawal
Management Center
- Minnesota Community Care
- Madison Healthcare Services
- Nexus Family Healing: Southeast
Regional Crisis Center
- Cedar Riverside People's Center
- Hutchinson Health
- CentraCare Benson
- Sanford Canby Medical Center
- Minnesota Indian Primary
Residential Treatment Center
- Appleton Area Health
- Nexus Mille-Lacs
- CentraCare Melrose
- Perham Hospital District
- Nexus Aspen House
- Saint Elizabeth Hospital of Wabasha
- Boundary Waters Care Center
- Minnesota State University Mankato
- Family Tree Clinic
- Sanford Tracy Medical Center
- Northern Itasca Hospital District,
dba Bigfork Valley
- St. Joseph's Area Health Services
- Madelia Health
- Cassia
- Hennepin Healthcare - Brooklyn
Park Clinic and Pharmacy

Agenda

- Program Description
- Program Timeline
- Budget Modifications
- Reporting and Payment
- Questions and Answers



Program Description

- Authorized by 2023 Session Law Chapter 70, Article 4, Section 109
- Awards grants to increase safety measures in health care settings and establish or expand programs to train staff in health care settings on de-escalation and positive support services.
- Focused on preventing workplace violence.
- Overarching goal of the program is to make long-term improvements in safety and stability for staff and patients in health care settings.

Program Timeline

- Work may not start prior to the full execution of agreement AND the first day of the grant agreement period (October 1, 2024)
 - You may not seek reimbursement for anything that takes place prior to Oct. 1 AND your grant agreement being fully executed
- Grant Period: October 1, 2024 – Sept. 30, 2025
- Financial Reports & Programmatic Progress Reports: Submitted quarterly and due on the following dates:
 - January 20, 2025
 - April 20, 2025
 - July 20, 2025
 - Final Report Oct 30, 2025 (final report is due 30 days after the grant period ends)

Budget Modifications

- Grantee may modify any **line item (Supplies, Equipment, Other, etc.)** in the most recently agreed-upon budget by up to 10% of the individual line item amount without prior written approval from MDH. Grantee must notify MDH of any modifications up to 10% in writing BEFORE the next reporting date.
- Any overage in a line item greater than 10% requires prior written approval and a budget modification.
- As soon as you know that you need to go more than 10% over, please reach out to your Program Administrator to discuss.
- Budget modifications are assigned in the grants portal. Contact your Program Administrator to request a budget modification.
- Note: The total budget amount cannot be exceeded.
- Grants were evaluated on a competitive basis; major changes will not be approved unless there is an extenuating circumstance that prevents the originally proposed project from being completed within the grant period.
- Any proposed changes must continue to ensure the overall goals of the program are being met.

- Two reports are required for reimbursement on a quarterly basis
 - Information submitted must match the work plan and budget in exhibits A and B respectively
- Programmatic Progress Reports
 - Programmatic Progress Reports must be submitted and approved before reimbursement of expenses submitted in your financial reports
 - You must complete a quarterly Programmatic Progress Report even if you are claiming \$0 for reimbursement
 - The exception is if you have completed all grant activities and been reimbursed for all awarded funding
 - Goal: Check in on how the project is going and how MDH can provide assistance
- Financial Reports
 - Goal: Reimbursement for previously budgeted items that have been paid (requires proof of payment such as receipts)

ORHPC Grant Management Portal



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.

<https://www.grantinterface.com/Home/Logon?urlkey=mdh>

Applicant Dashboard

Applicant Dashboard

Active Requests **1** | Historical Requests **0**

Process: Workplace Safety Grants for Health Care Entities - FY25

Application Submitted 06/05/2024 [View Application](#)

Decision Approved 08/05/2024 [View Details](#)

Follow Up Forms

Form Name	Assigned To	Award / Installment	Due Date	Status	Actions
Grantee Financial Report 1		Overall Award	01/20/2025 11:59 PM CST	Assigned	Start
Program Activity and Narrative Report 1		Overall Award	01/20/2025 11:59 PM CST	Assigned	Start
Program Activity and Narrative Report 2		Overall Award	04/20/2025 11:59 AM CDT	Assigned	Start
Grantee Financial Report 2		Overall Award	04/20/2025 11:59 PM CDT	Assigned	Start
Grantee Financial Report 3		Overall Award	07/20/2025 11:59 PM CDT	Assigned	Start
Program Activity and Narrative Report 3		Overall Award	07/20/2025 11:59 PM CDT	Assigned	Start
Grantee Financial Report 4		Overall Award	10/30/2025 11:59 PM CDT	Assigned	Start
Final Program Activity and Narrative Report		Overall Award	10/30/2025 11:59 PM CDT	Assigned	Start



Grants Portal Collaboration

Follow Up

Public Profile **Collaborate 0**

Contact Info Request \$ Award Details Documents 2

Applicant: Organization:

Contact Email History

If your organization information does not appear correct, please contact the funder. Thank you.

Application Follow Up

FollowUp Packet Question List

Due by 01/20/2025 11:59 PM CST.

Fields with an asterisk (*) are required.

Background Information



Programmatic Progress Reports

The screenshot shows a web interface for submitting a Programmatic Progress Report. At the top, there is a navigation bar with a logo 'm', a search bar, and menu items for 'TOOLS' and 'REPORTING'. Below this, there are tabs for 'Application', 'Approval', and 'Follow Up'. The main form area contains several sections:

- Due by 01/20/2025 11:59 PM CST.**
- Fields with an asterisk (*) are required.**
- Activities (1-4)** (collapsible section):
 - Project Name - Legal Name / Assumed Name (DBA)***: A text input field with a placeholder "Please enter in the legal name / assumed name (DBA) of your organization." and a character count of 1,000.
 - Activity 1: Task/Description***: A text input field with a placeholder "Please copy activity 1 from Exhibit A of the executed contract." and a character count of 1,000.
 - Activity 1: Progress to Date***: A text input field with a placeholder "Please discuss the progress made on this activity since the last reporting period, and any key successes." and a character count of 1,000.
 - Activity 1: Challenges and Barriers***: A text input field with a placeholder "Please discuss any challenges and/or barriers to completing this activity since the last reporting period." and a character count of 1,000.
 - Activity 1: Changes to this Activity***: A text input field with a placeholder "Please discuss any changes made to this activity since the last reporting period." and a character count of 1,000.

At the bottom left of the form, the date **10/11/2024** is displayed. At the bottom right, the URL **health.state.mn.us** is visible.

- Programmatic Progress Reports

- An opportunity for the grantee to share how their proposed project is doing.
- Submitted on a quarterly basis.
- Completed in grant portal.
 - What are the intended outcomes of the grant funded project?
 - Progress on, challenges with, changes to workplan activities since the last reporting period.
 - Training progress (if applicable).
 - Progress on proposed evaluation and sustainability plans.
 - What programmatic successes would you like to share with MDH?
 - **Final workplace safety dataset due to MDH with the final report.**

Final Workplace Safety Dataset

- The final workplace safety dataset is due to MDH with the final report.
- These data are submitted in addition to the standard programmatic progress report questions from each report.

Reporting to MDH

Grantees will report the following data, along with other program evaluation data, to MDH:

- The number and types of workplace safety incidents that occurred during the grant period and during the preceding three years.
- Results from staff surveys, including:
 - Perception of safety at work following implementation of grant-funded projects.
 - Whether they are more likely to stay in their current role and organization as a result of grant-funded projects.
 - Confidence in their ability to mitigate, respond to, and/or report workplace safety incidents.
 - Support for staff and patients to prevent, respond to, and recover from workplace safety incidents, resulting from grant-funded projects.

Financial Reports

The screenshot displays the Applicant Dashboard for the process "Workplace Safety Grants for Health Care Entities - FY25". It includes navigation links for "Home" and "APPLY". The dashboard shows "Active Requests" (1) and "Historical Requests" (0). Application details include "Submitted" on 06/05/2024 and "Approved" on 08/05/2024. A table of "Follow Up Forms" lists various reports with "Start" buttons in the "Actions" column, which are highlighted by a green arrow.

Process: Workplace Safety Grants for Health Care Entities - FY25

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Program Activity and Narrative Report 3		Overall Award	07/20/2025 11:59 PM CDT	Assigned	Start
Grantee Financial Report 4		Overall Award	10/30/2025 11:59 PM CDT	Assigned	Start
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Financial Reports

Follow Up Public Profile Collaborate

Contact Info Request \$ Award Details Documents 2

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Application Follow Up FollowUp Packet Question List

Due by 01/20/2025 11:59 PM CST.

Fields with an asterisk (*) are required.

> Background Information

Question Group




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

Total Amount Requested for Reimbursement*
\$

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

First Name of Person Submitting the Form*

Financial Reports

Question Group

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

Total Amount Requested for Reimbursement*

\$

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

First Name of Person Submitting the Form*

Last Name of Person Submitting the Form*

Email*

Date Submitted*
Please update to resubmission date if submitting again.

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

[100 MiB allowed]

Finding the Expenditure Report

Health Care Facilities, Provide... > Office of Rural Health and Pri... > ORHPC Health Care Funding > ORHPC Grants and Funding

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CONTACT INFO

Office of Rural Health and Primary Care
651-201-3838
800-366-5424 (toll-free)
health.orhpc@state.mn.us

ORHPC General Grant Forms

The forms below are general forms used for many of our grants.

If you do not see what you are looking for, please contact health.orhpc@state.mn.us, or 651-201-3838.

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General

- [ORHPC Grant Guide, August 2022 \(PDF\)](#)
- [Applicant Conflict of Interest Disclosure \(PDF\)](#)
- [Due Diligence \(PDF\)](#)
- [MDH Grant Agreement - Sample \(PDF\)](#)

Budget modification forms

- [Grant Budget Modification Worksheet - basic \(no indirect, no match\) \(Excel\)](#)
- [Grant Budget Modification Worksheet - with indirect and match \(Excel\)](#)
- [Grant Budget Modification Worksheet - with indirect \(Excel\)](#)
- [HCBS Budget Adjustment Template \(Excel\)](#)

Expenditure reports

- [ARP SHIP Grantee's Expenditure Report \(Excel\)](#), November 2021
- [HCBS Employee Scholarship Grantee's Expenditure Report \(Excel\)](#), updated July 2023
- [MHCCCE Individual Expenditure Report \(Excel\)](#), May 2022
- [Mental Health Grants for Health Care Professionals Participant Report \(Excel\)](#), June 2023
- [Standard Grantee Expenditure Report, with match \(Excel\)](#), updated July 2023
- [Standard Grantee Expenditure Report, without match \(Excel\)](#), updated July 2023

Open the Standard Grantee Expenditure Report without match excel, whatever the most updated version is listed in expenditure reports.



Completing the Expenditure Report

Contractor's detailed statement of expenditures

Budget categories <small>(Instructions for each column provided is provided on this row.)</small>	Approved grant award <small>(This column is entered by the grantee and would match the approved line item budget in your contract.)</small>	Total reported expenditures <small>(This column is entered by the grantee and should match the total of all previous reported expenditures for each line item.)</small>	Expenditures this QTR <small>(This column is entered by the grantee and is the request for reimbursement by line item.)</small>	Total year to date expenditures <small>(This column is a calculated total.)</small>	% of approved budget <small>(This column is used by MDH staff.)</small>	Variance / award balance <small>(This column is a calculated total.)</small>
Salaries				\$ -	#DIV/0!	\$ -
Fringe				\$ -	#DIV/0!	\$ -
Travel				\$ -	#DIV/0!	\$ -
Supplies				\$ -	#DIV/0!	\$ -
Contracted				\$ -	#DIV/0!	\$ -
Equipment/Capital				\$ -	#DIV/0!	\$ -
Scholarship/Support Services				\$ -	#DIV/0!	\$ -
Other 1				\$ -	#DIV/0!	\$ -
Other 2				\$ -	#DIV/0!	\$ -
Subtotal	\$ -	\$ -	\$ -	\$ -		\$ -
Indirect				\$ -	#DIV/0!	\$ -
Total	\$ -	\$ -	\$ -	\$ -		\$ -

This row is for MDH use.

indirect/grant fund #DIV/0!

Please note that we will accept a typed name as well as a signature on the expenditure report form. Initials will not be accepted. Also, please have the signor provide their title and date the form.

7. Contractor certification

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

Authorized Grantee's signature/title/date:



Invoices and Supporting Documentation (Supplies example)

HAYES 18140 Zane St. NW
PMB 400
Elk River, MN 55330
(763) 633-0602 ~ (866) 856-0632

Invoice
31309
Invoice Date: 8/5/2022

Sharppez *Hayes is now your choice for local sharpening & retipping of hand instruments through Sharppez®, our sister company!*

Bill To: [REDACTED] Ship To: [REDACTED]

RECEIVED NOV 22 2022

Account #	PO Number	Customer Phone#	Terms	Rep	Invoicing Notes		
COM004	Sonia	763-270-5776	Net 30 Days	SS			
Item Code	Qty	Description	Model	S/N	Qty Expires	Price	Total
MWAT-SR	2	Miwest Stylus S hole Coupler Attachment - Reconditioned sale - SH05L, SH06 Warranty 6 Months	S-HOLE	SN05L, SN05	2/5/2023	249.00	498.00
SH5	1	Shipping & Handling				9.50	9.50

WE ACCEPT FOR YOUR CONVENIENCE

THANK YOU FOR CHOOSING HAYES!

Subtotal	\$507.50
Sales Tax (7.525%)	\$0.00
Payments/Credits	\$0.00
Balance Due	\$507.50

Hayes Handpiece Company

Date	Type	Reference	Original Amt.	Balance Due	12/5/2022 Discount	Payment
11/1/2022	Bill	INV. 31309	507.50	507.50		507.50
11/1/2022	Bill	INV. 31316	249.00	249.00		249.00
					Check Amount	756.50

63053

756.50

PAYMENT RECORD

9/7/2022 7:52:20 PM
Order Number: 409276
Holiday StationStore 2746466
303 Frazee Street E
Detroit Lakes, MN 56501
(218) 847-1939
Register:1 3341564, Juston

ACTIVATION STATUS REPORT
09/07/2022 19:50:56

1	HLDY GIFT CARD - G2G FUE	\$26.05
	Card: 6961	
1	HLDY GIFT CARD - G2G FUE	\$26.05
	Card: 6953	
1	HLDY GIFT CARD - G2G FUE	\$26.05
	Card: 6946	
1	HLDY GIFT CARD - G2G FUE	\$26.05
	Card: 6938	
1	HLDY GIFT CARD - G2G FUE	\$26.05
	Card: 6920	
	Sub. Total:	\$130.25
	Tax:	\$0.00
	Total:	\$130.25
	Discount Total:	\$0.00
	Cash	\$130.25
	Change	\$0.00

Monitoring Visits and Other Meetings

- All state grants of \$50,000 or more require:
 - One monitoring visit during the grant period
- MDH program administrator will reach out to schedule monitoring visits as needed during the grant period
 - Monitoring visits will be conducted in person or virtually
- Additional monitoring visits may be requested by MDH staff if the need arises; Program Administrator will reach out to schedule
- Don't hesitate to reach out to your Program Administrator for ad hoc virtual meetings for support or to discuss your project. We're here to support you!

Correspondence

- Email or phone
- Email chains and discussion notes will be saved in the Documents tab of the ORHPC grants portal and sent for your future reference.

Erik.Larson@state.mn.us

651-201-4178

- First reports (Programmatic and Financial) are due January 20, 2025
- Notify Program Administrator of any changes as soon as possible
 - Authorized organization representative (AOR), project contact, SWIFT updates
- List MDH as the sponsoring agency in any publicity given to the program, publications, or activities performed resulting from this grant agreement
- Monthly open office hours

ORHPC Grant Management Guide



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- [Due Diligence \(PDF\)](#)

Expenditure Reports

- [ORHPC General Grant Forms website](#)
 - You can find all of the forms listed below
- [ORHPC Grant Guide](#)
 - Provides information on how to use the grant portal
- [Expenditure Report Template](#)
 - Standard grantee expenditure report – without match
- [Budget Modification Forms](#)
- [MDH Grants Portal](#)

Questions?

