



2025 Rural Hospital Capital Improvement Grant Program

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Program Description

- Authorized by [Minnesota Statutes Section 144.148](#)
- Funds rural hospital modernization projects to update, remodel or replace aging hospital facilities and equipment necessary to maintain the operations

Funds Available

Funding	Estimate
Estimated Amount to Grant	\$1,755,000
Estimated Number of Awards	18
Estimated Maximum Award	\$125,000
Estimated Minimum Award	\$45,000

- 25% match required from non-state sources
- Funding is allocated through a competitive process
- No expenditures are to be incurred prior to the grant contract's full execution

General Information & Eligibility

- Project Dates: June 1, 2025 to May 31, 2029
- Eligibility: Non-profit, non-federal, general acute care hospital in MN
 - Outside of the 7-county metro area
 - 50 beds or fewer
 - With a population of 15,000 or fewer according to U.S. Census Bureau

Outcomes & Priorities

- Facilities will purchase and install equipment to improve offerings to rural, underserved populations
- Facilities will engage in activities to modernize aging hospital facilities necessary to maintain the operations of the hospital

- Eligible Expenses Include:

- Purchase and installation of new hospital equipment (including electronic health records systems)
- Construction of new or existing hospital spaces

- 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
- Administrative expenses to manage the grant

Grant Contractual Obligations

- Work may not start prior to the full execution of agreement and the first day of the contract period (June 1, 2025)
- Grant activities approved for payment are outlined in Exhibits A & B of the contract
 - 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
- Grantees receiving over \$50,000 will have one grant monitoring visit and financial reconciliation per grant period

Review Process

- Initial eligibility is determined
- External evaluators review grants individually and score on the following criteria:
 - Applicant provides a clear and thorough overview of organization background and capacity– 20 points
 - Applicant clearly and fully describes the problem(s), project, and outcomes– 70 points
 - Applicant’s project budget is clear and reasonable– 10 points
- Prior to contracting, due diligence and past performance review is conducted

Application Submission

- All applications will be completed in the ORHPC Grants Management System
- Applications due December 20, 2024 at 4:30 pm
- To provide a fair and equitable process, MDH will post questions asked and answers once a week leading up to the deadline
 - All questions are to submitted by 4:30 pm on December 13, 2024
 - [ORHPC Grants and Funding - MN Dept. of Health \(state.mn.us\)](https://state.mn.us)

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.

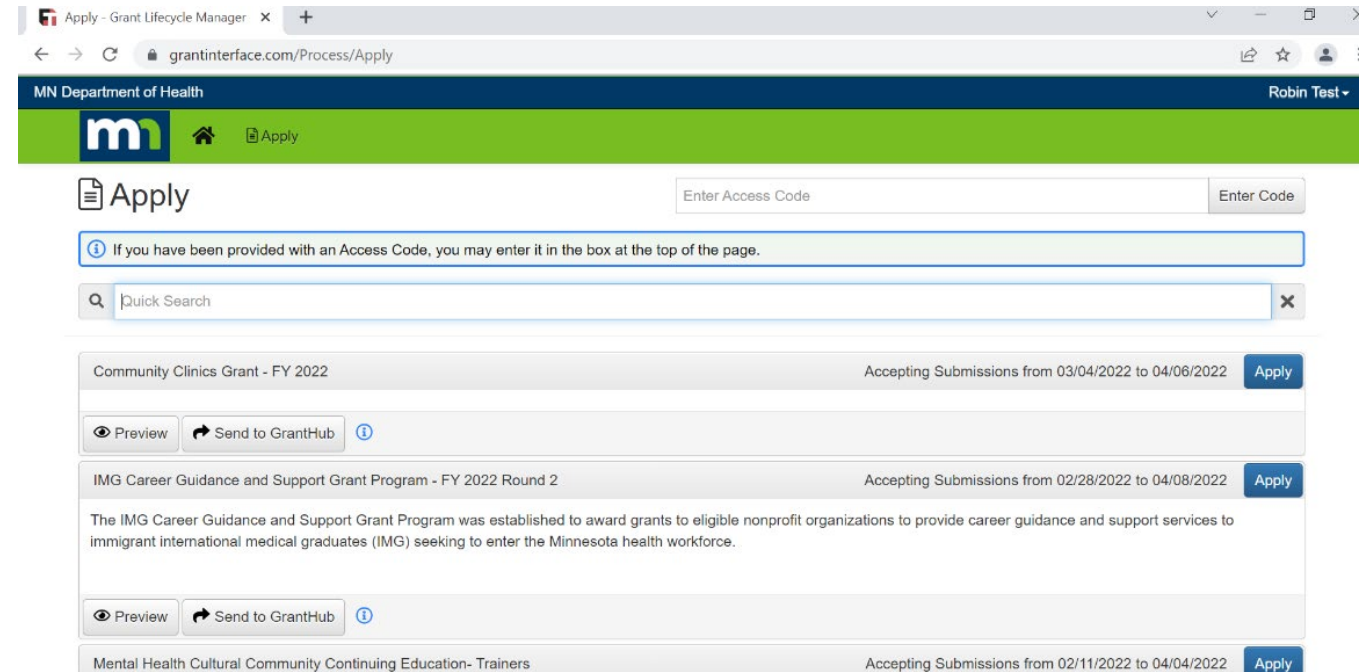
FOR THOSE APPLYING FOR MN HEALTH CARE LOAN FORGIVENESS OR STATE LOAN REPAYMENT PROGRAM: Please click on the "Create New Account" button to set up an account to enter into the grant portal.

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 your organization has or doesn't have a profile & create profile(s)
- If you are unsure of organization's status, reach out to MDH

Starting an Application

- Home page of portal
- Navigate to the Apply of the portal and find the RHCI program
- Click Apply



The screenshot shows a web browser window with the URL grantinterface.com/Process/Apply. The page header includes the MN Department of Health logo and the user name 'Robin Test'. The main content area is titled 'Apply' and features an 'Enter Access Code' field. Below this is a search bar and a list of grant programs:

- Community Clinics Grant - FY 2022**: Accepting Submissions from 03/04/2022 to 04/06/2022. Includes buttons for 'Preview', 'Send to GrantHub', and 'Apply'.
- IMG Career Guidance and Support Grant Program - FY 2022 Round 2**: Accepting Submissions from 02/28/2022 to 04/08/2022. Includes a description: 'The IMG Career Guidance and Support Grant Program was established to award grants to eligible nonprofit organizations to provide career guidance and support services to immigrant international medical graduates (IMG) seeking to enter the Minnesota health workforce.' and buttons for 'Preview', 'Send to GrantHub', and 'Apply'.
- Mental Health Cultural Community Continuing Education- Trainers**: Accepting Submissions from 02/11/2022 to 04/04/2022. Includes a button for 'Apply'.

Rural Hospital Capital Improvement - FY 2025 Accepting Submissions from 11/01/2024 to 12/20/2024 [Apply](#)

Please refer to the [RFP](#) for further information about this grant program which includes information about the application process and requirements, the program statute, and award criteria.

[Preview](#) [Send to GrantHub](#) [i](#)

Application Sections

> Application Instructions
> Section 1: Organization and Applicant Information
> Section 2: Project Information
> Section 3: Organization and Background Capacity
> Section 4: Project Narrative
> Section 4: Project Narrative - Work Plan
> Section 5: Budget and Budget Narrative
> Section 6: Required Attachments
> Section 6: Required Attachments - Due Diligence Form
> Section 7: Applicant Conflict of Interest
> Certification
 Due by 12/20/2024 04:30 PM CST.

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

Application Sections: Organization & Applicant Information, Project Information

- Basic information about your organization
 - New supplier type question
- Important to note that applicant will be the individual who reports are assigned to
- SWIFT information is very important – this is how MDH contracts
 - If unsure – contact SWIFT help desk **651-201-8106** or efthelpline.mmb@state.mn.us

Application Sections: Organization Background and Capacity

- Hospital location
 - Indicate whether your hospital is located in 1) a rural area as defined in federal Medicare regulations, and/or 2) a community with a population of less than 15,000 according to U.S. Census Bureau statistics, outside the 7-county metropolitan area.
- Number of Beds
 - Number of inpatient beds. Note this is overall number of beds, not beds staffed.
- Not for Profit and Non-federal
- Hospital Overview
 - Ownership, services, population, service area, age, size, and patients served
- Health Care in Region
 - Other health care entities and resources in the hospital's geographic region

Application Sections: Organization Background and Capacity continued

- Current Days Cash on Hand
- Current Operating Margin
- Current Total Margin
- Average Daily Census
- Percent of Revenue from Outpatient Services
- Hospital Financial and Census Information Narrative
 - Provide explanation of figures above
- Collaborating Partners

Application Section: Project Narrative

- Type of Project
 - Purchase/installation of new hospital equipment (including establishing an electronic health records system) or construction work on new or existing hospital spaces
- Problem Statement
 - Document the need to repair, replace, or reconfigure facilities and/or equipment in response to current and anticipated changes in the hospital's services and operational environment
- Project Description
 - The proposed activities to purchase and install new hospital equipment or undertake construction work on new or existing hospital spaces. Identify contractors/suppliers
- How Project Addresses Problem
- Proposed Project's Alignment with Strategic or Capital Improvement Plan
- Needs Assessments Results or Plans
 - The findings of your community health needs assessment, and how project will address those findings
- Patient satisfaction survey results
 - The findings of recent patient satisfaction survey results, and how the project will address those findings

Application Section: Project Narrative continued

- Collaboration with Other Health Care Entities
- Health Equity and Social Drivers of Health
- Project Outcomes
 - How project will meet grant program outcomes as well as other short- and long-term outcomes
- Project Evaluation
- Plan to Maintain Facility/Equipment
- Hospital's Financial Stability
 - Hospital's plan to maintain or improve financial stability
- Funding Sources for Project
 - Other sources of funding explored
- Key Personnel Biographical Sketch
- Work Plan

Application Section: Timeline and Workplan

- Provide description and timeline of activities and tasks
 - Start and end date for each activity
 - Staff Responsible
 - Title/position only, do not include names

Application Section: Budget

- Identify all sources of funding, including the non-state 25% matching fund
 - Match source narrative, and match source identified in budget line items
- Identify consultants, contractors, and if bids have not been gathering, describe how costs are estimated
- Line Items – Match and State Funds
 - Acquisition
 - Site Improvement
 - Construction
 - Contracted Fees
 - Equipment
 - Overhead
 - Other

Fringe - State Grant Request*

Requested grant amount. Please enter in 0 if there is not an amount requested.

Fringe - Match*

Matched amount. Please enter in 0 if there is not an amount requested.

Fringe - Total*

Total = Request grant amount + matched amount

Fringe - Match Funding Source*

Please enter N/A if request is 0.

1,000 characters left of 1,000

Fringe - Narrative*

Please enter N/A if request is 0.

1,000 characters left of 1,000

Application Section: Required Attachments

- Audited Financial Statements
 - Note: Operating ratios reflected in Hospital Financial and Census Information should match the audited financial statements
- Evidence of Competitive Bids
- Construction, Remodeling, and Equipment Drawings/Specifications
- Due diligence form (for certain supplier types)

Application Section: Certification and Conflict of Interest

- 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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