![MN Department of Health logo]

Rural and Underserved Clinical Rotations

GRANT REQUEST FOR PROPOSAL (RFP)

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-4178
Health.ORHPC.WorkforceGrants@state.mn.us
www.health.state.mn.us

4/3/2024

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

Table of Contents

RFP Part 1: Overview

1.1 General Information

- **Announcement Title**: 2024 Rural and Underserved Clinical Rotations Grants
- **Minnesota Department of Health (MDH) Program Website**:
  https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#rucr
- **Application Open:** April 3, 2024
- **Application Deadline**: May 31, 2024

1.2 Program Description

The Rural and Underserved Clinical Rotations grant program, authorized by Minnesota Statutes Sec 144.1505, is established to award health professional training site grants to eligible physician, physician assistant, advanced practice registered nurse, pharmacy, dentistry, dental therapy, and mental health professional programs to augment existing clinical training programs to add rural and underserved rotations or clinical training experiences, such as credential or certificate rural tracks or other specialized training. For physician and dentist training, the expanded training must include rotations in primary care settings such as community clinics, hospitals, health maintenance organizations, or practices in rural communities.

1.3 Funding and Project Dates

Funding

Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed and the grant has reached its effective date.

Funding	Estimate
Estimated Amount to Grant	$1,000,000 - $1,500,000
Estimated Number of Awards	4-6
Estimated Award Maximum	$400,000
Estimated Award Minimum	N/A

Match Requirement

There is no match requirement for this grant.

Project Dates – Updated to an estimated two-year grant period on 4/22/2024

RFP Published: April 3, 2024
Informational Webinar: April 17, 2024

Application due to MDH: May 31, 2024
Grant distribution announcement (estimated):   Late June 2024
Grant period (estimated):   September 1, 2024 – August 31, ~~2025~~ 2026

1.4 Eligible Applicants

The following types of clinical training programs located in Minnesota are eligible to apply for this funding:

- Advanced Practice Registered Nursing Program
  - Must be accredited as a master's, doctoral, or postgraduate level advanced practice registered nursing program by the Commission on Collegiate Nursing Education or by the Accreditation Commission for Education in Nursing or present a credible plan as a candidate for accreditation.

- Dental Program
  - Must be a dental education program or dental residency training program currently accredited by the accrediting body or present a credible plan as a candidate for accreditation.
  - Expanded training must include rotations in primary care settings such as community clinics, hospitals, health maintenance organizations, or practices in rural communities.

- Dental Therapy Education Program or Advanced Dental Therapy Education Program
  - Must be approved by the Minnesota Board of Dentistry, or currently accredited by the Commission on Dental Accreditation.

- Mental Health Professional Program
  - Must be accredited and listed as a mental health professional program by the appropriate accrediting body for clinical social work, psychology, marriage and family therapy, or licensed professional clinical counseling, or present a credible plan as a candidate for accreditation.

  - A mental health professional is defined as an individual providing clinical services in the treatment of mental illness who meets one of the qualifications under MN Statutes [Sec. 245I.04, subdivision 2](#).

- Pharmacy Program
  - Must be accredited as a Doctor of Pharmacy program by the Accreditation Council on Pharmacy Education.

- Physician Residency Training Program
  - Must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or appropriate accrediting body or present a credible plan as a candidate for accreditation.

- o Expanded training must include rotations in primary care settings such as community clinics, hospitals, health maintenance organizations, or practices in rural communities.
- Physician Assistant Program
  - o Must be accredited as a physician assistant program by the Accreditation Review Commission on Education for the Physician Assistant or present a credible plan as a candidate for accreditation.

Applicants must be able to demonstrate applicable membership and compliance with the corresponding accrediting bodies.

Collaboration

Applicants are strongly encouraged to partner with health care providers and provider organizations to create new rural or underserved rotations or clinical training experiences. Successful applicants will be required to work with trainees in eligible programs, accrediting bodies, health care providers and provider organizations.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to Health.ORHPC.WorkforceGrants@state.mn.us. All answers will be posted within 5 business days at: https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#rucr

Please submit questions no later than 4:30 p.m. Central Time on May 17, 2024.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

RFP Information Meeting

An informational webinar will be held on April 17, 2024 at 2:30 pm Central Time. Click here to join the meeting. Materials from the meeting, including questions and answers, will be posted at: https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#rucr.

RFP Part 2: Program Details

2.1 Priorities

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. The Policy on Rating Criteria for Competitive Grant Review establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The Rural and Underserved Clinical Rotations grant program seeks to strengthen Minnesota's health care workforce and improve access to care for rural and underserved communities by expanding clinical training opportunities in these communities.

This grant will serve:

- Rural and underserved communities by strengthening Minnesota's health care workforce and improving access to health care.
- Eligible health professional programs and students by expanding clinical training opportunities.

Grant outcomes will include:

- Greater access to health care in rural and underserved Minnesota communities.
- An increase in the number of clinical training opportunities in rural and underserved communities.

Other Competitive Priorities
- Programs that advance health equity in other impactful ways will receive priority.
- Programs with a strong model of team-based primary care will receive priority.

2.2 Eligible Projects

Eligible projects will augment existing clinical training programs by adding clinical rotations or clinical training experiences, such as credential or certificate rural tracks or other specialized training, in rural and/or underserved communities.

For the purposes of this grant program, "rural community" means a statutory and home rule charter city or township that is outside the seven-county metropolitan area as defined in section 473.121, subdivision 2.

For the purposes of this grant program, "underserved community" means a Minnesota area or population included in the list of designated primary medical care health professional shortage

areas, medically underserved areas, or medically underserved populations maintained and updated by the U.S. Health Resources and Services Administration (HRSA).

To determine whether a proposed training site is in a designated shortage area, visit the HRSA website and use the search tools: Find Shortage Areas (hrsa.gov).

For physician and dentist training, the expanded training must include rotations in primary care settings such as community clinics, hospitals, health maintenance organizations, or practices in rural communities.

Applicants are strongly encouraged to partner with providers and provider organizations in rural and underserved communities to create new clinical training opportunities.

Eligible Expenses

Grant funds may be used to cover the cost of:

- establishing or expanding rotations and clinical training;

- recruitment, training, and retention of students and faculty;

- connecting students with appropriate clinical training sites, internships, practicums, or externship activities;

- travel and lodging for students;

- faculty, student, and preceptor salaries, incentives, or other financial support;

- development and implementation of cultural competency training;

- evaluations;

- training site improvements, fees, equipment, and supplies required to establish, maintain, or expand a training program; and

- supporting clinical education in which trainees are part of a primary care team model.

Indirect expenses are allowed at a grantee's federally negotiated rate or up to 10% of direct costs. See RFP Part 4 for further details.

Ineligible Expenses

Ineligible expenses include but are not limited to:

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

2.3   Grant Management Responsibilities

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and the State's Authorized Representative has notified the Grantee that work may start.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

Applicants can view a sample grant agreement on the MDH Grant Resources webpage.

Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all of the terms in the grant agreement have been met.

Reports will be submitted through the Office of Rural Health and Primary Care online grants portal. Standard invoice and progress report forms will be provided to grantees. Reports will be due 20 days after each quarter ends per the following schedule:

- January 20
- April 20
- July 20
- October 20

Grantees will be required to distribute an online survey, provided by MDH, that will request trainees' demographic information, such as race, ethnicity, sexual orientation, gender identity, national origin, and disability status.

Grant Monitoring
Minn. Stat. § 16B.97 and Policy on Grant Monitoring require the following:

- One monitoring visit during the grant period on all state grants over $50,000.
- Annual monitoring visits during the grant period on all grants over $250,000.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over $50,000.

Technical Assistance

MDH is available to provide technical assistance for grantees. MDH will provide forms and templates for invoices and progress reports. It is the grantee's responsibility to meet all obligations in the contract, and to notify MDH and request approval for any changes to these

obligations. For assistance, contact the Office of Rural Health and Primary Care at Health.ORHPC.WorkforceGrants@state.mn.us.

Grant Payments

Per State Policy on Grant Payments, reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

The invoicing and payment schedule will be quarterly. Reports will be submitted through the Office of Rural Health and Primary Care online grants portal. Reporting forms will be provided to grantees. Invoices will be due 20 days after each quarter per the following schedule:

- January 20
- April 20
- July 20
- October 20

2.4 Grant Provisions

Contracting and Bidding Requirements

(a) Municipalities A grantee that is a municipality, defined as a county, town, city, school district or other municipal corporation or political subdivision of the state authorized by law to enter into contracts is subject to the contracting requirements set forth under Minn. Stat. § 471.345. Projects that involve construction work are subject to the applicable prevailing wage laws, including those under Minn. Stat. § 177.41, et. seq.

(b) Non-municipalities Grantees that are not municipalities must adhere to the following standards in the event that duties assigned to the Grantee are to be subcontracted out to a third party:

    i.   Any services or materials that are expected to cost $100,000 or more must undergo a formal notice and bidding process consistent with the standards set forth under Minnesota Statutes 16B.

    ii.   Services or materials that are expected to cost between $25,000 and $99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.

    iii.   Services or materials that are expected to cost between $10,000 and $24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.

iv. The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:
- Minnesota Department of Administration's Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List (Equity in Procurement (TG/ED/VO) Directory / Minnesota Office of State Procurement (mn.gov));
- Metropolitan Council's Targeted Vendor list: Minnesota Unified Certification Program (https://mnucp.metc.state.mn.us/) or
- Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: Central Certification Program (https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9).

v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.

vi. The grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.

vii. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:
- Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
- There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.

viii. Projects that include construction work of $25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes 177.41 through 177.44.

ix. Grantee must not contract with vendors who are suspended or debarred in MN: The list of debarred vendors is available at: https://mn.gov/admin/osp/government/suspended-debarred/.

Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per Minn. Stat.§ 16B.98 and the Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making."

Applicants must complete the Applicant Conflict of Disclosure form and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- a grantee or applicant is unable or potentially unable to render impartial assistance or advice
- a grantee's or applicant's objectivity in performing the grant work is or might be otherwise impaired
- a grantee or applicant has an unfair competitive advantage

Individual conflicts of interest occur when:

- an applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence
- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

In cases where a conflict of interest is perceived, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minn. Stat. § 13.599, all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in Minn. Stat. § 13.37, subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. (Minn. Stat. § 13.599, subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minn. Stat. § 13.37, the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act (Ch. 13 MN Statutes) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

Audits

Per Minn. Stat. § 16B.98, subd. 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. Minn. Stat. § 363A.02. The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minn. Rules, part 5000.3550.

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.

2.5   Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing content and community specialists, including those with knowledge of health professional training programs. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria and Weight

The review committee will be reviewing each applicant on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring factors and weight according to which applications will be judged are detailed in **Attachment A: Application Evaluation Criteria.**

Grantee Past Performance and Due Diligence Review Process

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires states to conduct a financial review prior to a grant award made of $50,000 and higher to a nonprofit organization, in order to comply with Policy on the Financial Review of Nongovernmental Organizations.

Notification

MDH anticipates notifying all applicants via email of funding decisions by late June 2024.

RFP Part 3: Application and Submission Instructions

3.1   Application Deadline

All applications must be received by MDH no later than 4:30 p.m. Central Time on May 31, 2024.

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 will not be responsible for delays caused by mail, delivery, computer or technology problems.

Acknowledgement of application receipt. The online Grants Portal will send an automated email to the user who submitted the application to confirm the submission of your application. Additionally, the application status will change from "Draft" to "Submitted" on the Applicant Dashboard and record the date the application was submitted. If the application is still in draft status by the application deadline, you will no longer be able to edit or submit the application. If you do not receive an automated email confirming submission or encounter any other issues with the online application submission please contact us promptly at health.orhpc.workforcegrants@state.mn.us.

If you encounter any issues with the online application submission, please contact us promptly at health.orhpc.workforcegrants@state.mn.us. We encourage you to submit in advance of the deadline to allow time to address any technical issues.

3.2   Application Submission Instructions

ORHPC requires application submissions to be made through an online Grants Portal. Please reference the ORHPC Grantee Guide for information on account creation, password recovery, application creation, and collaboration.

Read RFP Part 4: Application Guidance within this RFP document for instructions on how to address the application questions in the Grants Portal.

We encourage you to submit in advance of the deadline to allow time to address any technical issues.

3.3   Application Instructions

You must complete all required fields in the online application form and submit all required attachments for your application to be considered complete.

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

All costs incurred in responding to this RFP will be borne by the applicant.

RFP Part 4: Application Guidance

Section 1. Organization and Applicant Information

Basic information about the applicant entity is requested, including legal and business name, address, and tax identification. This information will be used for contracting purposes.

Section 2. Project Information

Contact Overview

This section requests contact information for the organization, including the Authorized Organization Representative (AOR). This person is often the CEO of the organization and must have the authority to enter a contract with the State. An additional program contact is also advised.

Section 3. Organization Background and Capacity

Program Type

Indicate the type(s) of existing programs your grant will augment with clinical rotations or experiences (select all that apply): Advanced Practice Registered Nursing, Dental, Dental Therapy, Mental Health Professional, Pharmacy, Physician, Physician Assistant.

Organization Overview

Provide a brief overview of your organization's history, location, and administrative structure. Provide an overview of your existing clinical training program(s), including the number and types of faculty. How many students/trainees are currently enrolled, and how many have been trained in the past? Describe any unique characteristics or circumstances pertaining to your organization.

Organizational Capacity

Describe your organization's experience with and capacity to successfully administer clinical rotations or clinical training experiences in rural and/or underserved areas.

Collaborating Partners

Provide a brief overview of each entity collaborating with your organization on this program and their role in the program.

Section 4. Project Narrative and Work Plan

Statement of Need

Describe the problem(s) your proposed program will address.

Proposed Program

Describe your proposed rural and/or underserved rotations or clinical training experiences. What will trainees do and learn, and who will supervise and teach them? How long will the rotation or clinical training experience be? Will trainees receive a credential, certificate, or other designation upon completion of the training experience? How will your program incorporate team-based primary care?

Clinical Training Site(s)

Provide information about the rotation or clinical training site(s). What type of setting is each site? Indicate whether each site is a primary care setting, such as a community clinic, hospital, health maintenance organization, or a rural practice.

Provide the geographic location of each site. Confirm that each site is in an eligible rural or underserved community (see RFP section 2.2). To determine whether a proposed training site is in a designated shortage area, visit the HRSA website and use the search tools: Find Shortage Areas (hrsa.gov).

Populations Served

Describe the rural and underserved populations expected to be served by your program.

Additional Trainees and Slots

How many additional trainees will be trained using grant funds? Please attest that funding will be used to support an increase in the number of clinical training slots or opportunities.

Recruitment

Describe how your proposed program will recruit and retain trainees.

Program Outcomes

How will your program increase access to primary care and/or mental health services for rural and underserved communities, now and in the future?

How will your program advance health equity in other ways?

Program Evaluation

Describe the expected results of your program and how you plan to track, evaluate, and report those results.

Program Sustainability

Describe your plan for maintaining your program after the grant period ends and ensuring that it continues to operate effectively and efficiently.

Challenges and Support

Discuss challenges you anticipate in implementing your program or sustaining it beyond the grant period. In addition to challenges specific to your program, please discuss barriers to clinical rotations and training experiences in rural and underserved communities in general.

What types of support, such as policy actions or more tailored or flexible funding, would help to overcome these specific and overall challenges?

What steps will your organization and partners take to overcome your anticipated challenges?

Work Plan

List key project activities. For each activity, indicate the title/position of each person who will be involved, the grant program outcome(s) addressed, and the expected timeline. Your work plan should include evaluation and reporting activities.

Section 5: Budget & Budget Narrative

Provide a detailed justification for each of the estimated expenses to successfully meet the goals of the proposed project.

Budget Line Items

Provide the amount of grant funds requested, as well as the amounts and sources of other funding, in the appropriate fields for each budget area.

Budget categories include:

- **Salaries:** Salaries should include the costs of personnel who work directly for the applicant and are paid a salary or wage directly from the applicant organization. This should not include administrative staff included in the indirect rate. Salaries can be calculated and described in the Budget Narrative as an hourly wage with total hours estimated to be spent on the project, or an annual salary with the estimated percentage of the total FTE.
- **Fringe:** This category includes share of payroll tax, health insurance costs, Medicare/Medicaid, etc. for employees billed to this grant under the Salaries category. If the applicant has expenses in this category they should explain how they were calculated in the Budget Narrative. This is often calculated at a percentage of salary. Example: $50,000 x 25% fringe = $12,500
- **Travel:** This category includes travel expenses necessary to complete the grant project.
- **Supplies:** This category includes supplies needed specifically for the grant project. It cannot include existing program expenses.
- **Contracted Services:** This category includes expenses for individuals or organizations the applicant contracts with to complete the project, including facilitators and trainers.
- **Equipment:** This category includes funding used to purchase equipment. Equipment has a value of $5,000 or more. Items below $5,000 are considered supplies.
- **Other expenses:** Use the Other category for expenses that do not fit in the rest of the budget categories.

- **Indirect:** An indirect cost rate is a percentage used to distribute indirect costs to all of an organization's programs that benefit from them. Grantees cannot claim indirect costs in excess of the indirect cost rate that applies to their organization. Grantees must submit and retain on file the documentation of that indirect cost rate as outlined below:
    - Grantees with a federally negotiated indirect cost rate can use grant funds for indirect costs in an amount up to but not exceeding that rate. Grantees must submit proof of the federally negotiated indirect cost rate as an attachment to this application. Grantees are responsible for ensuring that the rate is not applied to direct costs that are excluded from the indirect rate.
    - Grantees without a federally negotiated indirect cost rate can use grant funds for indirect costs in an amount up to but not exceeding 10% of total direct costs.

Section 6: Required Attachments

Audited Financial Statements

Please upload a copy of the most recent independent audit into the online application. If the audit encompasses multiple entities within a system or umbrella organization, please provide additional financial information, such as an income statement, specific to the applicant entity.

Federally Negotiated Indirect Cost Rate

Provide proof of current federally negotiated indirect cost rate.

Due Diligence

Please complete the Due Diligence Form and attach to the online application form.

Proof of Accreditation

Provide current accreditation documentation or a credible plan as a candidate for accreditation.

Section 7: Applicant Conflict of Interest Disclosure

Applicants will complete a Conflict of Interest Disclosure form in the online application. See a copy of the form on the MDH Grant Resources webpage.

RFP Part 5: Attachments

- Attachment A: Application Evaluation Criteria

Attachment A: Application Evaluation Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required but may help ensure that applications address the criteria evaluators will use to score applications.

ORGANIZATION BACKGROUND AND CAPACITY

Evaluation Criteria	Score	Reviewer Comments: Strengths/Weaknesses
Organization overview provides a clear picture of the organization and its existing clinical training programs.	/5	
Organization has strong experience with and capacity to administer clinical rotations or training experiences in rural and/or underserved areas.	/5	
Application includes strong partnerships with clearly defined roles.	/10	
Total points for this section	/20	

PROJECT NARRATIVE AND WORK PLAN

Evaluation Criteria	Score	Comments: Strengths/Weaknesses
Application clearly articulates the need for program and the problem(s) it will address.	/5	
Clinical rotations or experiences are clearly described: what trainees will do and learn, who will supervise and teach them, the length of the experience, any resulting credential, and other details of the program.	/5	
Program incorporates a strong model of team-based primary care.	/5	

Clinical rotation/training sites are clearly described.	/5	
Rural or underserved populations expected to be served are clearly described.	/5	
Grant-funded program will result in a meaningful increase in trainees/training opportunities.	/5	
Applicant describes a clear plan for recruiting and retaining trainees.	/5	
Program has a strong likelihood of increasing access to primary care and/or mental health services for rural and underserved communities, both now and in the future.	/10	
Program will advance health equity in other impactful ways.	/5	
Applicant clearly describes expected results and methods to track, evaluate, and report those results.	/5	
Applicant describes a sound plan for sustaining their program beyond the grant period and ensuring that it continues to operate effectively and efficiently.	/5	
Applicant thoughtfully considers specific and overall challenges and supports needed. Applicant presents feasible steps to overcome challenges.	/5	
Work plan is clear and feasible and will achieve grant program outcomes.	/5	
Total points for this section	/70	

BUDGET NARRATIVE

Evaluation Criteria	Score	Comments: Strengths/Weaknesses
Proposed costs in the budget are clear, with enough detail to understand why they are included.	/5	
Proposed expenses seem reasonable and align with the goals and requirements of this program.	/5	
Total points for this section	/10	
Total Score	/100	