Minnesota Accountable Health Model
Oral Health Access for Underserved Populations Grant

Funding Announcement: August 11, 2016
# Table of Contents

Table of Contents ............................................................................................................................ 2

Oral Health Access Grant Summary ................................................................................................ 3

1. Overview ..................................................................................................................................... 5

2. Background ................................................................................................................................. 5

3. Available Funding and Estimated Awards ................................................................................... 8

4. Eligible Applicants ....................................................................................................................... 8

5. Scope of Work ............................................................................................................................. 8

6. Application Review Process ........................................................................................................ 8

7. Proposal Instructions and Requirements .................................................................................... 12

   A. Clinic Background and History (limit to 2 pages) ............................................................... 12

   B. Project Need (limit to 1 page) ............................................................................................ 13

   C. Project Description (limit to 6 pages) ................................................................................ 13

   D. Project Work Plan .............................................................................................................. 14

   E. Budget ................................................................................................................................ 15

8. Proposal Evaluation .................................................................................................................. 17

9. Grant Participation Requirements ............................................................................................ 17

10. Forms ...................................................................................................................................... 18

   Form A: Application Face Sheet ............................................................................................... 19

   Form B: Project Work Plan ........................................................................................................ 21

   Form C: Budget, Minnesota Accountable Health Model Budget Template ............................. 22

   Form D: Budget Justification Narrative..................................................................................... 27

   Form E: Minnesota Accountable Health Model: Continuum of Accountability Matrix
   Assessment Tool ........................................................................................................................ 28

   Form F. Due Diligence Review Form ......................................................................................... 29

   Form G. Sample Grant Agreement ............................................................................................. 32
## Oral Health Access Grant Summary

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Applicant</td>
<td>To be eligible, the applicant must be a currently certified Health Care Home and located in the State of Minnesota.</td>
</tr>
<tr>
<td>Total Funds Available/Maximum Grant Amount</td>
<td>$100,000</td>
</tr>
<tr>
<td>Duration of Funding</td>
<td>January 1 – September 30, 2017</td>
</tr>
<tr>
<td>Grant Purpose</td>
<td>The Minnesota Accountable Health Model Oral Health Access for Underserved Populations Grant is intended to award a total of $100,000 to one grantee to integrate oral health services with preventive care to improve the oral health of underserved populations with chronic disease.</td>
</tr>
</tbody>
</table>
| Application Requirements         | • Applications must be written in 12-point font with one-inch margins.  
• Page limits are outlined in Section 7.  
• All pages must be numbered consecutively.  
• Applicants must submit 4 copies of the proposal and an electronic version of the proposal on a USB drive. Faxed or emailed applications will not be accepted.  
• Applications must meet application deadline requirements; late applications will not be reviewed.  
• Applications must be complete and signed where noted.  
• Incomplete applications will not be considered for review. |
| Applicants must submit proposals in this order using forms provided in Word and Excel | 1. Application Face Sheet (Form A)  
2. Clinic background and history, 2 pages  
3. Project need, 1 page  
4. Project description, 6 pages  
5. Project work plan (Form B) (Document referenced in grant contract)  
6. Budget (Form C)  
7. Budget Narrative (Form D)  
8. Dental practice/professional letter of support  
9. Minnesota Continuum of Accountability Matrix Assessment Tool (Form E)  
10. Due Diligence Review form (Form F) |
| Submitting the Proposal          | Applicants must submit, delivered either by hand or U.S. Mail, one original and 4 copies of the proposal and an electronic proposal on a USB drive. Proposals must be received not later than 4:00 p.m. on Monday September 26, 2016.                                                                                                                                   |
| Application Deadline             | 4:00 p.m. CST Monday, September 26, 2016                                                                                                                                                                                                                                                                                                                                                                                                  |
### Requirement | Description
---|---
Applications Sent | **Delivery Address:**
Minnesota Department of Health
Health Care Homes/CIPT Unit
85 East 7 Place, Suite 220
Saint Paul, Minnesota 55101

**Mailing Address:**
Minnesota Department of Health
Health Care Homes / CIPT Unit
P.O. Box 64882
Saint Paul, Minnesota 55164-0882

Contact Information | Questions regarding this RFP must be directed to the following web address:
https://survey.vovici.com/se.ashx?s=56206EE3228E4652

---

**Grant Timeline**

<table>
<thead>
<tr>
<th>RFP Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application posted</td>
<td>Thursday, August 11, 2016</td>
</tr>
<tr>
<td>Optional Informational Q &amp; A Webinar</td>
<td>Thursday, August 25 at 2:00 – 3:00 pm CST</td>
</tr>
</tbody>
</table>
To register for the Oral Health webinar visit:
https://health-state-mn-ustraining.webex.com/health-state-mn-ustraining/k2/j.php?MTID=tc9437810c20000ffbc51c658452e8d7f |
| Proposals due to MDH | No later than Monday, September 26, 2016 at 4:00 p.m. CST |
| Estimated Notice of Award | Friday, October 28, 2016 |
| Estimated grant start date | January 1, 2017 |
1. Overview
Minnesota Department of Health (MDH) requests proposals for a Minnesota Accountable Health Model oral health access grant project. The purpose of the oral health grant is to support the development and implementation of strategies to increase access to preventive care and treatment for underserved populations, with a focus on whole person disease management for persons with chronic disease. Evidence links poor oral health to poor outcomes for chronic conditions such as diabetes and heart disease. The goal of this project is to increase the integration of oral health and primary care for underserved populations thereby making oral health care more accessible and achieving oral health equity and improved health outcomes.

2. Background
The Minnesota Accountable Health Model is a State Innovation Model (SIM) testing grant awarded by the Center for Medicare & Medicaid Innovation (http://innovations.cms.gov) and administered in partnership by the Minnesota Department of Human Services (DHS) and Minnesota Department of Health (MDH). The purpose of the Minnesota Accountable Health Model is to provide Minnesotans with better value in health care through integrated, accountable care using innovative payment and care delivery models that are responsive to local health needs. The funds will be used to help providers and communities work together to create healthier futures for Minnesotans, and drive health care reform in the state.

The vision of the Minnesota Accountable Health Model is:

- Every patient receives coordinated, patient-centered primary care.
- Providers are held accountable for the care provided to Medicaid enrollees and other populations, based on quality, patient experience and cost performance measures.
- Financial incentives are fully aligned across payers and the interests of patients, through payment arrangements that reward providers for keeping patients healthy and improving quality of care.
- Provider organizations effectively and sustainably partner with community organizations, engage consumers, and take responsibility for a population’s health through accountable communities for health that integrate medical care, mental/chemical health, community health, public health, social services, schools and long term supports and services.

The Minnesota Model will test whether increasing the percentage of Medicaid enrollees and other populations (i.e. commercial, Medicare) in accountable care payment arrangements will improve the health of communities and lower health care costs. To accomplish this, the state will expand the Integrated Health Partnerships (IHP) demonstration, formerly called the Health Care Delivery Systems (HCDS) demonstration, administered by the Department of Human Services.
The expanded focus will be on the development of integrated community service delivery models and use of coordinated care methods to integrate health care, behavioral health, long-term and post-acute care, local public health, and social services centered on patient needs.

To achieve the vision of shared cost and coordinated care, the Minnesota Accountable Health Model includes key investments in five Drivers that are necessary for accountable care models to be successful:

- **Driver-1**: Providers have the ability to exchange clinical data for treatment, care coordination, and quality improvement—HIT/HIE
- **Driver-2**: Providers have analytic tools to manage cost/risk and improve quality—Data Analytics
- **Driver-3**: Expanded numbers of patients are served by team-based integrated/coordinated care—Practice Transformation
- **Driver-4**: Provider organizations partner with communities and engage consumers, to identify health and cost goals, and take on accountability for population health—ACH
- **Driver-5**: ACO performance measurement, competencies, and payment methodologies are standardized, and focus on complex populations—ACO Alignment

The activities contained in this RFP are linked to Driver 3, expanded numbers of patients are served by team-based integrated/coordinated care. Through the Minnesota Accountable Health Model, Minnesota is working to achieve the vision of the Triple Aim: improved consumer experience of care, improved population health, and lower per capita health care costs. The Minnesota Accountable Health Model: Continuum of Accountability Matrix is designed to illustrate the basic capabilities, relationships, and functions that organizations or partnerships should have in place in order to achieve the long-term vision of the Minnesota Accountable Health Model. It will help the state identify criteria and priorities for investment, and lay out developmental milestones that demonstrate organizations or partnerships are making progress towards the vision.
In addition, the Minnesota Accountable Health Model: Continuum of Accountability Matrix Assessment Tool (http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=SIM_Docs_Reps_Pres) is an interactive tool that allows organizations to answer questions to determine their location on the matrix continuum. MDH and DHS will use this tool to better understand SIM-Minnesota participants and status in achieving the goals of the Minnesota Accountable Health Model, what SIM supports are needed to achieve the goals, and how we may be able to provide additional tools or resources. This tool will be used to help us develop targets and goals for participating organizations, and to assess their progress.

For more information on the SIM grant, the Minnesota Accountable Health Model and other health reform activities visit State Innovation Model Grant (http://www.mn.gov/sim).

Minnesota Accountable Health Model Continuum of Accountability Matrix

Through the Minnesota Accountable Health Model, Minnesota is working to achieve the vision of the Triple Aim: improved consumer experience of care, improved population health, and lower per capita health care costs. Tools have been developed to assess a broad range of organizations readiness to expand the “triple aim”. The Minnesota Accountable Health Model Continuum of Accountability Matrix is designed to illustrate the basic capabilities, relationships, and functions that organizations or partnerships should have in place in order to achieve the long-term vision of the Minnesota Accountable Health Model. It will help the State identify criteria and priorities for investment, and to lay out developmental milestones that indicate organizations or partnerships are making progress towards the vision.

In addition, the Minnesota Accountable Health Model: Continuum of Accountability Matrix Assessment Tool is an interactive tool that allows organizations to answer questions to determine their location on the matrix continuum. MDH and DHS will use this tool to better understand SIM-Minnesota participants and their status in achieving the goals of the Minnesota Accountable Health Model, what SIM supports are needed to achieve these goals, and how we may be able to provide additional tools or resources. This tool will be used to help us develop targets and goals for participating organizations, and to assess their progress. For more information on the SIM grant, the Minnesota Accountable Health Model and other health reform activities visit State Innovation Model Grant.

2 http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=SIM_Home
3. Available Funding and Estimated Awards

This funding opportunity will support a Health Care Home-certified clinic in building upon the work it is currently doing to provide patient-centered care and address the total health needs of the individual through the inclusion of oral health.

Up to $100,000 is available to fund one Health Care Home and oral health provider partnership. The award will provide funding for nine months from January 1 through September 30, 2017.

The Minnesota Department of Health and Minnesota Department of Human Services reserve the right to award less than the maximum grant amount and more than one grant. Funding is subject to availability of funds dependent on continuation of funding through 2017 by the Centers for Medicare and Medicaid Innovation.

4. Eligible Applicants

Eligible applicants for the oral health grant are currently certified Health Care Homes located in Minnesota. Applicants must have an oral health partner. In addition, the applicant must meet the State’s fiscal requirements and other SIM grant participation requirements, including the ability to collect and submit data and to manage staffing, facilities, communication, and other grant operations.

5. Scope of Work

The oral health grant opportunity will provide funding to a currently certified Health Care Home clinic to implement strategies aimed at achieving the following goals:

1. Develop and test a collaborative, inter professional, team-based, care coordination approach between primary care and a dental practice to enhance the prevention and treatment of oral disease in patients with chronic disease.
2. Develop a plan to exchange clinical data between primary care and a dental practice.

Key partners in this project are a certified Health Care Home (HCH) primary care clinic and at least one dental practice in the clinic service area. Avenues to increase access to oral health services for the clinic population with chronic disease include incorporating oral health needs into the care coordination process, implementing enhanced oral health services in the clinic setting, and facilitating referrals to and from dental practices. An additional strategy to improve oral health access and delivery is utilization of emerging professions such as community health workers to facilitate appointment scheduling and follow-through and provide oral health education, and dental therapists to provide oral health services that allow the dentist to work at the top of their license.

6. Application Review Process

The State will evaluate oral health access grant proposals based on the review criteria as set forth in this RFP. Reviewers will score proposals individually using a provided score sheet. Grant
proposals will be reviewed and evaluated by a panel that will include staff from MDH and DHS. The panel will recommend selections to the Commissioners of Health and Human Services. In addition to panel recommendations, the commissioners may also take into account other relevant factors in making final awards, including geographic location and target population. The decision of the Commissioners of the Departments of Health and Human Services will be final.

Only complete applications that meet eligibility and application requirements and are received on or before Monday, September 26, 2016 at 4:00 p.m. CST will be reviewed. Reviewers will determine which application best meets the criteria as outlined in the RFP and should be recommended for funding. We anticipate the grant award decision will be made by Friday October 28, 2016. Applicants will be notified by email whether or not their grant proposal was funded. MDH reserves the right to negotiate changes to budgets and work plans submitted with the proposal.

MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in a proposal, provided the proposal 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 proposal. Therefore, it is important that all applicants ensure that all sections of their proposal have been completed to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

**RFP Questions**

In addition to the applicant information webinars, prospective applicants are encouraged to contact MDH with additional questions that may arise. Please submit RFP questions to this online form: https://survey.vovici.com/se.ashx?s=56206EE3228E4652. All questions and answers will be posted publicly on the SIM website.

The final deadline for submitting questions about the RFP is Friday, September 16, 2016 at 4:00 p.m. CST. Applicants may consider reviewing these questions and answers each week as the answers may be helpful for writing proposals.

MDH staff will refer all inquiries to the above web address to ensure that answers are consistent and accurate. MDH staff are not authorized to discuss this RFP with any potential applicant before the submission deadline. Contacting, or attempting to contact, anyone at MDH regarding this RFP other than through the web address listed above or as part of the applicant informational webinar is prohibited and may result in disqualification.

**Submission Deadline**

Proposals must be received by MDH on or before Monday, September 26, 2016, by 4:00 p.m. CST and must be submitted either through Mail or hand delivery to the following address:
The address for hand delivery is for the Golden Rule Building located in downtown Saint Paul. The reception desk is in Suite 220 located on the 2nd floor of the building.

Faxed or email applications will **NOT** be accepted.

Mailed or hand-delivered proposals must include an electronic version on a USB drive. **Hard copies submitted without an electronic version on a USB drive will not be accepted.** Mailed or hand-delivered proposals must be received by MDH by the submission deadline, or they will not be accepted.

**Late proposals will not be accepted.** It is the applicant’s responsibility to allow sufficient time to address all potential delays. MDH will not be responsible for a proposal that is delayed or lost in transit by the United States Postal Service or a private courier service. All mailed and hand-delivered proposals will be time stamped by MDH staff.

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

This RFP does not obligate MDH to award a grant contract or complete the projects described in this RFP. MDH reserves the right to cancel this RFP if it is considered to be in its best interests.

**Proposal Contents**

Proposals must be completed and include all required proposal materials including attachments. Do not provide any materials that are not requested in the RFP, as such materials will neither be considered nor evaluated. See Section (10) – **Required Forms** for a list of required proposal forms. **MDH reserves the right to deny funding to any applicant that does not meet these requirements.**

By submitting a proposal, 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 as well as other remedies available by law.
Public Information
All proposals submitted in response to this RFP will become property of the State. In accordance with Minnesota Statute Section 13.599, all proposals and their contents are private or nonpublic until the proposals are opened. Once the proposals are opened, the name and address of each applicant and the amounts requested is public. All other data in a proposal or developed as part of the evaluation process is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreements with all selected grantees. After MDH has completed the evaluation process, all remaining data in the proposals is public with the exception of trade secret data as defined by Minnesota Statute Section 13.37, Subdivision 1(b). A statement by a grantee that the proposal is copyrighted or otherwise protected does not prevent public access to the proposal.

If an applicant submits any information in a proposal that it believes to be trade secret information, as defined by Minnesota Statute Section 13.37, Subdivision 1(b), the applicant must:

- Clearly mark all trade secret materials in its proposal at the time the proposal is submitted,
- Include a statement with its proposal 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 contract. In submitting a proposal in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH.

MDH reserves the right to reject a claim that any particular information in a proposal 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 proposal or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

Conflicts of Interest
Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this RFP. The list should indicate the name of the entity, the relationship, and a discussion of the conflict. If an applicant does not submit a list of conflicts of interest, MDH will assume that no conflicts of interest exist for that applicant.
The anticipated effective date of the agreement is January 1, 2017, or the date upon which all signatures are obtained. Grant agreements will end on September 30, 2017. No work on grant activities can begin until a fully executed grant agreement is in place.

7. Proposal Instructions and Requirements

The following are required in the oral health access grant proposal:

- Application Face Sheet
- Clinic Background and History
- Project Need
- Project Description
- Project Work Plan
- Budget
- Budget Narrative
- Dental Provider Letter of Commitment
- Minnesota Accountable Health Model: Continuum of Accountability Matrix Assessment Tool
- Due Diligence Review Form

A. Clinic Background and History (limit to 2 pages)

Describe the history of the clinic as a certified Health Care Home and services it provides including oral health if applicable. Articulate how the clinic is positioned to successfully carry out the oral health grant project. Provide information on the clinic patient population including demographics and health conditions. Describe the care coordination process used at the clinic and how the care coordination model incorporates community services, partners, emerging professions and other providers.

*Limit the Clinic Background and History to two (2) pages. Additional pages will not be reviewed.*

Clinic Background and History scoring criteria (15 Points)

- Applicant describes the experience of being a certified health care home and how the clinic is equipped to implement the oral health project.
- Applicant provides an overview of the patient population and clinic services provided.
- Applicant describes the care coordination process at the clinic including connections to community services, partners, and providers.
B. Project Need (limit to 1 page)

Provide a summary of the availability of oral health services and need in the clinic service area and community. Include information on the availability of oral health providers and other health services, chronic disease conditions including data on chronic diseases in the community and patient population, social determinants of health indicators and health equity issues, and other relevant factors. Describe steps the clinic is currently taking to address oral health access.

Limit the Project Need to one (1) page. Additional pages will not be reviewed.

Project Need scoring criteria (15 Points)

- Applicant provides a summary of oral health services and access needs in the clinic service area and community.
- Applicant describes the population in the area in terms of social determinants of health and health equity issues and overall health status indicators.
- Applicant includes a description of how they are currently addressing oral health needs.

C. Project Description (limit to 6 pages)

In a narrative format describe how the proposed project will increase oral health access and address the following project goals.

1. Develop and test a collaborative, inter professional, team-based, care coordination approach between primary care and a dental practice to enhance the prevention and treatment of oral disease in patients with the identified chronic condition.
2. Develop a plan to exchange clinical data between primary care and dental practices.

Include a description of how the oral health project will be implemented and what entities will be a part of the implementation including a description of the dental partner that will be a part of this project. Include a letter of commitment from a collaborating dental practice that indicates the practice will work with the clinic to achieve project objectives. Explain why the approach articulated in the project description was chosen to accomplish this work and how it will be sustained in the future after grant funding ends.

Limit the Project Description to six (6) pages. Additional pages will not be reviewed.

Project Description scoring criteria (30 points)

- The project description outlines how the project will develop and test an inter-professional team-based care coordination approach to prevention and treatment of oral health disease in patients with the identified chronic condition.
- The section describes how the project will develop collaborative relationships and processes between the clinic and dental practice.
• Applicant describes the dental health services provider that will be a partner in this project and provides a letter of commitment from at least one dental practice outlining support for achieving project objectives.
• Applicant describes how the project will develop an actionable plan for electronic clinical data exchange between the clinic and dental practice.
• Applicant articulates a rationale for choosing the described project approach and how the project will be sustained beyond grant funding.

D. Project Work Plan
Use the Project Work Plan template to outline the following for the oral health access project. The time for the grant deliverables will be a nine month period, January through September 2017. The work plan is not included in page limits.

Include the following in the work plan.

Objectives:
• Objectives are to describe results to be achieved for the strategy and how work will be accomplished. Include SMART criteria:
  o Specific
  o Measurable
  o Achievable
  o Relevant
  o Time bound
• Use one line in the work plan for each objective.
• The estimated cost of each objective will be included on a separate line in the deliverables based budget.

Activities:
Activities are key action steps necessary for accomplishing objectives.

Staff/Organizations involved in the activity:
Identify at least one person/organization responsible for carrying out the objective.

Tracking Methods:
Provide indicators to track and measure progress toward meeting objectives.

Milestones:
Provide targets or outcomes that represent progress in carrying out objectives and activities.
Project Work Plan scoring criteria (25 points)

- Work plan objectives follow SMART criteria and describe how to successfully implement the strategy.
- The work plan describes activities appropriate to accomplish objectives.
- The work plan includes tracking methods and milestones.
- The staff and organizations listed in the work plan are appropriate for achieving objectives.
- The work plan is consistent with the project description.

E. Budget

Applicants must use the Minnesota Accountable Health Model budget forms:
- Contractor Budget Template (Form C).
- Budget Justification Narrative (Form D).

Include a budget for the nine-month grant period (January 1-September 30, 2017). The total funding request is not to exceed $100,000.

Budget scoring criteria (15 points)

- The Budget Form and Budget Justification Narrative are complete.
- Budget amounts match descriptions in the Budget Justification Narrative and are consistent with the work plan.
- Projected costs are reasonable and sufficient to accomplish proposed activities.

Funds May Be Used to Cover:
- Staffing or resources needed to increase access to oral health services.
- Staffing or resources for data collection, analysis, and reporting.
- Infrastructure development to expand services and partnerships.
- Staffing or resources needed to develop an information exchange process.
- Development of oral health partnerships including recruitment activities and facilitation of meetings.
- Further development of community care coordination systems and teams including staffing and infrastructure.
- Project management activities of the oral health access grant including staffing, facilities, communication, data collection and analysis, and other administrative and organizational functions.

All duties must be performed in accordance with the Federal Department of Health and Human Services Grants Policy Statement which is available at http://www.gsa.gov/portal/category/100000 and the Minnesota Management and Budget’s Commissioner’s Plan (http://beta.mmb.state.mn.us/doc/comp/contract/CommissionersPlan.pdf)
**Eligible Expenses**
Grant funds may be used to cover costs of personnel, consultants, subcontracts, supplies, grant related travel, and other expenses (see detail below).

**Ineligible Expenses**
Funds may not be used to pay for direct patient care services fees, stipends, gift cards, child care, food and beverages, equipment, building alterations or renovations, construction, or fund raising activities.

**Lobbying**
In addition, Grantees may not use funds for lobbying, which is defined as advocating for a specific public policy after it has been formally introduced to a legislative body. Educating people about the importance of policies as a public health strategy is allowed with grant funds. Education includes providing facts, assessment data, reports, program descriptions, and information about budget issues and population impacts, but does not make recommendations on a specific pieces of legislation. Education may be provided to public policymakers, other decision makers, specific stakeholders, and the general community. Lobbying restrictions do not apply to informal or private (nonpublic) policies.

**Grant Funding Restrictions**
No work on grant activities can begin until a fully-executed grant agreement is in place. A sample grant agreement is attached to this RFP as Form (G). Applicants should be aware of the terms and conditions of the standard grant agreements in preparing their proposals. Much of the language reflected in this agreement is required by statute. If an applicant takes exception to any of the terms, conditions or language in the sample grant agreement, the applicant must indicate those exceptions, in writing, in their proposal in response to this RFP. Certain exceptions may result in a proposal being disqualified from further review and evaluation. Only those exceptions indicated in a proposal will be available for discussion or negotiation.

The funded applicant will be legally responsible for assuring implementation of the work plan, cooperation with all evaluation requirements, compliance with all state requirements, including worker’s compensation, nondiscrimination, data privacy, budget compliance, and reporting.
8. Proposal Evaluation

The oral health access grant award will be based upon:

- Eligibility of the applicant including date and time the grant application is received.
- Availability of grant funds.
- Results of scoring criteria.

<table>
<thead>
<tr>
<th>Scoring Criteria</th>
<th>Maximum Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic background and history</td>
<td>15 points</td>
</tr>
<tr>
<td>Project need</td>
<td>15 points</td>
</tr>
<tr>
<td>Project description</td>
<td>30 points</td>
</tr>
<tr>
<td>Project work plan</td>
<td>25 points</td>
</tr>
<tr>
<td>Budget</td>
<td>15 points</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100 points</strong></td>
</tr>
</tbody>
</table>

9. Grant Participation Requirements

The oral health grantee must submit progress reports and participate in regular conference calls, site visits, and state and federal evaluation activities as detailed below.

**Funded applicants will be required to:**

- Submit and share copies of all tools, resources, documents, and other guidance.
- Submit written narrative progress reports using an MDH template on a quarterly basis and a final report due within 30 days of the end of the grant period.
- Submit expenditure reports and invoices for the grant period on a monthly or quarterly basis and within 30 days of the end of the grant period.
- Submit required measurement data:
  - Reports as specified by MDH
  - Progress measures determined by the applicant in the work plan.
- Participate in MDH provided or identified trainings, meetings, and technical assistance, including participation in state-funded activities.
- Collaborate with other contractors, grantees, or partners associated with the SIM grant and Minnesota Accountable Health Model as appropriate.

**Contract requirements include:**

1. If requested, submit a final work plan and budget to MDH.
2. Sign and return an original and two copies of the grant agreement to MDH for final signature.
3. Begin work only upon receipt of a fully executed grant agreement.
4. Complete required deliverables and activities as outlined in the grant agreement.
5. Participate in site visits or conference calls to report on progress, barriers or lessons learned.
6. Provide additional details that may be requested to comply with state and federal reporting requirements.

The final 10 percent of the total grant award will be withheld until completion of grant duties such as the final report.

*Grantees will not be reimbursed for work completed before the grant agreement is fully executed.*

10. Forms

The following forms are required for submission of an oral health access grant proposal.

- Form A: Application Face Sheet
- Form B: Project Work Plan
- Form C: Minnesota Accountable Health Model Contractor Budget
- Form D: Budget Justification Narrative
- Form E: Minnesota Accountable Health Model: Continuum of Accountability Matrix Assessment Tool
- Form F: Due Diligence Review Form

Form G, a sample MDH grant agreement, is included to make applicants aware of the terms and conditions of the agreement in preparing their proposal.
Form A: Application Face Sheet

Oral Health Access Grant

1. Legal name and address of the applicant agency with which grant agreement would be executed:

2. Minnesota Tax I.D. Number

3. Federal Tax I.D. Number

4. Requested funding for the total grant period $  

5. Director of applicant agency
   
   Name, Title and Address
   Email Address:
   Telephone Number:
   FAX Number:

6. Fiscal management officer of applicant agency

   Name, Title and Address
   Email Address:
   Telephone Number:
   FAX Number:

7. Operating agency (if different from number 1 above)

   Name, Title and Address
   Email Address:
   Telephone Number:
   FAX Number:

8. Contact person for applicant agency (if different from number 4 above)

   Name, Title and Address
   Email Address:
   Telephone Number:
   FAX Number:

9. Contact person for further information on grant application

   Name, Title Address
   Email Address:
   Telephone Number:
   FAX Number:

10. Certification

    I certify that the information contained herein is true and accurate to the best of my knowledge and that I submit this application on behalf of the applicant agency.

    Signature of Authorized Agent for Grant Agreement
    Title
    Date
Form A: Application Face Sheet Instructions

Please type or print all items on the Application Face Sheet in the spaces provided.

1. Applicant agency
   Legal name of the agency authorized to enter into a grant contract with the Minnesota Department of Health.

2. Applicant agency's Minnesota

3. Federal Tax I.D. number

4. Requested funding for the total grant period
   Amount the applicant agency is requesting in grant funding for the grant period. The grant period will be from January 1, 2017 - September 30, 2017.

5. Director of the applicant agency
   Person responsible for direction at the applicant agency.

6. Fiscal Management Officer of applicant agency
   The chief fiscal officer for the applicant agency who would have primary responsibility for the grant agreement, grant funds expenditures, and reporting.

7. Operating Agency
   Complete only if other than the applicant agency listed in 1 above.

8. Contact Person for Applicant Agency
   The person who may be contacted concerning questions about implementation of this proposed program. Complete only if different from the individual listed in 5 above.

9. Contact person for Further Information
   Person who may be contacted for detailed information concerning the application or the proposed program.

10. Signature of Authorized Agent of Applicant Agency
    Provide an original signature of the director of the applicant agency, their title, and the date of signature.
Form B: Project Work Plan

Oral Health Access Grant

Applicant:

**Instructions**: Include each project objective and corresponding activities, staff/organization, tracking methods, and milestones/timelines for the nine-month grant period on a separate line. The cost of implementing objectives and activities in this work plan must be cross-walked to the Deliverables section (Section 2 Budget Form C).

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>ACTIVITIES</th>
<th>Staff/ Organization Involved in Activity</th>
<th>TRACKING METHODS</th>
<th>MILESTONE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form C: Budget, Minnesota Accountable Health Model Budget Template

Applicant: ___________________________________________________

Total Contract Period: January 1 – September 30, 2017

Budget Form Instructions:
1. Include costs for the grant recipient (fiscal agent) and partners in Salaries & Wages, Fringe, Supplies, Travel, and Other categories.
2. Include contractor costs (contracts with vendors that will be providing a specific service such as IT, group facilitation, or consultation) in C. Consultant Costs.
3. Enter information in cells highlighted in blue as applicable for your project.

The amount paid for deliverables in section two is based on costs in section one.

Section One

A. SALARIES & WAGES: For each position, provide the following information: position title, hourly rate, and number of hours allocated to the project.

In Form D Budget Justification Narrative, provide a brief position description for each position listed.

<table>
<thead>
<tr>
<th>Title</th>
<th>Hourly Rate</th>
<th>Hours</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

| Total Salaries and Wages: | 0 | $ |

B. FRINGE: Provide information on the rate of fringe benefits calculated for the total salaries and wages for positions in 1A.

Enter the fringe benefit rate as a % of the total salaries and wages in decimal format.

| Total Fringe: | $ |

C. CONSULTANT COSTS: Provide the following information for consultants/contractors: name of contractor or organization, hourly rate, number of hours, services to be provided.

In Form D provide a brief background about the contractor including how previous experience relates to the project. If the contractor has not been selected, include a description of the availability of contractors for the services or product, a description of the availability of contractors for the services or product, and the method that will be used for choosing a contractor.

<table>
<thead>
<tr>
<th>Hourly rate and number of hours</th>
<th>Hourly Rate</th>
<th>Hours</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>
Name:  
Organization:  
Services:  

Total Consultant Costs:  $

E. SUPPLIES: List each item requested, the number needed, and cost per unit. Include expected costs for general operating expenses such as office supplies, postage, photocopying, and printing.

<table>
<thead>
<tr>
<th>Item</th>
<th>Unit</th>
<th>Cost/Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Supply Costs:  $

F. TRAVEL: Provide estimated travel costs below for in-state travel. Include travel costs for hotels and meals if applicable. Include the estimated number of miles planned for project activities and the rate of reimbursement per mile.

Out of state travel is not an eligible expense. Travel costs are not to exceed rates established in the Commissioner’s Plan at http://www.mmd.admin.state.mn.us/commissionersplan.htm

<table>
<thead>
<tr>
<th>Item</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Travel Costs:  $

G. OTHER: If applicable, list items not included in previous budget categories below. Include a detailed description of the proposed expenditures in Form D Budget Justification Narrative.

<table>
<thead>
<tr>
<th>Item</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Other Costs:  $

GRAND PROJECT TOTAL  $

Page 23 of 43
Section Two

**DELIVERABLES:** The amount paid for deliverables in section two is based upon the total dollars requested in section one. Budget deliverables are to cross reference Form B Work Plan.

**Deliverable:** Develop and test a collaborative, inter professional, team-based, care coordination approach between primary care and a dental practice to enhance the prevention and treatment of oral disease in patients with chronic disease.

<table>
<thead>
<tr>
<th>Avg by Hour</th>
<th>Estimated Hrs</th>
<th>Billable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**Deliverable:** Develop a plan to exchange clinical data between primary care and a dental practice.

<table>
<thead>
<tr>
<th>Ave by Hour</th>
<th>Estimated Hrs</th>
<th>Billable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**GRAND PROJECT TOTAL** $
Form C Budget Instructions

Section One

Section one of the budget form provides a summary of eligible expenses by line item.

• Follow the instructions in the budget form for entering budget information.
• Provide information on how each line item in the budget was calculated.

A. Salaries and Wages
For all positions proposed to be funded from this grant provide the position title, hourly rate, and the number of hours allocated to this project.

In the budget narrative, provide a brief position description for each position listed.

B. Fringe
List the rate of fringe benefits calculated for the total salaries and wages for positions in 1A.

C. Consultant Costs
Provide the name of contractors or organizations, the services to be provided, hourly rate, and projected costs.

• In the budget narrative, include brief background information about contractors, including how their previous experience relates to the project.
• If a contractor has not been selected, include a description of the availability of contractors for the services and/or products required and the method for choosing a contractor in the budget narrative.

D. Equipment
Equipment, including medical equipment, is not allowed in this grant.

E. Supplies
Include expected costs for general operating expenses, such as office supplies, postage, photocopying, printing and software.

The type of software must be specified in the budget including the cost per person, the number of people using the software and total costs. Software costs must be specific to project work and described in the budget justification narrative.
F. Travel
Include the cost for any proposed in-state travel as it relates to the completion of the project.

- Provide the estimated number of miles planned for project activities and the rate of reimbursement per mile to be paid from project funds (not to exceed the current rate established by the Minnesota Management and Budget’s Commissioner’s Plan (http://beta.mmb.state.mn.us/doc/comp/contract/CommissionersPlan.pdf)
- Include expected travel costs for hotels and meals.
- Out of state travel is not an eligible expense.

G. Other
If it is necessary to include expenditures in the “Other” category, include a detailed description of the proposed expenditures as they relate to the project. Add additional “Other” lines to the budget form as needed. Examples of expenses for the “Other” budget category include the following.

Support Expenses: Telephone equipment and services, internet connection costs, teleconferences, videoconferences, meeting space rental, and equipment rental.

Meals: Meals are allowed only as part of a per diem or subsistence allowance provided in conjunction with allowable travel (See HHS GPS Section II-42).

Section Two
The amount paid for the deliverables in section two is based upon the total dollars requested in section one. See Form C budget.

Budget deliverables should cross reference the work plan. Use the objectives and activities in the work plan to describe amounts for corresponding deliverables in section two of the budget.
Form D: Budget Justification Narrative

The Budget Narrative provides additional information to justify costs in Form C Budget.

Instructions: Provide a narrative justification where requested. The narrative justification must include a description of the funds requested and how their use will support the proposal.

<table>
<thead>
<tr>
<th>A. Salaries and Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Narrative Justification</strong> <em>(enter a brief description of the roles, responsibilities, and unique qualifications of each position):</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Fringe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Narrative Justification</strong> <em>(provide information on the rate of fringe benefits calculated for salaries and wages):</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Consultant Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Narrative Justification</strong> <em>(provide a brief background about the contractor including how previous experience relates to the project. If the contractor has not been selected, include a description of the availability of contractors for the services or product and the method that will be used for choosing a contractor):</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Narrative Justification</strong> <em>(enter a description of the supplies requested and how their purchase will support the purpose and goals of this proposal):</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F. Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Narrative Justification</strong> <em>(describe the purpose and need of travel and how costs were determined for oral health line item in the budget):</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Narrative Justification</strong> <em>(explain the need for each item and how their use will support the purpose and goals of this proposal. Break down costs into cost/unit: i.e. cost/meeting and explain the use of oral health item requested):</em></td>
</tr>
</tbody>
</table>
Form E: Minnesota Accountable Health Model: Continuum of Accountability Matrix Assessment Tool

Applications must include a completed Continuum of Accountability Matrix Assessment Tool. Click on the link below to download the Word file of the tool for completion as part of the application. Submit one paper copy of the completed assessment with the application and include an electronic version of the assessment with the proposal on a USB drive.

Due Diligence Review Form

Purpose
The Minnesota Department of Health (MDH) must conduct due diligence reviews for non-governmental organizations (NGOs) applying for grants, according to MDH Policy 240.

Definition
Due diligence refers to the process through which MDH researches an organization’s financial and organizational health and capacity (MDH Policy 240). The due diligence process is not an audit or a guarantee of an organization’s financial health or capacity. It is a review of information provided by a NGO and other sources to make an informed funding decision.

Instructions
As an applicant for MDH funds you must answer the following questions about your organization, and return the form (along with any required additional documentation) to the grant manager.

Organization Information Questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How long has your organization been doing business?</td>
<td></td>
</tr>
<tr>
<td>2. How many employees does your organization have (both part time and full time)?</td>
<td></td>
</tr>
<tr>
<td>3. What was your organization’s total revenue in the most recent 12-month accounting period?</td>
<td></td>
</tr>
<tr>
<td>4. How many different funding sources does the total revenue come from?</td>
<td></td>
</tr>
<tr>
<td>5. Does your organization have a current 501(c)3 status from the IRS? Circle Yes or No.</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Has your organization done business under any other name(s) within the last five years? Circle Yes or No. If yes, list name(s) used</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Is your organization affiliated with or managed by any other organizations, such as a regional or national office? Circle Yes or No. If yes, provide details.</td>
<td>Yes</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>8. Does your organization receive management or financial assistance from any other organizations? Circle Yes or No.</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, provide details.</td>
<td>No</td>
</tr>
<tr>
<td>9. Have you been a grantee of the Minnesota Department of Health within the last five years? Circle Yes or No.</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, from which division(s)?</td>
<td>No</td>
</tr>
<tr>
<td>10. Does your organization have written policies and procedures for accounting processes? Circle Yes or No.</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, please attach a copy of the table of contents.</td>
<td>No</td>
</tr>
<tr>
<td>11. Does your organization have written policies and procedures for purchasing processes? Circle Yes or No.</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, please attach a copy of the table of contents.</td>
<td>No</td>
</tr>
<tr>
<td>12. Does your organization have written policies and procedures for payroll processes? Circle Yes or No.</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, please attach a copy of the table of contents.</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Automated</td>
</tr>
<tr>
<td>14. Does the accounting system identify the deposits and expenditures of program funds for each and every grant separately? Circle one response.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>15. If your organization has multiple programs within a grant, does the accounting system record the expenditures for each and every program separately by budget line items? Circle one response.</td>
<td>Yes or Not applicable</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>16. Are time studies conducted for employees who receive funding from multiple sources? Circle one response.</td>
<td>Yes or Not applicable</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>17. Does the accounting system have a way to identify over-spending of grant funds? Circle one response.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>18. If grant funds are mixed with other funds, can the grant expenses be easily identified? Circle one response.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>19. Are the officials of the organization bonded? Circle one response.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>20. Did an independent certified public accountant (CPA) ever examine the organization's financial statements? Circle one response.</td>
<td>Yes   No   Not sure</td>
</tr>
<tr>
<td>21. Has any debt been incurred in the last six months? Circle Yes or No. If yes, what was the reason for the new debt? What is the funding source for paying back the new debt?</td>
<td>Yes   No</td>
</tr>
<tr>
<td>22. What is the current amount of unrestricted funds compared to total revenues?</td>
<td></td>
</tr>
<tr>
<td>23. Are there any current or pending lawsuits against the organization? Circle Yes or No.</td>
<td>Yes   No</td>
</tr>
<tr>
<td>24. If yes, could there be an impact on the organization’s financial position? Circle one response.</td>
<td>Yes   No or Not applicable</td>
</tr>
<tr>
<td>25. Has the organization lost any funding due to accountability issues, misuse, or fraud? Circle Yes or No. If yes, please describe the situation, including when it occurred and whether issues have been corrected.</td>
<td>Yes   No</td>
</tr>
</tbody>
</table>

**Additional Documentation Required**

The following documentation is required in addition to the due diligence form.

<table>
<thead>
<tr>
<th>IF you’re an NGO with annual income of...</th>
<th>THEN submit your most recent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>under $25,000</td>
<td>Board-reviewed financial statement.</td>
</tr>
<tr>
<td>between $25,000 and $750,000</td>
<td>IRS Form 990.</td>
</tr>
<tr>
<td>over $750,000</td>
<td>Certified financial audit.</td>
</tr>
</tbody>
</table>
Form G. Sample Grant Agreement

Minneapolis Department of Health
Grant Agreement

This grant agreement is between the State of Minnesota, acting through its Commissioner of the Department of Health ("State") and Insert name of Grant ("Grantee"). Grantee's address is Insert complete address.

Recitals

1. Under Minnesota Statutes 144.0742 and Insert the programs specific statutory authority to enter into the grant, the State is empowered to enter into this grant agreement.

2. The State is in need of Add 1-2 sentences describing the overall purpose of the grant.

3. The Grantee represents that it is duly qualified and will perform all the duties described in this agreement to the satisfaction of the State. Pursuant to Minnesota Statutes section 16B.98, subdivision 1, the Grantee agrees to minimize administrative costs as a condition of this grant.

Grant Agreement

1. Term of Agreement

1.1 Effective date Spell out the full date, e.g., January 1, 2012, or the date the State obtains all required signatures under Minnesota Statutes section 16C.05, subdivision 2, whichever is later. The Grantee must not begin work until this contract is fully executed and the State's Authorized Representative has notified the Grantee that work may commence.

1.2 Expiration date Spell out the full date, e.g., December 31, 2012, or until all obligations have been fulfilled to the satisfaction of the State, whichever occurs first.

2. **Grantee’s Duties** The Grantee, who is not a state employee, shall: *Attach additional pages if needed, using the following language, "complete to the satisfaction of the State all of the duties set forth in Exhibit A, which is attached and incorporated into this agreement."

3. **Time** The Grantee must comply with all the time requirements described in this grant agreement. In the performance of this grant agreement, time is of the essence, and failure to meet a deadline may be a basis for a determination by the State's Authorized Representative that the Grantee has not complied with the terms of the grant.

The Grantee is required to perform all of the duties recited above within the grant period. The State is not obligated to extend the grant period.

4. **Consideration and Payment**

4.1 **Consideration** The State will pay for all services performed by the Grantee under this grant agreement as follows:

(a) **Compensation.** The Grantee will be paid *Explain how the Grantee will be paid— examples: "an hourly rate of $0.00 up to a maximum of X hours, not to exceed $0.00 and travel costs not to exceed $0.00," Or, if you are using a breakdown of costs as an attachment, use the following language, "according to the breakdown of costs contained in Exhibit B, which is attached and incorporated into this agreement."

(b) **Total Obligation** The total obligation of the State for all compensation and reimbursements to the Grantee under this agreement will not exceed **TOTAL AMOUNT OF GRANT AGREEMENT AWARD IN WORDS** dollars [($ INSERT AMOUNT IN NUMERALS)]

(c) **Travel Expenses** [Select the first paragraph for grants with any of Minnesota’s 11 Tribal Nations. Select the second paragraph for all other grants. Delete the paragraph that isn’t used.

The Grantee will be reimbursed for travel and subsistence expenses in the same manner and in no greater amount than provided in the current "GSA Plan" promulgated by the United States General Services Administration. The current GSA Plan rates are available on the official U.S. General Services Administration website. The Grantee will not be reimbursed for travel and subsistence expenses incurred outside Minnesota unless it has received the State’s prior written approval for out of state travel. Minnesota will be considered the home state for determining whether travel is out of state.

**OR**

The Grantee will be reimbursed for travel and subsistence expenses in the same manner and in no greater amount than provided in the current "Commissioner’s Plan" promulgated by the Commissioner of Minnesota Management and Budget ("MMB"). The Grantee will not be reimbursed for travel and subsistence expenses incurred outside Minnesota unless it has received the State’s prior written approval for out of state travel. Minnesota will be considered the home state for determining whether travel is out of state.
(d) **Budget Modifications.** Modifications greater than 10 percent of any budget line item in the most recently approved budget (listed in 4.1(a) and 4.1(b) or incorporated in Exhibit B) requires prior written approval from the State and must be indicated on submitted reports. Failure to obtain prior written approval for modifications greater than 10 percent of any budget line item may result in denial of modification request and/or loss of funds. Modifications equal to or less than 10 percent of any budget line item are permitted without prior approval from the State provided that such modification is indicated on submitted reports and that the total obligation of the State for all compensation and reimbursements to the Grantee shall not exceed the total obligation listed in 4.1(b).

4.2 **Terms of Payment**

(a) **Invoices** The State will promptly pay the Grantee after the Grantee presents an itemized invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services. Invoices must be submitted in a timely fashion and according to the following schedule: *Example: "Upon completion of the services," or if there are specific deliverables, list how much will be paid for each deliverable, and when. The State does not pay merely for the passage of time.*

(b) **Matching Requirements** If applicable, insert the conditions of the matching requirement. If not applicable, please delete this entire matching paragraph. Grantee certifies that the following matching requirement, for the grant will be met by Grantee:

(c) **Federal Funds** Include this section for all federally funded grants; delete it if this section does not apply. Payments under this agreement will be made from federal funds obtained by the State through Title *insert number*, CFDA number *insert number* of the *insert name of law* Act of *insert year*, including public law and all amendments. The Notice of Grant Award (NGA) number is ________. The Grantee is responsible for compliance with all federal requirements imposed on these funds and accepts full financial responsibility for any requirements imposed by the Grantee's failure to comply with federal requirements. If at any time federal funds become unavailable, this agreement shall be terminated immediately upon written notice of by the State to the Grantee. In the event of such a termination, Grantee is entitled to payment, determined on a pro rata basis, for services satisfactorily performed.

5. **Conditions of Payment** All services provided by Grantee pursuant to this agreement must be performed to the satisfaction of the State, as determined in the sole discretion of its Authorized Representative. Further, all services provided by the Grantee must be in accord with all applicable federal, state, and local laws, ordinances, rules and regulations. Requirements of receiving grant funds may include, but are not limited to: financial reconciliations of payments to Grantees, site visits of the Grantee, programmatic monitoring of work performed by the Grantee and program evaluation. The Grantee will not be paid for work that the State deems unsatisfactory, or performed in violation of federal, state or local law, ordinance, rule or regulation.
6. Authorized Representatives

6.1 State's Authorized Representative  The State's Authorized Representative for purposes of administering this agreement is insert name, title, address, telephone number, and e-mail, or select one: "his" or "her" successor, and has the responsibility to monitor the Grantee's performance and the final authority to accept the services provided under this agreement. If the services are satisfactory, the State's Authorized Representative will certify acceptance on each invoice submitted for payment.

6.2 Grantee's Authorized Representative  The Grantee's Authorized Representative is insert name, title, address, telephone number, and e-mail, or select one: "his" or "her" successor. The Grantee's Authorized Representative has full authority to represent the Grantee in fulfillment of the terms, conditions, and requirements of this agreement. If the Grantee selects a new Authorized Representative at any time during this agreement, the Grantee must immediately notify the State in writing, via e-mail or letter.

7. Assignment, Amendments, Waiver, and Merger

7.1 Assignment  The Grantee shall neither assign nor transfer any rights or obligations under this agreement without the prior written consent of the State.

7.2 Amendments  If there are any amendments to this agreement, they must be in writing. Amendments will not be effective until they have been executed and approved by the State and Grantee.

7.3 Waiver  If the State fails to enforce any provision of this agreement, that failure does not waive the provision or the State's right to enforce it.

7.4 Merger  This agreement contains all the negotiations and agreements between the State and the Grantee. No other understanding regarding this agreement, whether written or oral, may be used to bind either party.

8. Liability  The Grantee must indemnify and hold harmless the State, its agents, and employees from all claims or causes of action, including attorneys' fees incurred by the State, arising from the performance of this agreement by the Grantee or the Grantee’s agents or employees. This clause will not be construed to bar any legal remedies the Grantee may have for the State's failure to fulfill its obligations under this agreement. Nothing in this clause may be construed as a waiver by the Grantee of any immunities or limitations of liability to which Grantee may be entitled pursuant to Minnesota Statutes Chapter 466, or any other statute or law.

9. State Audits  Under Minnesota Statutes section 16B.98, subdivision 8, the Grantee's books, records, documents, and accounting procedures and practices of the Grantee, or any other relevant party or transaction, are subject to examination by the State, the State Auditor, and the Legislative Auditor, as appropriate, for a minimum of six (6) years from the end of this grant agreement, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.
10. **Government Data Practices and Data Disclosure**

10.1 **Government Data Practices**  Pursuant to Minnesota Statutes Chapter 13.05, Subd. 11(a), the Grantee and the State must comply with the Minnesota Government Data Practices Act as it applies to all data provided by the State under this agreement, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated by the Grantee under this agreement. The civil remedies of Minnesota Statutes section 13.08 apply to the release of the data referred to in this clause by either the Grantee or the State.

If the Grantee receives a request to release the data referred to in this clause, the Grantee must immediately notify the State. The State will give the Grantee instructions concerning the release of the data to the requesting party before any data is released. The Grantee's response to the request must comply with the applicable law.

10.2 **Data Disclosure**  Pursuant to Minnesota Statutes section 270C.65, subdivision 3, and all other applicable laws, the Grantee consents to disclosure of its social security number, federal employee tax identification number, and Minnesota tax identification number, all of which have already been provided to the State, to federal and state tax agencies and state personnel involved in the payment of state obligations. These identification numbers may be used in the enforcement of federal and state tax laws which could result in action requiring the Grantee to file state tax returns and pay delinquent state tax liabilities, if any.

11. **Ownership of Equipment**  If this grant agreement disburses any federal funds, select option #1 and delete option #2. If this grant agreement disburses only state funds, select option #2 and delete option #1.

**Option #1**

Disposition of all equipment purchased under this grant shall be in accordance with 2 CFR 200. For all equipment having a current per unit fair market value of $5,000 or more, the State shall have the right to require transfer of the equipment, including title, to the Federal Government or to an eligible non-Federal party named by the STATE. This right will normally be exercised by the State only if the project or program for which the equipment was acquired is transferred from one grantee to another.

**Option #2:**

The State shall have the right to require transfer of all equipment purchased with grant funds (including title) to the State or to an eligible non-State party named by the State. This right will normally be exercised by the State only if the project or program for which the equipment was acquired is transferred from one grantee to another.

12. **Ownership of Materials and Intellectual Property Rights**

12.1 **Ownership of Materials**  The State shall own all rights, title and interest in all of the materials conceived or created by the Grantee, or its employees or subgrantees, either individually or jointly with others and which arise out of the performance of this grant agreement, including any inventions, reports, studies, designs, drawings, specifications, notes, documents, software and documentation, computer based training modules, electronically, magnetically or digitally recorded material, and other work in whatever form (“materials”).
The Grantee hereby assigns to the State all rights, title and interest to the materials. The Grantee shall, upon request of the State, execute all papers and perform all other acts necessary to assist the State to obtain and register copyrights, patents or other forms of protection provided by law for the materials. The materials created under this grant agreement by the Grantee, its employees or subgrantees, individually or jointly with others, shall be considered "works made for hire" as defined by the United States Copyright Act. All of the materials, whether in paper, electronic, or other form, shall be remitted to the State by the Grantee. Its employees and any subgrantees shall not copy, reproduce, allow or cause to have the materials copied, reproduced or used for any purpose other than performance of the Grantee's obligations under this grant agreement without the prior written consent of the State's Authorized Representative.

12.2 Intellectual Property Rights Grantee represents and warrants that materials produced or used under this grant agreement do not and will not infringe upon any intellectual property rights of another including but not limited to patents, copyrights, trade secrets, trade names, and service marks and names. Grantee shall indemnify and defend the State, at Grantee's expense, from any action or claim brought against the State to the extent that it is based on a claim that all or parts of the materials infringe upon the intellectual property rights of another. Grantee shall be responsible for payment of any and all such claims, demands, obligations, liabilities, costs, and damages including, but not limited to, reasonable attorney fees arising out of this grant agreement, amendments and supplements thereto, which are attributable to such claims or actions. If such a claim or action arises or in Grantee's or the State's opinion is likely to arise, Grantee shall at the State's discretion either procure for the State the right or license to continue using the materials at issue or replace or modify the allegedly infringing materials. This remedy shall be in addition to and shall not be exclusive of other remedies provided by law.

13. Workers' Compensation The Grantee certifies that it is in compliance with Minnesota Statutes section 176.181, subdivision 2, which pertains to workers' compensation insurance coverage. The Grantee's employees and agents, and any contractor hired by the Grantee to perform the work required by this Grant Agreement and its employees, will not be considered State employees. Any claims that may arise under the Minnesota Workers' Compensation Act on behalf of these employees, and any claims made by any third party as a consequence of any act or omission on the part of these employees, are in no way the State's obligation or responsibility.
14. Publicity and Endorsement

14.1 Publicity Any publicity given to the program, publications, or services provided resulting from this grant agreement, including, but not limited to, notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the Grantee or its employees individually or jointly with others, or any subgrantees shall identify the State as the sponsoring agency and shall not be released without prior written approval by the State's Authorized Representative, unless such release is a specific part of an approved work plan included in this grant agreement.

14.2 Endorsement The Grantee must not claim that the State endorses its products or services.

15. Termination

15.1 Termination by the State or Grantee The State or Grantee may cancel this grant agreement at any time, with or without cause, upon thirty (30) days written notice to the other party.

15.2 Termination for Cause If the Grantee fails to comply with the provisions of this grant agreement, the State may terminate this grant agreement without prejudice to the right of the State to recover any money previously paid. The termination shall be effective five business days after the State mails, by certified mail, return receipt requested, written notice of termination to the Grantee at its last known address.

15.3 Termination for Insufficient Funding The State may immediately terminate this agreement if it does not obtain funding from the Minnesota legislature or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the work scope covered in this agreement. Termination must be by written or facsimile notice to the Grantee. The State is not obligated to pay for any work performed after notice and effective date of the termination. However, the Grantee will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The State will not be assessed any penalty if this agreement is terminated because of the decision of the Minnesota legislature, or other funding source, not to appropriate funds. The State must provide the Grantee notice of the lack of funding within a reasonable time of the State receiving notice of the same.

16. Governing Law, Jurisdiction, and Venue This grant agreement, and amendments and supplements to it, shall be governed by the laws of the State of Minnesota. Venue for all legal proceedings arising out of this grant agreement, or for breach thereof, shall be in the state or federal court with competent jurisdiction in Ramsey County, Minnesota.

(If this grant agreement disburses any federal funds, delete the following section as Lobbying with federal funds is covered in Other Provisions. If this grant agreement disburses ONLY state funds, include the following section and delete Other Provisions.)

17. Lobbying Ensure funds are not used for lobbying, which is defined as attempting to influence legislators or other public officials on behalf of or against proposed legislation. Providing education about the importance of policies as a public health strategy is allowed. Education includes providing facts, assessment of data, reports, program descriptions, and information about budget issues and
population impacts, but stopping short of making a recommendation on a specific piece of legislation. Education may be provided to legislators, public policy makers, other decision makers, specific stakeholders, and the general community.

17. Other Provisions If this grant agreement disburses any federal funds, all of the following provisions must be included. Delete this entire clause (#17) if the grant agreement disburses only state funds.

17.1 Contractor Debarment, Suspension and Responsibility Certification

Federal regulation 2 CFR 200.12 prohibits the State from purchasing goods or services with federal money from vendors who have been suspended or debarred by the Federal Government. Similarly Minnesota Statute §16C.03, Subdivision 2, provides the Commissioner of Administration with the authority to debar and suspend vendors who seek to contract with the State.

Vendors may be suspended or debarred when it is determined, through a duly authorized hearing process, that they have abused the public trust in a serious manner. In particular, the Federal Government expects the State to have a process in place for determining whether a vendor has been suspended or debarred, and to prevent such vendors from receiving federal funds. By signing this contract, Grantee certifies that it and its principals:

(a) Are not presently debarred, suspended proposed for debarment, declared ineligible, or voluntarily excluded from transacting business by or with any federal, state or local governmental department or agency;

(b) Have not within a three-year period preceding this contract: a) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local) transaction or contract; b) violated any federal or state antitrust statutes; or c) committed embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;

(c) Are not presently indicted or otherwise criminally or civilly charged by a governmental entity for: a) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local) transaction; b) violating any federal or state antitrust statutes; or c) committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement or receiving stolen property; and

(d) Are not aware of any information and possess no knowledge that any subcontractor(s) that will perform work pursuant to this grant/contract are in violation of any of the certifications set forth above.

17.2 Audit Requirements to be Included in Grant Agreements with Sub recipients

(a) For sub recipients (grantees) that are state or local governments, non-profit organizations, or Indian Tribes:
If the Grantee expends total federal assistance of $750,000 or more per year, the grantee agrees to: a) obtain either a single audit or a program-specific audit made for the fiscal year in accordance with the terms of the Single Audit Act of 1984, as amended (31 U.S. Code Chapter 75) and 2 CFR 200; and, b) to comply with the Single Audit Act of 1984, as amended (31 U.S. Code Chapter 75) and 2 CFR 200.

Audits shall be made annually unless the grantee is a state or local government that has, by January 1, 1987, a constitutional or statutory requirement for less frequent audits. For those governments, the federal cognizant agency shall permit biennial audits, covering both years, if the government so requests. It shall also honor requests for biennial audits by state or local governments that have an administrative policy calling for audits less frequent than annual, but only audits prior to 1987 or administrative policies in place prior to January 1, 1987.

For sub recipients (grantees) that are institutions of higher education or hospitals:

If the Grantee expends total direct and indirect federal assistance of $750,000 or more per year, the Grantee agrees to obtain a financial and compliance audit made in accordance with 2 CFR 200. The audit shall cover either the entire organization or all federal funds of the organization.

The audit must determine whether the Grantee spent federal assistance funds in accordance with applicable laws and regulations.

(b) The audit shall be made by an independent auditor. An independent auditor is a state or local government auditor or a public accountant who meets the independence standards specified in the General Accounting Office's "Standards for Audit of Governmental Organizations, Programs, Activities, and Functions."

(c) The audit report shall state that the audit was performed in accordance with the provisions of 2 CFR 200.

The reporting requirements for audit reports shall be in accordance with the American Institute of Certified Public Accountants' (AICPA) audit guide, "Audits of State and Local Governmental Units," issued in 1986. The Federal Government has approved the use of the audit guide.

In addition to the audit report, the Grantee shall provide comments on the findings and recommendations in the report, including a plan for corrective action taken or planned and comments on the status of corrective action taken on prior findings. If corrective action is not necessary, a statement describing the reason it is not should accompany the audit report.

(d) The Grantee agrees that the grantor, the Legislative Auditor, the State Auditor, and any independent auditor designated by the grantor shall have such access to Grantee's records and financial statements as may be necessary for the grantor to comply with the Single Audit Act Amendments of 1984, as amended (31 U.S. Code Chapter 75) and 2 CFR 200.
(e) If payments under this grant agreement will be made from federal funds obtained by the State through the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), the Grantee is responsible for compliance with all federal requirements imposed on these funds. The Grantee must identify these funds separately on the schedule of expenditures of federal awards (SEFA), and must also accept full financial responsibility if it fails to comply with federal requirements. These requirements include, but are not limited to, Title III, part D, of the Energy Policy and Conservation Act (42 U.S.C. 6321 et seq. and amendments thereto); U.S. Department of Energy Financial Assistance Rules (10CFR600); and Title 2 of the Code of Federal Regulations.

(f) Grantees of federal financial assistance from sub recipients are also required to comply with the Single Audit Act Amendments of 1984, as amended (31 U.S. Code Chapter 75) and 2 CFR 200.

(g) The Statement of Expenditures form can be used for the schedule of federal assistance.

(h) The Grantee agrees to retain documentation to support the schedule of federal assistance for at least four (4) years.

(i) The Grantee agrees to file required audit reports within nine (9) months of the Grantee’s fiscal year end.

2 CFR 200 requires recipients of more than $750,000 in federal funds to submit one copy of the audit report within 30 days after issuance to the central clearinghouse at the following address:

Bureau of the Census
Data Preparation Division
1201 East 10th Street
Jeffersonville, Indiana 47132
Attn: Single Audit Clearinghouse

17.3 Drug-Free Workplace
Grantee agrees to comply with the Drug-Free Workplace Act of 1988, which is implemented at 34 CFR Part 85, Subpart F.

17.4 Lobbying
The Grantee agrees to comply with the provisions of United States Code, Title 31, Section 1352. The Grantee must not use any federal funds from the State to pay any person for influencing or attempting to influence an officer or employee of a federal agency, a member of Congress, an officer or employee of Congress, or any employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement. If the Grantee uses any funds other than the federal funds from the State to conduct any of the aforementioned activities, the Grantee must complete and submit to the State the disclosure
form specified by the State. Further, the Grantee must include the language of this provision in all contracts and subcontracts and all contractors and subcontractors must comply accordingly.

17.5 Equal Employment Opportunity

Grantee agrees to comply with the Executive Order 11246 "Equal Employment Opportunity" as amended by Executive Order 11375 and supplemented by regulations at 41 CFR Part 60.

17.6 Cost Principles

The Grantee agrees to comply with the provisions 2 CFR 200 regarding cost principles for administration of this grant award for educational institutions, state and local governments and Indian tribal governments or non-profit organizations.

17.7 Rights to Inventions – Experimental, Developmental or Research Work

The Grantee agrees to comply with 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements" and any implementing regulations issued by the awarding agency.

17.8 Clean Air Act

The Grantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act as amended (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.). Violations shall be reported to the Federal Awarding Agency Regional Office of the Environmental Protection Agency (EPA).

17.9 Whistleblower Protection for Federally Funded Grants

The “Pilot Program for Enhancement of Contractor Employee Whistleblower Protections,” 41 U.S.C. 4712, states, “employees of a contractor, grantee [or subgrantee] may not be discharged, demoted, or otherwise discriminated against as reprisal for “whistleblowing.” In addition, whistleblowing protections cannot be waived by any agreement, policy, form or condition of employment.

The requirement to comply with, and inform all employees of, the “Pilot Program for Enhancement of Contractor Employee Whistleblower Protections” is in effect for all grants, contracts, subgrants, and subcontracts through January 1, 2017.
WITNESS WHEREOF, the parties have caused this grant agreement to be duly executed intending to be bound thereby.

APPROVED:

1. Grantee

   *The Grantee certifies that the appropriate persons(s) have executed the grant agreement on behalf of the Grantee as required by applicable articles, bylaws, resolutions, or ordinances.*

   By: ______________________________
   
   Title: ______________________________
   
   Date: ______________________________

   By: ______________________________
   
   Title: ______________________________
   
   Date: ______________________________

   Distribution:
   *Agency – Original (fully executed)*
   *Grant Agreement Grantee*
   *State Authorized Representatives*

2. State Agency

   *Grant Agreement approval and certification that State funds have been encumbered as required by Minn. Stat. §§16A.15 and 16C.05.*

   By: ______________________________
   (with delegated authority)

   Title: ______________________________

   Date: ______________________________