

Assisted Living Competitive Grant Program Application Criteria

FOR ASSISTED LIVING FACILITIES

Assisted Living Competitive Grant Program

The Assisted Living Competitive Grant Program, established under [Minnesota Statutes, section 144G.31](https://www.revisor.mn.gov/statutes/cite/144G.31) (<https://www.revisor.mn.gov/statutes/cite/144G.31>), supports projects and initiatives that improve resident quality of care and outcomes in assisted living settings licensed under [Minnesota Statutes, chapter 144G](https://www.revisor.mn.gov/statutes/cite/144G) (<https://www.revisor.mn.gov/statutes/cite/144G>), or organizations with experience in assisted living operations, compliance, resident needs, or best practices.

The purpose of this competitive grant program is to fund special projects or initiatives that advance quality, safety, and resident outcomes in assisted living facilities. Funding comes from fine monies collected from assisted living providers and deposited into a dedicated special revenue account. Money in the special revenue account as of January 1, 2026, must be appropriated within two years, provided adequate requests are received, and thereafter appropriated annually.

Any invalid, incorrect, or incomplete information may cause the application to be ineligible for the grant funding. The information provided on this form will be used by the Minnesota Department of Health (MDH) for the purpose of awarding grant funds.

For further details, please visit the [Assisted Living Competitive Grant Program](https://www.health.state.mn.us/facilities/regulation/assistedliving/alcompgrant.html) (<https://www.health.state.mn.us/facilities/regulation/assistedliving/alcompgrant.html>) webpage.

Applicant Eligibility

Complete the following eligibility questions to determine whether you are eligible to apply. Only applicants who meet all eligibility criteria will be permitted to proceed to the full application.

1. Do you have a valid State of Minnesota SWIFT Supplier/Vendor ID Number?
2. Is your funding request at least \$10,000?
3. Is your funding request for project expenses that have not yet been incurred?
4. Are you applying as one of these applicant types?
 - a. Assisted living facility licensee (not a provisional licensee)
 - b. Assisted living facility with dementia care licensee (not a provisional license)
 - c. Organization or entity with demonstrated experience or knowledge in assisted living operations, compliance, resident needs, or best practices
5. Did you answer yes to all the eligibility questions above?

If you answered yes to all the eligibility questions, you are eligible to apply and may proceed with the application. Before starting, please ensure you have all required information available. The application cannot be saved once it is started. If you exit before submitting, your information will not be retained. Please review the list of required information before proceeding to ensure you are prepared to complete and submit the application.

Contact Person for Application

Provide the name and contact information for the individual MDH may contact regarding this application.

1. Contact Name
2. Contact Title
3. Contact Phone
4. Contact Email

Application Type

Are you applying as an Assisted Living Facility or an Organization?

Assisted Living Facility (ALF) Information

This section must be completed by applicants that are Licensed Assisted Living Facilities (ALF) or Licensed Assisted Living Facilities with Dementia Care (ALFDC) under [Minnesota Statutes, chapter 144G](https://www.revisor.mn.gov/statutes/cite/144G) (<https://www.revisor.mn.gov/statutes/cite/144G>).

Incomplete or inaccurate information may result in the application being deemed ineligible.

1. Legal Name of Assisted Living Facility
2. ALF Business Entity (DBA) Name (if applicable)
3. ALF Address
4. ALF City
5. ALF Zip Code
6. ALF County
7. ALF State
8. Health Facility ID (HFID) Number
 - a. HFIDs are five-digit numbers in length and must include any leading zeros.
 - b. If you are unsure of your HFID, you may search the Health Care Provider Directory (<https://www.health.state.mn.us/facilities/regulation/directory/providerselect.html>)
9. ALF FEIN
10. Licensed Resident Capacity
11. ALF Email
12. Facility Phone Number

SWIFT Supplier/Vendor ID Number

Applicants must have a valid SWIFT Supplier/Vendor ID to be considered for funding. Applications submitted without a valid SWIFT ID will not proceed past initial review.

For instructions on obtaining a SWIFT Supplier/Vendor ID, visit the [Assisted Living Competitive Grant Program \(https://www.health.state.mn.us/facilities/regulation/assistedliving/alcompgrant.html\)](https://www.health.state.mn.us/facilities/regulation/assistedliving/alcompgrant.html) webpage.

1. SWIFT Supplier ID
 - a. 10 digits. Including leading zeros; do not include “VN”
2. SWIFT Location Code
 - a. 3 digits, including leading zeros
3. SWIFT Remit to Address

Proposed Project or Initiative

Description of the Applicant Organization

If the applicant is an assisted living facility or assisted living facility with dementia care licensee, the applicant should include a brief history of the licensee’s facility and the provision of care and services provided to residents and their families, including the number of residents, geographic area, and any special populations served. If the applicant is an organization or entity (not an ALF/ALFDC licensee), the applicant should include a brief history and description of the organization or entity that demonstrates the applicant’s experience or knowledge of assisted living operations, compliance, resident needs, or best practices, including the number of business clients served, geographic reach, and any special populations served.

This section (4,000-character limit) should include information about:

1. Description of licensee, organization, or entity’s programs, activities, and/or services that benefit assisted living residents and their families.
2. The number and description of resident population served, or organization membership served.
3. Geographic area served.
4. Special populations served.

Project Summary

MDH is committed to funding projects or initiatives that produce a measurable result for assisted living residents in Minnesota. The proposed project or initiative should have clear objectives that will be used to measure a grantee’s progress and demonstrate the project or initiative’s effectiveness at ensuring compliance with assisted living statutes and rules.

This section (4,000-character limit) should include:

1. A clear and detailed project or initiative description regarding the scope of the project or initiative work with easily measurable targets.
2. A detailed and specific project timeline, including implementation of all activities described in the project narrative and completion of the target or initiative.
3. A detailed description that demonstrates a strong alignment between the description and supporting documentation, including alignment with projected expenses for the project or initiative, any submitted expense quotes, and dollar amounts requested.

4. A detailed description of how the project or initiative will be carried out in an effective and efficient manner, including who will be involved and what resources are required.
5. A description of the target population that would benefit from the project or initiative, a thorough explanation of how the target population would benefit, and how that benefit or impact on the target population will be measured.

Compliance, Quality, and Outcome Focus

This section should include information about how the project or initiative supports or exceeds current and upcoming regulatory requirements and details how the project or initiative will support or substantially improve the delivery of quality of care, safety, and/or promote positive resident health and/or quality of life outcomes for assisted living residents (4,000-character limit).

1. The project or initiative supports or exceeds compliance standards with applicable assisted living laws, rules, and codes, and does not conflict with or lead to noncompliance with applicable assisted living statutes, rules, or codes, if implemented.
 - a. Greater consideration will be given to projects or initiatives that significantly exceed the minimum regulatory standards.
 - b. Greater consideration will be given to projects or initiatives that benefits most or all residents at an assisted living facility or most, if not, all constituents of an organization or entity whose project or initiative focus is assisted living.
2. The project or initiative substantially improves the quality of care, safety, and/or resident outcomes in a licensed assisted living facility or for assisted living residents across Minnesota.
 - a. For physical environment projects, greater consideration will be given to projects that substantially improve on-going resident safety for all or most residents at an assisted living facility. Less consideration will be given to projects focused on repairs for normal wear and tear and routine maintenance.
 - b. Greater consideration will be given to projects or initiatives that benefits most or all residents at an assisted living facility or most, if not, all constituents of an organization or entity whose project or initiative focus is assisted living.

Diversity in Grant Making

It is the policy of the State of Minnesota to ensure fairness, precision, equity and consistency in competitive grant awards. Applicants will be reviewed to determine if proposed projects or initiatives serve diverse resident populations and/or the proposed project or initiative has a diversity, equity, and inclusion focus. This section will be scored to determine if the proposed submitted project or initiative meets this special focus area or resident populations (4,000-character limit):

1. The proposed project or initiative supports the following resident populations:
 - a. Culturally and racially diverse.
 - b. American Indian/Alaskan Native Elders.
 - c. Older adults in rural areas.
 - d. Veterans; or
 - e. LGBTQI older adults.

2. The proposed project or initiative describes the services provided and outreach methods that will be used to effectively reach or support these resident populations.

Funding Proposal

Allowable Use of Grant Funds

Grant funds may be used to support projects such as:

- Capital investments to sustain operations and maintain compliance (e.g., sprinkler systems, emergency systems, physical plant improvements).
- Education and training for staff, residents, and families.
- Technical assistance or quality improvement initiatives.
- Information technology or data projects to improve care outcomes.
- Communication strategies for residents, families, licensees, and the public.
- Other MDH-approved initiatives to improve resident quality of care and outcomes.

For additional information, visit the program webpage [Assisted Living Competitive Grant Program \(https://www.health.state.mn.us/facilities/regulation/assistedliving/alcompgrant.html\)](https://www.health.state.mn.us/facilities/regulation/assistedliving/alcompgrant.html).

Funding Category

1. Select which of the following align with your funding category:
 - a. Capital Investments (select for construction, remodeling, physical environment improvement projects)
 - b. Staff, Resident, and Family Education and Training
 - c. Compensation
 - d. Quality Initiatives
 - e. Information Technology, Data, and Communications
 - f. New and Replacement Equipment
2. List the Funding Amount Requested.

Budget

MDH cannot pay for projects or initiatives in advance of work, and applicants will need to be able to sustain the service after the grant ends. Grant agreements will be for a 12-month time period. This section should specify the grant amount requested and detail all expenses for the proposed project or initiative by submitting the following information:

- Detailed budget narrative that describes and explains what all estimated costs pay for, including costs for itself and any subcontractors.
- The program budget must be complete, reasonably linked to the proposed project or initiative activities listed in the work plan, and must specify how the amounts for each budget item were determined. The budget is reasonable for the activities and outcomes.

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- Quotes for project or initiatives are submitted with sufficient detail that specify amounts for each budget item are readily apparent. Quotes submitted from third parties for capital investment projects are Minnesota licensed contractors, subcontractors, and in their appropriate professional field (e.g. electrical, plumbing, construction) with verifiable credentials.
- The budget narrative describes whether the applicant can pay a portion of the expense of the proposed project or initiative if only a portion of the requested dollar amount can be awarded.
- The project or initiative can be sustained after the grant funding is complete.
- The project or initiative will be completed in 12 months if awarded a grant.

Only complete the applicable budget categories.

1. Budgeted Amount for Personnel
 - a. Personnel Narrative
2. Budgeted Amount for Equipment
 - a. Equipment Narrative
3. Budgeted Amount for Supplies
 - a. Supplie Narrative
4. Budgeted Amount for Contractual
 - a. Contractual Narrative
5. Budgeted Amount for Travel
 - a. Travel Narrative
6. Budgeted Amount for Other Allowable
 - a. Other Allowable Narrative

Grantee Authorized Representative

Please note: The Grantee Authorized Representative must have legal authority to enter into binding agreements on behalf of the applicant. If awarded funding, this individual will be listed in the grant agreement and will receive the DocuSign request for signature.

1. Grantee Authorized Representative Name
2. Grantee Authorized Representative Position Title
3. Grantee Authorized Representative Phone Number
4. Grantee Authorized Representative Email

Conflict of Interest Disclosure

A disclosure does not automatically disqualify an applicant.

The purpose of this form is to provide grant applicants a mechanism to disclose any actual, perceived or potential individual or organizational conflicts of interest that exist, as required by

- Minnesota Statutes, section 16B.98, subdivision 2-3 (<https://www.revisor.mn.gov/statutes/cite/16b.98>)

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- Minnesota Office of Grants Management (OGM) Policy 08-01, “Conflict of Interest Policy for State Grant-Making” and
- Code of Federal Regulation (CFR) § 200.112, “Conflict of Interest.”

The [MDH Applicant/Recipient Conflict of Interest Disclosure form](https://www.health.state.mn.us/facilities/regulation/assistedliving/grantcoi.pdf) (<https://www.health.state.mn.us/facilities/regulation/assistedliving/grantcoi.pdf>) is available on the Application Form section of the Assisted Living Competitive Grant Program web page.

Due Diligence Review Form

The State of Minnesota requires a pre-award risk assessment prior to awarding grant funds. Additional information may be required for applications requesting \$50,000 or more. [Grants Management Policies, Statutes, and Forms](https://mn.gov/admin/government/grants/policies-statutes-forms) <https://mn.gov/admin/government/grants/policies-statutes-forms>.

The [MDH Due Diligence Review Form](https://www.health.state.mn.us/facilities/regulation/assistedliving/grantddreview.pdf) (<https://www.health.state.mn.us/facilities/regulation/assistedliving/grantddreview.pdf>) is available on the Application Form section of the Assisted Living Competitive Grant Program webpage.

Required Documentation to Upload

All required documentation must be uploaded at the time of application submission. Applications missing required documentation will not be reviewed.

1. [**Conflict of Interest Disclosure Form**](https://www.health.state.mn.us/facilities/regulation/assistedliving/grantcoi.pdf) (<https://www.health.state.mn.us/facilities/regulation/assistedliving/grantcoi.pdf>)
2. [**Due Diligence Review Form**](https://www.health.state.mn.us/facilities/regulation/assistedliving/grantddreview.pdf) (<https://www.health.state.mn.us/facilities/regulation/assistedliving/grantddreview.pdf>)
3. Quotes to support budget
Minnesota Department of Health

Health Regulation Division
Assisted Living Licensure
PO Box 3879
St. Paul, MN 55101-3879
651-201-4200
assistedlivinggrant.mdh@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-4200.