



2026 Community Clinic Grant Program

GRANT REQUEST FOR PROPOSAL (RFP)

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09/22/2025

To obtain this information in a different format, call: 651-201-3780.

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Community Clinic Grant – Fiscal Year 2026
- **Minnesota Department of Health (MDH) Program Website:** [Community Clinic Grant Program - ORHPC Grants and Funding](#)
- **Application Deadline:** 4:30 p.m. Central Time, Friday, November 7, 2025

1.2 Program Description

[Minnesota Statute 145.9268](#) authorizes the Commissioner of Health to award grants to support the capacity of eligible organizations to plan, establish or operate clinical services for populations with low income and/or living in rural areas of the state.

Fiscal Year 2026 program funding will support clinic efforts to increase or maintain access to health services for the uninsured and underinsured.

1.3 Funding and Project Dates

Funding

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

Funding	Estimate
Estimated Amount to Grant	\$1,551,000
Estimated Number of Awards	25 – 28
Estimated Award Maximum	\$60,000
Estimated Award Minimum	N/A

Match Requirement

The Community Clinic Grant Program does not require matching funds.

Project Dates

Funding will be provided for one year, March 1, 2026 – February 28, 2027. It is expected that applicants will be able to complete the proposed project during the grant period.

1.4 Eligible Applicants

Eligible entities include:

- Nonprofit clinics established to provide preventative, medical, dental, or mental health primary care services to low-income or rural population groups.
- A government entity operating a clinic which provides preventative, medical, dental, or mental health primary care services.
- An Indian Health Services unit or Indian tribal government operating a clinic which provides preventative, medical, dental, or mental health primary care services; or,
- A consortium of these entities.

All applicant organizations must have a policy or procedure to ensure no person will be denied services due to inability to pay (e.g., sliding-fee scale).

Clinics may be stationary or mobile and must not be solely for the purpose of urgent or emergent care. Eligible health services include preventative, medical, dental and mental health primary care services. Clinics may provide one or more of these services and are not required to provide all.

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Collaboration

Collaboration is not required but is encouraged, and preference will be given to organizations that show evidence of collaboration with other eligible community clinics, hospitals, health care providers, or community-based organizations.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email or phone to Health.CommunityClinicGrant@state.mn.us or 651-201-3780. All answers will be posted within five business days at [Community Clinic Grant Program - ORHPC Grants and Funding](#). Please submit questions no later than 4:30 p.m. Central Time, on Monday, October 27, 2025.

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

RFP Information Meeting

- An informational webinar will be held on Tuesday October 14, 2025, at 9:30 am. [July 30, 2025 Informational Webinar on Teams](#)

Materials from the meeting, including questions and answers, will be posted by 4:30 p.m. on October 21, 2025 at [Community Clinic Grant Program - ORHPC Grants and Funding](#).

RFP Part 2: Program Details

2.1 Priorities

Health Equity Priorities

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

The goal of the Community Clinic Grant program is to increase access to clinical services for underserved populations.

This grant will serve underserved populations including, but not limited to:

- Uninsured populations
- Underinsured populations

Grant outcomes may vary depending on the project proposed. All projects will be asked to report on the total number of uninsured and underinsured patients served.

Other Competitive Priorities

Preference will be given to projects that serve uninsured individuals.

2.2 Eligible Projects

Eligible projects for the Fiscal Year 2026 Community Clinic Grant program are those that increase or maintain access to health services for the uninsured or underinsured, with preference given to projects that focus on uninsured patients. Eligible health services include preventative, medical, dental and mental health primary care services. Clinics may provide one or more of these services and are not required to provide all.

For the purposes of the Community Clinic Grant, the term underinsured means a person with insurance that does not cover a needed primary care service, including preventative, medical, dental, or mental health primary care services, or who has a co-pay or deductible that prevents them from receiving the needed service.

Eligible Expenses

Eligible expenditures may include but are not limited to:

- Staff time for providing services, coordination, data collection, and reporting.
- Mobile clinics or school-based health / mental health services
- Equipment, instruments and supplies necessary to deliver comprehensive services
- Equipment related to dental, mental, or primary care health services

- Data collection, billing system or electronic health records system establishment or updates.
- Improvements for care delivery, such as increased translation and interpretation services.
- Culturally specific outreach materials to targeted populations.
- Indirect costs

Ineligible Expenses

Ineligible expenses include but are not limited to:

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

2.3 Grant Management Responsibilities

Grant Agreement

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

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

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

Accountability and Reporting Requirements

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

The reporting schedule will be quarterly. Reports will be submitted through the Office of Rural Health and Primary Care's online grant portal. A report form will be provided to grantees.

The reporting schedule will be:

- July 20
- October 20
- January 20
- March 31

Grant Monitoring

[Minn. Stat. § 16B.97](#) and [Policy on Grant Monitoring \(PDF\)](#) require the following:

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

The monitoring schedule will be keeping with [Minn. Stat. §16B.97](#) and Policy on Grant Monitoring guidelines with the option for additional monitoring visits as needed.

Technical Assistance

Consultation and guidance in completing the application process is available upon request. For assistance, contact Bekah Ehlebracht, Office of Rural Health and Primary Care, at 651-201-3780, toll free from Greater Minnesota at 1-800-366-5424 or at health.CommunityClinicGrant@state.mn.us.

Grant Payments

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

The invoicing and payment schedule will be:

- July 20
- October 20
- January 20
- March 31

Invoices for reimbursement of grant expenditures must include supporting documentation for proof of expenditures. Reimbursements will not be processed until the narrative progress report is received.

2.4 Grant Provisions

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees to comply with applicable state and federal laws prohibiting discrimination.

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA) [Minn. Stat. § 363A](#); See e.g. [Minn. Stat. § 363A.02](#). The MHRA is enforced by the [Minnesota Department of Human Rights](#). Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to

public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified.

The grantee agrees not to discriminate in public accommodations because of race, color, creed, religion, national origin, sex, gender identity, sexual orientation, and disability.

The grantee agrees not to discriminate in public services because of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status with regard to public assistance.

The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

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

Audits

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

Conflicts of Interest

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

Applicants must complete the [Applicant Conflict of Interest Disclosure form \(PDF\)](#) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

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

Individual conflicts of interest occur when:

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

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

Non-Transferability

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Public Data and Trade Secret Materials

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

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

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

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

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.

- This indemnification survives MDH’s award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

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

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

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

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing health care stakeholders representing various geographies, health-related entities, and populations from across the state. The review committee will evaluate all eligible and complete applications received by the deadline.

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

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

Selection Criteria and Weight

The review committee will be reviewing each applicant on an 89-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring factors and weight that applications will be judged are based on criteria detailed in Attachment A: Application Evaluation Criteria.

Per [Minnesota Statute 145.9268](#), awards will be made to community clinics in metropolitan and rural areas of the state. MDH staff must also ensure geographic representation in grant awards among all regions of the state.

Grantee Past Performance and Due Diligence Review Process

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires states to conduct a pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of \$50,000 and higher to a potential applicant in order to comply with [Policy on Pre-Award Risk Assessment for Potential Grantees \(PDF\)](#).

Notification

MDH anticipates notifying all applicants via email of funding decisions by December 19, 2025.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications **must** be received by MDH no later than 4:30 p.m. Central Time, on Friday, November 7, 2025.

Late applications will not be accepted. It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer, or technology problems.

Acknowledgement of application receipt. The [ORHPC Online Grants Portal](#) will send an automated email to the user who submitted the application to confirm the submission of your application. Additionally, the application status will change from "Draft" to "Submitted" on the Applicant Dashboard and record the date the application was submitted. If the application is still in draft status by the application deadline, you will no longer be able to edit or submit the application.

If you do not receive an automated email confirming submission, or encounter any other issues with the online application, please contact Bekah Ehlebracht promptly at health.CommunityClinicGrant@state.mn.us, 651-201-3780. We encourage you to submit in advance of the deadline to allow time to address any technical issues.

3.2 Application Submission Instructions

Applications must be submitted electronically through the [ORHPC Online Grants Portal](#).

Please reference the [Grantee Guide \(PDF\)](#) for information on account creation, password recovery, application creation, and collaboration.

- Existing users: If your organization has a grant with the ORHPC, and you already have a user account, please enter your credentials and log-in. If you forgot your passwords, please use the "Forgot your Password?" link to reset your password.
- New users: If your organization does not already have a profile in the system, you will need to create an account. Please click on "Create New Account" to complete the registration process and create your logon credentials.
- Not sure? If you think that you or someone at your organization has already registered your organization in the system, do not create a new account. Please contact the program administrator at health.CommunityClinicGrant@state.mn.us to receive a username and password.

Once in the system, click on the link "apply" located on the upper tool bar on the home page. You will be redirected to a list of open applications in the system; select the appropriate program. Read "RFP 3.3: Application Instructions" within the request for proposal for further instructions on how to address application questions outlined in the online portal.

If you have any questions, please submit them to: health.CommunityClinicGrant@state.mn.us.

3.3 Application Instructions

You must submit the following in order for the application to be considered complete:

- Online form:
 - Section 1: Organization and Application Information
 - Section 2: Project Information
 - Section 3: Project Abstract
 - Section 4: Narrative Questions and Work Plan
 - Section 5: Budget
 - Section 6: Required Attachments
 - Patient Payment Policy or Procedure ensuring that no person will be denied services due to inability to pay (e.g., sliding-fee scale).
 - [Governing Board Resolution form \(PDF\)](#)
 - Required only for nonprofit organizations.
 - [Due Diligence Form \(PDF\)](#)
 - Community Health Boards and Tribal Nations do not need to submit this form as part of their application.
 - If the entity is required to submit a Due Diligence form, a Section 6a or 6b will become available to allow submission of the form and any accompanying attachments such as audited financial statements.
 - Section 7: Optional Attachments
 - Optional Letters of Support
 - Federally Negotiated Indirect Cost Rate (if applicable)
 - Section 8: Applicant Conflict of Interest
 - The applicant will complete this as a part of the online application form.

Incomplete applications will be rejected and not evaluated.

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

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

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

RFP Part 4: Application Guidance

Section 1. Organization and Applicant Information

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

Section 2. Project Information

Includes contact information for the Authorized Organization Representative (AOR), Fiscal Management Officer, and Contact Person for the Project Administration.

Section 3. Project Abstract

This section requests summary information about the project including the requested amount, the name of the program, organization type, sliding fee scale policy or charity care policy, and patient payer mix.

Organization Type

Select your organization type:

- Nonprofit clinic
- Government Entity (city, county, state, federal) operating a clinic
- Indian Health Services unit or Indian Tribal Government operating a clinic

Sliding Fee Scale Policy

Explain the organization's policy or procedure to ensure no person will be denied services due to inability to pay, such as a sliding fee scale or a charity care policy. If no sliding-fee or charity care policy is in place due to the nature of the organization and/or billing policies (e.g., tribal clinics, free clinics), please describe this and how it ensures that no person is denied services. **(You will be required to attach a copy of the policy in Section 6: Required Attachments.)**

Minnesota Health Care Programs

Does your organization accept patients who are on Minnesota Health Care Programs?
Yes/No answer

Percentage Minnesota Health Care Programs

What percentage of patients at your clinic are on Minnesota Health Care Programs?

Percentage Sliding-Fee Users

What percentage of patients at your clinic utilize sliding-fee payment options?

Section 4. Narrative Questions and Work Plan

The purpose of the Project Narrative is to provide details and context for the proposed project. Please provide concise and thorough responses to the questions outlined below. Failing to provide all the requested information may result in a lower score during the application review.

Organization Description

Briefly describe the population served, your geographic service area, and the primary care services you provide, including preventative, medical, dental, or mental health primary care services. (Length: up to 1 – 3 paragraphs)

Target Population

Please describe the target population of uninsured and/or underinsured patients to be served by the project including how many patients are expected to benefit from the project. If the population served includes underinsured populations, explain how the clinic defines underinsured. (Length: 2 – 6 sentences)

Problem Statement

Describe the unmet need or problem experienced by the uninsured and/or underinsured target population that your grant project intends to address. Include data that demonstrate the need for the project. (Length: 1 – 3 paragraphs)

Project Description

Describe the project in detail and how it will be accomplished (e.g., the “who, what, when, where, and how” of the project). (Length: 3 – 5 paragraphs)

Project Impact

Discuss how the project will increase or maintain access to care for uninsured and/or underinsured populations and the degree of the impact it will have on the community.

Additional points will be given to projects that impact uninsured populations. (Length: 1 – 2 paragraphs)

Project Evaluation

Describe how you will identify and track uninsured and/or underinsured patients. (Length: 1 – 5 sentences)

Collaboration

If collaborating with other organizations, describe how the organization will collaborate with other community clinics, hospitals, health care providers, or community organizations on the project, and how this collaboration will support the applicant in achieving project outcomes. (Length: 2 – 3 paragraphs)

Organization Capacity

Describe how your organization is rooted in and/or well suited to work with the populations(s) you propose to serve, including your organization's history of creation with the community and the lived experiences and/or training of your organization's staff. (Length: 1 – 2 paragraphs)

Work Plan

The work plan summarizes the main activities you will use grant funds for to accomplish grant outcomes. It should summarize the work described in our project description. In this section you will list each activity for the grant period. Each activity will also have an associated start and end date as well as the role of the person responsible for the activity.

This is used as Exhibit A in the grant agreement to document what grant funds can be used for during the project period.

Grantees will be required to report progress of activities and accomplishments on a quarterly basis during the grant period.

Section 5. Budget

The Budget in the online application includes two sections, Narrative and Line-Item requests.

The expenses included in the Grant Funds Requested column are those that will be supported by grant funds. The budget should be specific to the grant project described in the applicant's project narrative and is not intended to represent the organization's total budget.

Budget Narrative

Provide a detailed outline of how funds will be used to accomplish the activities and objectives of the grant. Each budget category should have its own narrative that clearly shows how the budget line item was calculated (see examples below). Budget items should match the activities described in the project plan and work plan.

Budget Categories

- Salaries: Salaries should include the costs of personnel who work directly for the applicant and are paid a salary or wage directly from the applicant organization. This should not include administrative staff included in the indirect rate. Salaries can be calculated and described in the Budget Narrative as an hourly wage with total hours estimated to be spent on the project, or an annual salary with the estimated percentage of the total FTE.
- Fringe: This category includes share of pay roll tax, health insurance costs, Medicare/Medicaid, etc. for employees billed to this grant under the "salaries" category. If the applicant has expenses in this category, they should explain how they were calculated in the Budget Narrative. This is often calculated at a percentage of salary. Example, \$50,000 x .25% fringe = \$12,500
- Travel: This category includes travel expenses necessary to complete the grant project.

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- **Supplies:** This category includes supplies needed specifically for the grant project. It cannot include existing program expenses.
- **Contracted:** This category includes expenses for individuals or organizations the applicant contracts with to complete the project, including facilitators and trainers.
- **Equipment/Capital:** This category includes funding used to purchase equipment or to make capital improvements necessary to complete the grant project. Equipment has a value of \$10,000 or over. Items below \$10,000 are considered supplies.
- **Other expenses:** Use the “other” categories to enter expenses that do not fit in the rest of the budget categories, for examples stipends intended for community members to attending planning meetings.
- **Indirect:** An indirect cost rate is a percentage used to distribute indirect costs to all an organization’s programs that benefit from them. Grantees cannot claim indirect costs more than the indirect cost rate that applies to their organization. Grantees must submit and retain on-file, the corresponding documentation of that indirect cost rate as outlined below:
 1. Grantees with a federally negotiated indirect cost rate can use grant funds for indirect costs in an amount up to but not exceeding that rate. Grantees must submit proof of the federally negotiated indirect cost rate as an attachment to this application. Grantees are responsible for ensuring that the rate is not applied to direct costs that are excluded from the indirect rate.
 2. Grantees without a federally negotiated indirect cost rate can use grant funds for indirect costs in an amount up to but not exceeding 15% of total direct costs.
 3. Please describe what items are included in your indirect costs. For example, accounting staff, management staff, accounting software, facilities rent or mortgage, grant management software, etc.

Grant Budget Line-Item Request

Grantees may choose to use the [Sample Budget Worksheet \(Excel\)](#) to calculate budget cost before entering them in the application portal.

RFP Part 5: Attachments

- Attachment A: Application Evaluation Criteria
- Attachment B: Governing Board Resolution Form
- Attachment C: Sample Invoice and Financial Report
- Attachment D: Sample Progress Report
- Attachment E: Sample Final Report

Attachment A: Application Evaluation Criteria

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

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

RATING TABLE

Rating or Score	Description
Excellent or Highest Number	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses
Very Good or between Middle and Highest Number	Substantial response: meets in all aspects and in some cases exceeds the minimum requirements; good probability of success; no significant weaknesses.
Good or Middle Number	Generally meets minimum requirements; probability of success; significant weaknesses, but correctable.
Marginal or between Middle and Lowest Number	Lack of essential information; low probability for success; significant weaknesses, but correctable.
Unsatisfactory or Lowest Number	Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.

PROJECT NARRATIVE

Evaluation Criteria	Score	Reviewer Comments: Strengths/Weaknesses
Organization Description: A thorough description is provided of the organization, primary care services provided, geographic area, and population served.	/3	
Target Population: The application details who will be served by the project and includes the specific number of patients impacted by the project. For top scores, if they serve underinsured populations, they include how they define underinsured.	/5	
Serves uninsured populations: Applicant serves uninsured populations with this project. Score a 3 if they serve uninsured in any capacity. Score a 0 if they only serve underinsured.	/3	
Problem Statement: The unmet need is clear. High scores are given when the application includes data to show the need.	/10	

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Project Description: Reviewers have a strong understanding of what the applicant will do with grant funds and who will do the work. The project activities address the stated unmet need or problem and will lead to improvements for the target population.	/15	
Impact: The project will directly impact the organization's ability to increase or maintain access to health services for the uninsured and underinsured. The score reflects that degree to which it will increase or maintain access and the degree of impact it will have on the community.	/15	
Evaluation: Applicant has an evaluation strategy that will allow them to track and report on progress towards their outcomes.	/5	
Collaboration: Demonstrates appropriate and authentic collaborations that will improve the ability to meet project outcomes.	/5	
Organization Capacity: Demonstrates that services for the target population were either co-created or developed from the training or lived experiences the organization's staff.	/5	
Work Plan: Clear, complete, and reflects the outcomes and activities described in the project description. It also demonstrates an ability to successfully complete the project as stated in the project description.	/10	

BUDGET NARRATIVE AND LINE ITEMS

Evaluation Criteria	Score	Reviewer Comments: Strengths/Weaknesses
Clarity: It is clear how the applicant arrived at the budget line-item numbers.	/3	
Alignment: The budget relates to the proposed project and project objectives. It does not include items that are extraneous to the grant project.	/5	
Reasonableness: The budget is reasonable for the activities and outcomes.	/5	
Total Score	/89	

Attachment B: Governing Board Resolution Form

This form is required for nonprofit organizations only. The form can be downloaded from the ORHPC Grants and Funding web page.

(<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/ccgbr.pdf>)

FY 2026 Community Clinic Grant Program

Board Resolution

Be it resolved that:

1) _____ (*Applicant Organization*) may apply for a Community Clinic grant from the Office of Rural Health and Primary Care of the Minnesota Department of Health.

2) _____ (*Applicant Organization*) certifies that it will comply with the requirements of the Community Clinic Grant Program, including the requirements in Minnesota Statutes, Section 145.9268.

3) _____ (*Applicant Organization*) may enter into a grant agreement with the State of Minnesota if the application is successful.

4) _____ (*Name and Title of Authorized Official*) is hereby authorized to execute contracts and certifications as required to implement the organization's participation in the Minnesota Community Clinic Grant Program.

I certify that the above resolution was adopted by the: _____ (*Governing Body*)

Of _____ (*Applicant Organization*) *on* _____ (*date*).

SIGNED:

WITNESSED:

(Signature)

(Signature)

(Printed Name and Title)

(Printed Name and Title)

(Date)

(Date)

Attachment C: Sample Invoice and Financial Report

Applicants will complete this form in the online grant portal.

The following questions will be asked for each quarterly financial report.

Invoice #*

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

Total Amount Requested for Reimbursement*

This will be an open number field.

Certification*

I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the MN Department of Health based upon information provided in this report. Yes / No

First Name of Person Submitting the Form*

Last Name of Person Submitting the Form*

Email*

Date Submitted*

Please update to resubmission date if submitting again.

Data File Attachment # 1. Financial Report Form*

This field should be used to attach the expenditure report for the quarter. Please find your corresponding program's form on the [ORHPC General Grant Forms web page \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/forms.html\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/forms.html). For the Community Clinic Grant, please use the "Standard Grantee Expenditure Report, without match."

Data File Attachment # 2

This field should be used to attach required supporting documentation required to process reimbursement. Examples includes invoices, proof of payment, payroll statements, etc.

Data File Attachment # 3

This field should be used to attach required supporting documentation required to process reimbursement. Examples includes invoices, proof of payment, payroll statements, etc.

Data File Attachment # 4

This field should be used to attach required supporting documentation required to process reimbursement. Examples includes invoices, proof of payment, payroll statements, etc.

Data File Attachment # 5

This field should be used to attach required supporting documentation required to process reimbursement. Examples includes invoices, proof of payment, payroll statements, etc.

Attachment D: Sample Progress Report

Applicants will complete this form in the online grant portal.

The following are examples of the types of questions that will be asked for each quarterly progress report.

1. Enter the total number of uninsured patients receiving health services this project period.
2. Enter the total number of underinsured patients receiving health services this project period.
3. What are the intended outcomes of the grant funded project?
4. Describe the progress you've made in meeting the intended outcomes and accomplishing work plan activities in the past quarter.
5. Have you experienced any challenges with implementing the work plan? If so, please describe what the challenges are and what would be helpful in addressing them.
6. Do you need any technical assistance?

Attachment E: Sample Final Report

Applicants will complete this form in the online grant portal.

The following are examples of the types of questions that will be asked for the final progress report.

1. Enter the total number of uninsured patients receiving health services this project period.
2. Enter the total number of underinsured patients receiving health services this project period.
3. Please describe how this funding changed clinic capacity, processes, populations served, and/or services offered.
 - How have clinic operations been maintained or increased?
 - Consider responses including information such as change in patients served, equipment purchased, staff time changes, general clinic operations, etc.
4. Please provide a final update on the status of intended outcomes and work plan activities. Please address how the project increased or maintained access to primary care services for uninsured or underinsured populations.
5. What implementation challenges did you experience? How did you overcome these challenges?
 - How could MDH better support you in addressing challenges in the future?
6. Please describe how the target population was reached.
 - How was your organization successful in reaching the target population?
 - What were the challenges with reaching the population?
 - How did your organization overcome challenges with reaching the target population?
7. What are the greatest continuing unmet needs among your organization's patient population?
8. Please share a success story from the past year. This could include a patient or provider testimonial, but please do not use names or other identifying information.

Link References

- [Community Clinic Grant Program - ORHPC Grants and Funding \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#cgg\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#cgg)
- [Minnesota Statute 145.9268 \(https://www.revisor.mn.gov/statutes/2024/cite/145.9268\)](https://www.revisor.mn.gov/statutes/2024/cite/145.9268)
- [October 27, 2025 Informational Webinar on Teams \(https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDE3MjBhN2ltMjEyNy00NDY5LWE1MmMtMDFmZjk3NjgwZWYy%40thread.v2/0?context=%7b%22Tid%22%3a%22eb14b046-24c4-4519-8f26-b89c2159828c%22%2c%22Oid%22%3a%2266e2c0c0-a1ba-48c4-9cf3-a15f0f09cc41%22%7d\)](https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDE3MjBhN2ltMjEyNy00NDY5LWE1MmMtMDFmZjk3NjgwZWYy%40thread.v2/0?context=%7b%22Tid%22%3a%22eb14b046-24c4-4519-8f26-b89c2159828c%22%2c%22Oid%22%3a%2266e2c0c0-a1ba-48c4-9cf3-a15f0f09cc41%22%7d)
- [The Policy on Rating Criteria for Competitive Grant Review \(PDF\) \(https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf\)](https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf)
- [Minnesota Statute 16B.97 \(https://www.revisor.mn.gov/statutes/cite/16B.97\)](https://www.revisor.mn.gov/statutes/cite/16B.97)
- [Policy on Grant Monitoring \(PDF\) \(https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf\)](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf)
- [Policy on Grant Payments \(PDF\) \(https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf\)](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf)
- [Minnesota Statute 363A.02 \(https://www.revisor.mn.gov/statutes/cite/363A.02\)](https://www.revisor.mn.gov/statutes/cite/363A.02)
- [Minnesota Department of Human Rights \(https://mn.gov/mdhr/\)](https://mn.gov/mdhr/)
- [Minnesota Admin Rules, pt 5000.3550 \(https://www.revisor.mn.gov/rules/5000.3550/\)](https://www.revisor.mn.gov/rules/5000.3550/)
- [Minnesota Statute 16B.98, subdiv. 8 \(https://www.revisor.mn.gov/statutes/cite/16B.98\)](https://www.revisor.mn.gov/statutes/cite/16B.98)
- [Office of Grants Management’s Policy 08-01, “Conflict of Interest Policy for State Grant-Making.” \(Word\) \(https://mn.gov/admin/assets/OGM_Policy_08-01_Conflict_of_Interest_in_State_Grant-Making_01.01.2022_tcm36-515734.docx\)](https://mn.gov/admin/assets/OGM_Policy_08-01_Conflict_of_Interest_in_State_Grant-Making_01.01.2022_tcm36-515734.docx)
- [Applicant Conflict of Interest Disclosure form \(PDF\) \(https://www.health.state.mn.us/about/grants/coiapplicant.pdf\)](https://www.health.state.mn.us/about/grants/coiapplicant.pdf)
- [Minnesota Statute 13.37, subdiv. 1\(b\) \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/13.37)
- [Minnesota Statute 13.599 subdiv.3a \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599)
- [Minnesota Government Data Practices Act \(https://www.revisor.mn.gov/statutes/cite/13/full\)](https://www.revisor.mn.gov/statutes/cite/13/full)
- [Minnesota Statute 145.9268 \(https://www.revisor.mn.gov/statutes/2024/cite/145.9268\)](https://www.revisor.mn.gov/statutes/2024/cite/145.9268)

2026 COMMUNITY CLINIC GRANT PROGRAM

- [Policy on Pre-Award Risk Assessment for Potential Grantees \(PDF\)](https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Revision%20Version%202.1%20-%20Effective%20Date%20July%201%202025_tcm36-695460.pdf)
(https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Revision%20Version%202.1%20-%20Effective%20Date%20July%201%202025_tcm36-695460.pdf)
- [ORHPC Online Grants Portal](https://www.grantinterface.com/Home/Logon?urlkey=mdh)
(<https://www.grantinterface.com/Home/Logon?urlkey=mdh>)
- [Grantee Guide \(PDF\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf)
(<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf>)
- [Governing Board Resolution form \(PDF\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/ccgbr.pdf)
(<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/ccgbr.pdf>)
- [Due Diligence Form \(PDF\)](https://www.health.state.mn.us/about/grants/duediligence.pdf)
(<https://www.health.state.mn.us/about/grants/duediligence.pdf>)
- [Sample Budget Worksheet \(Excel\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/excel/samplebudget.xlsx)
(<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/excel/samplebudget.xlsx>)
- [ORHPC General Grant Forms web page](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/forms.html)
(<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/forms.html>)