

2026 Dental Safety Net Grant Program Frequently Asked Questions

UPDATED SEPTEMBER 24, 2025

Q1. Can an organization that is a current dental safety net grant recipient apply for the 2026 dental safety net grant?

Organizations that are FY23-25 dental safety net grant recipients can apply for the 2026 dental safety net grant, if they meet the eligibility criteria listed in the RFP.

Q2. Can two people from the same department or university apply for this grant?

The applicant for the dental safety net grant is the individual clinic/organization, not a person. One organization can only submit one application for this grant.

Q3. In reviewing the recently released RFP for the Dental Safety Net grant—I noticed a change in the eligibility requirements (p. 4) that has not been in previous rounds of this funding opportunity. The last bullet adds a further requirement of the 80% Medicaid encounters also be patients under 21. Can you verify this is the intent and indeed the new eligibility criteria?

The last bullet point is incorrect, and the RFP has been updated. The last bullet point is updated to be: The provider is able to demonstrate that more than 80 percent of the dental provider's patient encounters per year are with patients who are uninsured or covered by medical assistance or MinnesotaCare.

Q4. I am trying to determine if my organization is eligible to apply for the dental grant [...], I want to confirm eligibility includes uninsured or covered by MA or MNCare but the attestation form is only for uninsured.

Your understanding of eligibility is correct. Eligibility is determined with these criteria, including the last bullet that you are referencing that includes both uninsured and MA patient encounters.

- The provider is a nonprofit organization
- The provider is not affiliated with, owned by, or managed by a hospital or medical group
- The provider offers free or reduced-cost oral health care to low-income patients under the age of 21 with family incomes below 275 percent of federal poverty guidelines who do not have insurance coverage for oral health care services

- The provider is eligible to become or is a Critical Access Dental provider, as designated by the Minnesota Department of Human Services (DHS)
- The provider is able to demonstrate that more than 80 percent of the dental provider's patient encounters per year are with patients under the age of 21* who are uninsured or covered by medical assistance or MinnesotaCare.

The data on the attestation form is used to determine funding amounts. Funding amounts are determined based on a simple ratio of the number of individual uninsured patients under the age of 21 served by each provider as a portion of the total number of individual uninsured patients under the age of 21 served by all eligible applicants.

Q5. I am waiting to get documentation from someone that states we are a critical [access dental] provider. [...] How would you like me to provide documentation for that?

You can upload an official memo that shares your organization is a critical access dental provider or would meet eligibility criteria to become one. Another option is to upload documentation showing your official status such as an email from DHS or the annual encounter data report.

Q6. Is there a minimum number of objectives required in the work plan?

There must be a minimum of one objective.

Q7. I submitted our Work Plan and Budget on November 13th, and at that time I entered the start date of January 1, 2026 based on the previous guidance. Could you please advise on the best way to correct the start date in our submission?

Once all of the applications are submitted, we'll follow up with a word document version for us to make final edits to before it goes into the grant agreement. We can edit at that point.

Minnesota Department of Health
Office of Rural Health and Primary Care
925 Robert St N
PO Box 64975
St. Paul, MN 55164-0975
health.safetynetgrants@state.mn.us
www.health.state.mn.us

11/19/25

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