

FY27 Mental Health Cultural Community Continuing Education Grant Program – Trainers Questions and Answers

UPDATED OCTOBER 16, 2026

The deadline for submitting questions was 4:30 p.m. Central Time on October 16, 2026.

Q1. Are rural areas considered “underrepresented communities”?

A1. MDH defines “Underrepresented community” as a group that is not represented in the majority with respect to race, ethnicity, national origin, sexual orientation, gender identity, or physical ability. Please note that **individuals residing in rural areas** must be underrepresented in one or more of these statutory categories, or be members of communities of color, to be eligible for the free training. Please see sections 1.4 and 2.2 in the RFP for more the full list of eligibility criteria.

Q2. How does an organization collaborate with another entity?

A2. It is possible to enter into a grant agreement where there is a fiscal agent and a programmatic grantee, this would be it is possible if there are two entities assuming separate responsibilities regarding a grant. In your application declare which organization would be the contracting entity and submit the required financial documents.

Q3. Does a proposed program need to be approved by a licensing board in order to be eligible?

A3. In order to be eligible the proposed training program curriculum must be board-approved. Please see sections 1.4 and 2.2 in the RFP for the complete list of eligible applicants and projects.

Q4. Are stipends for trainees required?

A4. Stipends are not a requirement for this program but are encouraged as a competitive priority. Stipends should not exceed \$2,000 per trainee and should only be offered to trainees who satisfactorily complete the coursework. Please see section 2.2 Enrollment and Training Guidance for more details on stipends.

Q5. Is the \$100,000–\$250,000 award range the total for the full two-year grant term, or is it an amount per fiscal year?

A5. The amount awarded would span the two-year grant period. These funds are dispersed as reimbursements after expenses are incurred on a quarterly basis. Please see sections 1.3 Funding and Project Dates and section 2.3 Grant Management Responsibilities in the RFP for more details on grant payments and funding.

Q6. Should applicants present the budget as one two-year budget, or broken out by year (Year 1 and Year 2)?

A.6The budget should be represented as the total projected costs per line item for the life of the grant. Please see RFP Part 4: Application Guidance -Section 5: Budget and Budget Narrative (Attachment B) for more details on for the budget portion of the application.

Q7. Would a grantee be able to offer training to all enrollees without charging a training fee to some?

Grant funds can only be spent on eligible trainees. If the proposed project is open to ineligible trainees, then the costs incurred by their enrollment must be covered through alternative funding sources. Section 2.2 of the RFP for more details on trainee eligibility criteria.

Q8. Can a grassroots nonprofit with no prior MDH contract serve as a contracted community partner?

A8. MDH does not bar grantees from subcontracting with another entity unless they subcontractor is a vendor that is suspended or disbarred. Please see section 2.3 Grant Management Responsibilities and section 4.7 Contracting and Bidding Requirements in the [sample grant agreement \(PDF\)](https://www.health.state.mn.us/about/grants/grantagreement.pdf) (<https://www.health.state.mn.us/about/grants/grantagreement.pdf>).

Q9. The RFP lists collaboration under Other Competitive Priorities. In order for a proposal to be considered collaborative would the clinical-services partner need to be a co-applicant, or can they be a contracted partner with a signed scope of work?

A9. A collaborator may take the form of a contracted partner, stake holder providing input, or co-applicant for example. Collaboration may occur in recruiting trainees, developing training, and implementing training as further examples. See sections 2.1 Priorities, 2.3 Grant Management Responsibilities, and Attachment C: Application Evaluation criteria in the RFP for more details on how applications are scored.

Q10. Do previously awarded grantees get priority?

A10. This grant program is a competitively reviewed process. It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them, if applicable. Please see section 2.5 Review and Selection Process in the RFP for more information on selecting grantees

Q11. What is the indirect rate cap?

A11. Grantees without a federally negotiated indirect cost rate may use grant funds for indirect costs in an amount up to but not exceeding 15% of total direct costs. If an applicant requests an indirect rate higher than 15%, they must submit proof of the federally negotiated indirect cost rate as an attachment to this application. See RFP Part 4: Application Guidance and Section 5 Budget and Budget Narrative and Section 6: Required Attachments for more information on indirect and budget submissions for the application.

Q12. Must an applicant hold its own 501(c)(3) at the time of application?

A12. Eligible applicants include accredited colleges, universities, and other post-secondary training institutions or entities that are based in the State of Minnesota and offer continuing education courses within the mental health field in the State of Minnesota. Holding non-profit status is not a requirement for this grant. See Section 1.4 Eligible Applicants in the RFP for a complete list of eligibility criteria.

Q13. What credentials do our trainers need to hold? Do they have to be licensed supervisors themselves, or can experienced community trainers teach under a licensed supervisor's oversight?

A13. Credentialing for continued education trainers is determined by licensing boards. Curricula must be board-approved coursework that meets or exceeds the educational requirements to attain supervision status, as set forth by the respective mental health governing boards. See section 1.4 Eligible Applicants for the list of the types of licenses eligible under this grant.

Q14. How many training hours does the curriculum have to include?

A14. The number of training hours required to obtain supervision status differs across licensing boards. See section 1.4 Eligible Applicants for the list of the types of licenses eligible under this grant.

Q15. Can you clarify the requirement to publish the Project Director's name on a website. Does this reference a listing on our primary university website, our specific departmental page, or is the expectation that we create a dedicated standalone website for this grant project?

A15. We do not require any organization to create a new website specifically for this declaration. The information we require to be accessible on your organization's website are the Grantee's leadership, the name and contact information of the grant manager directly serving on this grant, and the name of the grant. This is a relatively new requirement that was enacted into law by the legislature during the 2026 regular session, [Sec. 16B.98 MN Statutes \(https://www.revisor.mn.gov/statutes/cite/16B.98\)](https://www.revisor.mn.gov/statutes/cite/16B.98).

Q16. Does the State expect proposals to state explicit demographic priorities in the applicant selection criteria?

A16. There are no requirements in the application that require declaration of demographic information of individuals. Please see RFP Part 4: Application Guidance

Minnesota Department of Health | Office of Rural Health and Primary Care
651-201-3634 | mn_health.IMG@state.mn.us
www.health.state.mn.us

October 16, 2026

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