



# **FY 2025 Pediatric Primary Care Mental Health Training Grant Program**

GRANT REQUEST FOR PROPOSAL (RFP)

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12/02/2024

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

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## RFP Part 1: Overview

### 1.1 General Information

- **Announcement Title:** FY2025 Pediatric Primary Care Mental Health Training Grant Program
- **Minnesota Department of Health (MDH) Program Website:** [ORHPC Grants and Funding - MN Dept. of Health \(state.mn.us\)](https://www.health.state.mn.us/ohpc/grants)
- **Application Open:** December 2, 2024
- **Application Deadline:** February 7, 2025

### 1.2 Program Description

The Pediatric Primary Care Mental Health Training Grant Program, authorized by [Minnesota Statutes Sec. 144.1509](#), awards grants for the development of new or expansion of existing pediatric mental health training programs located in outpatient primary care clinics. The training programs are designed to increase confidence, skills, and awareness of mental health resources among pediatric primary care providers caring for the mental health needs of pediatric patients. An overarching goal of this grant program is that pediatric patients served by participating outpatient primary care clinics will receive more effective, timely, longitudinal care for mental health needs.

### 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.

Funding	Estimate
Estimated Amount to Grant	\$900,000
Estimated Number of Awards	4
Estimated Award Maximum	\$250,000
Estimated Award Minimum	\$50,000

#### Match Requirement

There is no match requirement for this grant.

#### Project Dates

- RFP published: December 2, 2024
- Informational webinar: December 11, 2024

- Application due to MDH: February 7, 2025
- Grant distribution announcement: March 2025
- Grant agreements begin (estimated): June 1, 2025
- Grant agreements end: May 31, 2027

## 1.4 Eligible Applicants

To be eligible for a Pediatric Primary Care Mental Health Training grant, a training program or proposed training program must:

- be located in an outpatient primary care clinic,
- focus on the training of pediatric primary care providers working with multidisciplinary mental health teams,
- provide training on conducting comprehensive clinical mental health assessments and potential pharmacological therapy,
- provide psychiatric consultation to pediatric primary care providers during their outpatient pediatric primary care experiences,
- emphasize longitudinal care for patients with behavioral health needs, and
- develop partnerships with community resources.

Trainees of the grantees' programs may include, for example:

- Residents in Pediatrics, Family Medicine, or other primary care fields serving pediatric patients,
- Nurse practitioners in training,
- Physician assistants in training, and
- Already practicing physicians, nurse practitioners, and physician assistants providing pediatric primary care.

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 between higher education institutions and outpatient primary care clinics is highly encouraged. Partnerships between training programs and community resources are required.

## 1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to [Health.ORHPC.WorkforceGrants@state.mn.us](mailto:Health.ORHPC.WorkforceGrants@state.mn.us). All answers will be posted within 5 business days at [ORHPC Grants and Funding - MN Dept. of Health \(state.mn.us\)](https://www.health.state.mn.us/ohpc/grants).

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Please submit questions no later than 4:30 p.m. Central Time on January 24, 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 December 11, 2024 at 3 p.m. Central Time. [Click here to join the meeting.](#) Materials from the meeting, including questions and answers, will be posted at [ORHPC Grants and Funding - MN Dept. of Health \(state.mn.us\)](#).

## 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](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The goals of the Pediatric Primary Care Mental Health Training Grant Program are to:

- Increase confidence, skills, and awareness of mental health resources among pediatric primary care providers caring for the mental health needs of pediatric patients.
- Provide training on conducting comprehensive clinical mental health assessments and potential pharmacological therapy.
- Provide psychiatric consultation to pediatric primary care providers during their outpatient pediatric primary care experiences, in real time when possible.
- Emphasize longitudinal care for patients with behavioral health needs.

An overarching goal of this grant program is that pediatric patients served by participating outpatient primary care clinics will receive more effective, timely, longitudinal care for mental health needs. In advancing these goals, the program will serve Minnesota's diverse young people, particularly those with mental health and behavioral health needs.

Grant outcomes will include:

- Pediatric primary care providers who participate in the training report increased confidence and skills when caring for the mental health needs of pediatric patients.
- Pediatric primary care providers who participate in the training report increased awareness of mental health resources.
- This grant program will begin to contribute to a decrease in pediatric mental health hospitalizations in the counties in which training sites are located.

#### Other Competitive Priorities

See Attachment B: Application Evaluation Criteria for full details on competitive evaluation criteria and scoring.

## 2.2 Eligible Projects

### Eligible Expenses

Funds may be spent to cover the costs of:

- Planning related to implementing or expanding pediatric mental health training in an outpatient primary care clinic setting;
- Training site improvements, fees, equipment, and supplies required for implementation of the training programs; and
- Supporting clinical training in the outpatient primary clinic sites.

Indirect expenses are allowable but may not exceed the rates in an organization's federally negotiated indirect cost rate agreement. If an organization does not have a federally negotiated indirect rate, indirect costs may not exceed 10% of direct 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.

Applicants can view a sample grant agreement on the [MDH Grant Resources webpage](#).

### 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 at least annually until all grant funds have been expended and all of the terms in the grant agreement have been met.

The reporting schedule will be:

- January 20
- April 20
- July 20
- October 20

## Grant Monitoring

Minn. Stat. § 16B.97 and Policy on Grant Monitoring require the following:

- 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.

## Technical Assistance

MDH is available to provide technical assistance for grantees. MDH will provide forms and templates for invoices and progress reports. It is the grantee's responsibility to meet all obligations in the contract, and to notify MDH and request approval for any changes to these obligations.

For assistance, contact Siham Abdellah at [Health.ORHPC.WorkforceGrants@state.mn.us](mailto:Health.ORHPC.WorkforceGrants@state.mn.us).

## Grant Payments

Per State Policy on Grant Payments, 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:

- January 20
- April 20
- July 20
- October 20

## 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 (<https://www.revisor.mn.gov/statutes/cite/363A.02>)). The MHRA is enforced by the Minnesota Department of Human Rights (<https://mn.gov/mdhr/>).

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 in regard to 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."

**Applicants must complete the Applicant Conflict of Disclosure form 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:

- 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 with relevant knowledge and expertise. 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 review each application on a 100-point scale. A standardized scoring system will be used to determine the extent to which the application meets the selection criteria.

The evaluation criteria and point values are detailed in Attachment B: Application Evaluation Criteria.

### **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](#).

### **Notification**

MDH anticipates notifying all applicants via email of funding decisions in late March 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 February 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 [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 Siham Abdellah promptly at [health.orhpc.workforcegrants@state.mn.us](mailto:health.orhpc.workforcegrants@state.mn.us). We encourage you to submit in advance of the deadline to allow time to address any technical issues.

### 3.2 Application Submission Instructions

ORHPC requires application submissions to be made through an online [Grants Portal](#). Please reference the ORHPC [Grantee Guide](#) for information on account creation, password recovery, application creation, and collaboration.

See Attachment A: Application Guidance for instructions on how to address the application questions in the Grants Portal.

If you have any questions, please contact us at [health.orhpc.workforcegrants@state.mn.us](mailto:health.orhpc.workforcegrants@state.mn.us).

### 3.3 Application Instructions

You must complete all required fields in the online application form and submit all required attachments for your application to be considered complete.

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

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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: Attachments**

- [Attachment A: Application Guidance](#)
- [Attachment B: Application Evaluation Criteria](#)

## **Attachment A: 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. This information will be used for contracting purposes.

### **Section 2. Project Information**

This section requests contact information for the organization, including the Authorized Organization Representative (AOR). This person is often the CEO of the organization and must have the authority to enter a contract with the State. An additional program contact is also advised.

### **Section 3. Organization Background and Capacity**

#### **Organization Overview**

Provide an overview of your organization's history and service area(s). Describe the patients, students, and/or clients served, including a summary of their demographics, and any unique characteristics of your organization. Describe your staffing and administrative structure.

Provide a brief overview of your existing health professional training program(s), including program history, the types of training and degrees offered, and the number of trainees in each area. Describe any existing partnerships for health professional training.

#### **Pediatric Mental Health Needs**

Provide an overview of the mental health needs of pediatric patients served by the clinic affiliated with your training program. Briefly discuss key factors contributing to the health needs of these patients. Discuss barriers to mental health care or service gaps that patients may be experiencing. Provide any available data on hospitalization and emergency service usage for mental health needs in pediatric patients.

#### **Pediatric Mental Health Care**

Provide any available data from the outpatient primary care clinic(s) affiliated with your training program on the timeliness and effectiveness of the care pediatric patients receive for mental health needs. Provide any available data on longitudinal care pediatric patients receive for mental health needs.

Discuss the mental health resources currently utilized by primary care providers at your clinic(s).

## **Existing Community Partnerships**

Describe your outpatient clinic's existing connections to community resources for supporting mental health and well-being, especially for the pediatric population.

## **Section 4. Project Narrative and Work Plan**

### **New or Expanding Program**

Indicate whether the proposal is for planning and implementing a new pediatric mental health training program for primary care providers or expanding an existing program.

### **Collaborating Partners on Project**

Provide a brief overview of each entity collaborating with your organization on this program and their role in the program.

### **Clinic Location and Demographics**

Identify the outpatient primary care clinic(s) in which the training program is located. Describe the clinic location, patient demographics (race, ethnicity, gender identity, sexual orientation, disability status), and the demographics of the surrounding community (race, ethnicity, and any other known demographics).

### **Number and Type(s) of Trainees**

Please select the type(s) and estimated number of trainees your program will serve: Residents in Pediatrics, Residents in Family Medicine, Residents in another primary care field (please specify), Nurse Practitioners in training, Physician Assistants in training, Already practicing physicians in Pediatrics, Already practicing physicians in Family Medicine, Already practicing physicians in another primary care field (please specify), Already practicing Nurse Practitioners, Already practicing Physician Assistants, Other (please specify).

### **Trainee Confidence and Skills**

- Describe how your program will increase confidence and skills among trainees (pediatric primary care providers) caring for the mental health needs of pediatric patients.
- Provide any available data on trainees' current confidence and skill level when treating mental health needs of pediatric patients.
- Describe how your program currently evaluates providers' confidence and skills in caring for the mental health needs of pediatric patients.
- Describe plans for gathering these data or enhancing existing data collection for the grant project.

### **Trainee Awareness of Mental Health Resources**

- Describe how your program will increase trainees' (pediatric primary care providers') awareness of pediatric mental health resources.

- Provide any available data on trainees' current awareness of pediatric mental health resources.
- Describe how your program currently evaluates providers' awareness of pediatric mental health resources.
- Describe plans for gathering these data or enhancing existing data collection for the grant project.

### **Required Training Components**

- Describe the program's focus on training pediatric primary care providers working with multidisciplinary mental health teams. How will the multidisciplinary mental health teams be established and maintained throughout the project?
- Describe how the program will provide training on conducting comprehensive clinical mental health assessments and potential pharmacological therapy.
- Describe how the program will provide psychiatric consultation to pediatric primary care providers during their outpatient pediatric primary care experiences.
- Describe how the program will emphasize longitudinal care for patients with behavioral health needs.
- Describe how the program will develop partnerships with community resources to support pediatric patients' mental health and behavioral health needs. Consider how in some situations, community resources may be utilized as an alternative to hospitalization.

### **Timely and Effective Mental Health Care**

Describe how your program will result in more timely, effective care for the mental health needs of pediatric patients served by your outpatient primary care clinic(s). How will your program evaluate the timeliness and effectiveness of the care received by pediatric patients for their mental health needs?

### **Serving Rural Communities**

Describe how your program will serve rural communities and train pediatric primary care providers to care for the mental health needs of patients in rural communities.

### **Project Sustainability**

Describe your plan for maintaining the training program after the grant period ends.

### **Work Plan**

List key project activities. For each activity, indicate the title/position of each person who will be involved and the expected timeline. Your work plan should include collecting and reporting the data required for this program.

## Section 5: Budget and Budget Narrative

Provide a detailed justification of the estimated project expenses to successfully meet the goals of the proposed project.

For each budget item, indicate any funding sources that will be used in addition to the grant funds.

In your budget, please include any expenses related to collecting and reporting the data required for this program.

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. 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 to be spent on the project.
- **Fringe:** This category includes share of payroll tax, health insurance costs, Medicare/Medicaid, etc. for employees billed to this grant under the Salaries category. In the Budget Narrative, explain how fringe expenses were calculated. Fringe is often calculated at a percentage of salary. Example: \$50,000 x 25% fringe = \$12,500.
- **Travel:** Describe any proposed travel expenses directly related to the program. Allowed and approved travel expenses will be reimbursed in no greater amount than as provided in the current Minnesota Management and Budget [Commissioner's Plan](#) or at the grantee's established rate, whichever is lower, at the time travel occurred.
- **Supplies:** Include supplies required for the program. Do not include existing program expenses.
- **Contracted Services:** Include any contracted services on this line.
- **Equipment:** Include any equipment costs required for the program. Equipment has a value of \$10,000 or more. Items below \$10,000 are considered supplies.
- **Other expenses:** Whenever possible, include proposed expenditures in the categories listed above. If it is necessary to include expenditures in this general category, include a detailed description.
- **Indirect costs:** An indirect cost rate is a percentage used to distribute indirect costs to all of an organization's programs that benefit from them. Grantees may not claim indirect costs in excess of the indirect cost rate that applies to their organization. Grantees must submit and retain on file the documentation of that indirect cost rate as outlined below:
  - Grantees with a federally negotiated indirect cost rate may 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.
  - Grantees without a federally negotiated indirect cost rate may use grant funds for indirect costs in an amount up to but not exceeding 10% of total direct costs.

Grantees may choose to use the [Budget Worksheet Form](#) to calculate budget costs before entering them in the application portal.

## Section 6: Attachments

### **Audited Financial Statements**

Please upload a copy of the most recent independent audit to the online application form. If the audit encompasses multiple providers within a system/umbrella organization, please provide additional financial information, such as an income statement specific to the applicant facility.

### **Due Diligence**

Please complete the [Due Diligence Form](#) and attach to the online application form.

- Community Health Boards and Tribal Nations do not need to submit this form as part of their application.

### **Federally Negotiated Indirect Cost Rate**

Provide documentation of your organization's current federally negotiated indirect cost rate, if applicable.

### **Proof of Accreditation (optional)**

Accredited educational institutions may include documentation of current accreditation.

## Section 7: Applicant Conflict of Interest Disclosure

Applicants will complete a Conflict of Interest Disclosure form in the online application. See a copy of the form on the [MDH Grant Resources webpage](#). This form is considered public data under [Minn. Stat. § 13.599](#).

## Attachment B: 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 score sheet before submitting their application. This step is not required but may help ensure that applications address the criteria evaluators will use to score applications.

The review committee will review each applicant on a 100-point scale as follows:

### SCORING GUIDELINES

Rating or Score	Description
Excellent <b>or 5</b>	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses.
Very Good <b>or 4</b>	Substantial response; meets and in some cases exceeds the minimum requirements; good probability of success; no significant weaknesses.
Good <b>or 3</b>	Generally meets minimum requirements; probability of success; some weaknesses, but correctable.
Marginal <b>or 2</b>	Lack of essential information; low probability of success; significant weaknesses.
Unsatisfactory <b>or 1</b>	Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.
Did not respond <b>or 0</b>	Applicant did not respond to question.

### ORGANIZATION BACKGROUND AND CAPACITY

Evaluation Criteria	Score	Reviewer Comments: Strengths/Weaknesses
Organization overview provides a clear picture of an organization that is capable of implementing a pediatric primary care mental health training program.	/5	
Application provides insight and data related to the mental health needs of the clinic’s pediatric patients.	/5	

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Application provides clear data and information on current pediatric mental health care, mental health resources currently utilized, and existing community partnerships.	/5	
<b>Total points for this section</b>	<b>/15</b>	

PROJECT NARRATIVE AND WORK PLAN

<b>Evaluation Criteria</b>	<b>Score</b>	<b>Comments: Strengths/Weaknesses</b>
Application includes strong collaborating partnerships with clearly defined roles.	/5	
Application describes effective strategies for increasing confidence and skills among primary care providers caring for the mental health needs of pediatric patients, and clear plans for collecting data and evaluating these outcomes.	/5	
Application describes effective strategies for increasing awareness of pediatric mental health resources among primary care providers, and clear plans for collecting data and evaluating these outcomes.	/5	
Application describes clear plans for establishing and maintaining multidisciplinary mental health teams and training pediatric primary care providers within those teams.	/5	
Application describes effective methods for providing training on conducting comprehensive clinical mental health assessments and potential pharmacological therapy.	/5	
Application describes effective methods of providing psychiatric consultation to pediatric primary care providers during their outpatient pediatric primary care experiences.	/5	
Application demonstrates an emphasis on longitudinal care for patients with behavioral health needs.	/5	

FY2025 PEDIATRIC PRIMARY CARE MENTAL HEALTH TRAINING GRANTS

Application describes clear plans for developing partnerships with community resources to support pediatric patients' mental health and behavioral health needs.	/5	
Application clearly demonstrates how program will result in more timely, effective care for pediatric mental health needs.	/5	
Application describes effective methods for evaluating whether program has resulted in more timely, effective care for pediatric mental health needs.	/5	
Program will serve rural communities and train pediatric primary care providers to care for the mental health needs of patients in rural communities.	/5	
Applicant has clear plan for maintaining the training program after the grant period ends.	/5	
Work plan is clear and feasible and will advance program goals.	/10	
<b>Total points for this section</b>	<b>/70</b>	

BUDGET NARRATIVE

<b>Evaluation Criteria</b>	<b>Score</b>	<b>Comments: Strengths/Weaknesses</b>
Proposed costs in the budget are clear, with enough detail to understand why they are included.	/5	
Proposed costs seem reasonable and align with the goals and requirements of this program.	/5	
Budget narrative is clear and includes a breakdown of how all funding sources will be used.	/5	
<b>Total points for this section</b>	<b>/15</b>	
<b>Total Score</b>	<b>/100</b>	