mn DEPARTMENT OF HEALTH

Grantee Guide

OFFICE OF RURAL HEALTH & PRIMARY CARE (ORHPC)

Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882
651-201-3838
health.orhpc@state.mn.us
www.health.state.mn.us

8/30/2022

To obtain this information in a different format, call: 651-201-3895

Contents

Creating/managing applicant users

Foundant is MDH's online grant portal system and can be found here Logon Page - Grant Lifecycle Manager (grantinterface.com). All applications and follow ups will be completed through the online portal. Applications submitted via mail or email will not be considered.

- Existing users: If your organization currently has, or has had 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.
    - All fields in the form below with an asterisk are required to create a profile for the portal.
    - There are five areas of information to complete
        - Organization Information
        - User Information
        - Primary Contact Question
        - Primary Contact/Authorized Representative
        - Password

- o Once all required fields are completed and you submit the form, you will be prompted to check your email to confirm that you have received the system generated email, as shown below.
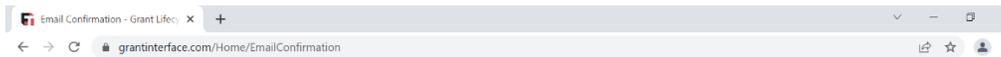
Creating an application

- Applications are created and submitted in the MDH Grant Portal System [Logon Page - Grant Lifecycle Manager (grantinterface.com)](grantinterface.com)

- Once logged into the portal, select which program/grant you'd like to apply for by selecting the blue "Apply" button next to the desired program
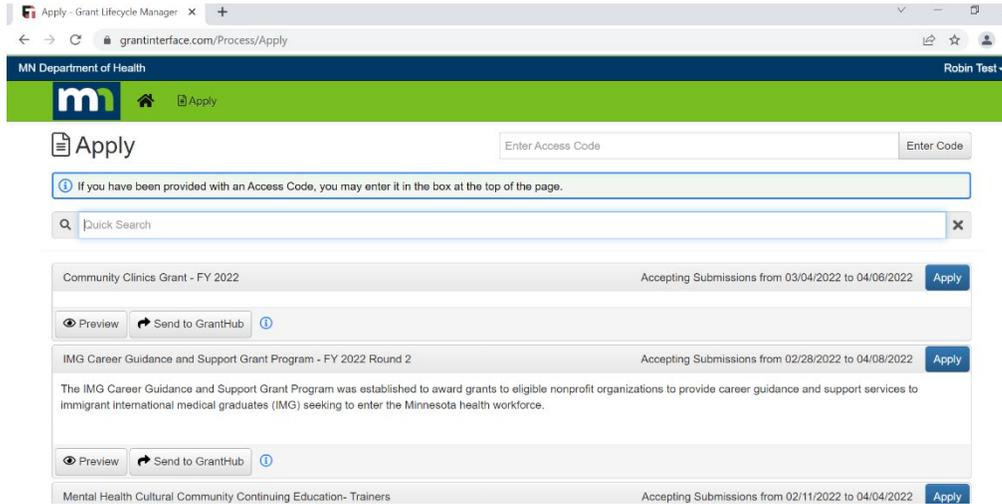
  o This will open an application for the selected program

  o Your organization's information based on your user profile will be displayed at the top of the application
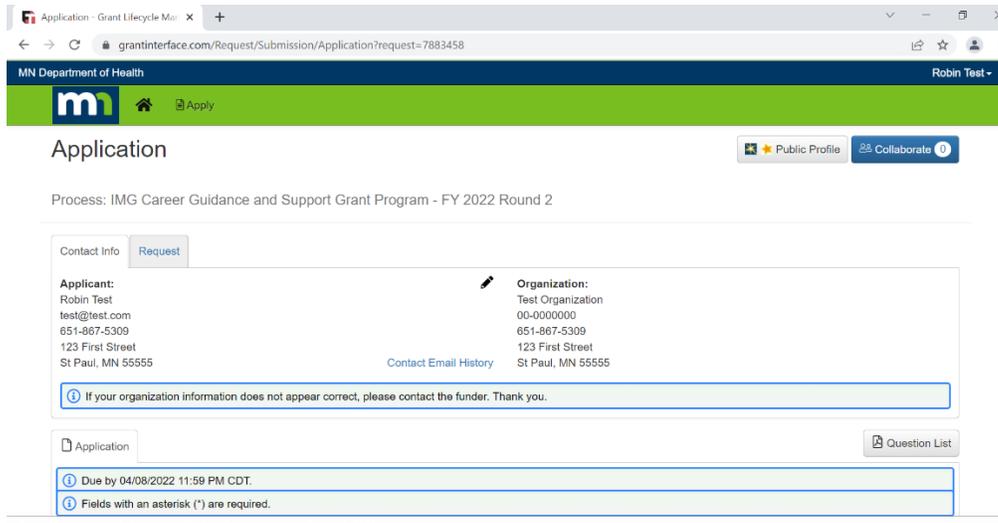
  o Fill out all required components of the application at your desired pace.

  o On the bottom right hand side of the application, you can choose to "Save Application" or "Submit Application"

- o When saving the application, a list of all required components will be shown. You will not be allowed to submit the application until all required components are completed

Collaborating on applications

- The online grant portal allows collaborative work on any application
  - o Collaborators do not need to be a part of your organization to be listed
  - o You can have as many collaborators on an application as you wish
  - o There are three roles of a collaborator
    - Viewer
    - Editor
    - Submit
- To add a collaborator, navigate to the top right hand corner of the application window and click on the blue "Collaborate" button.
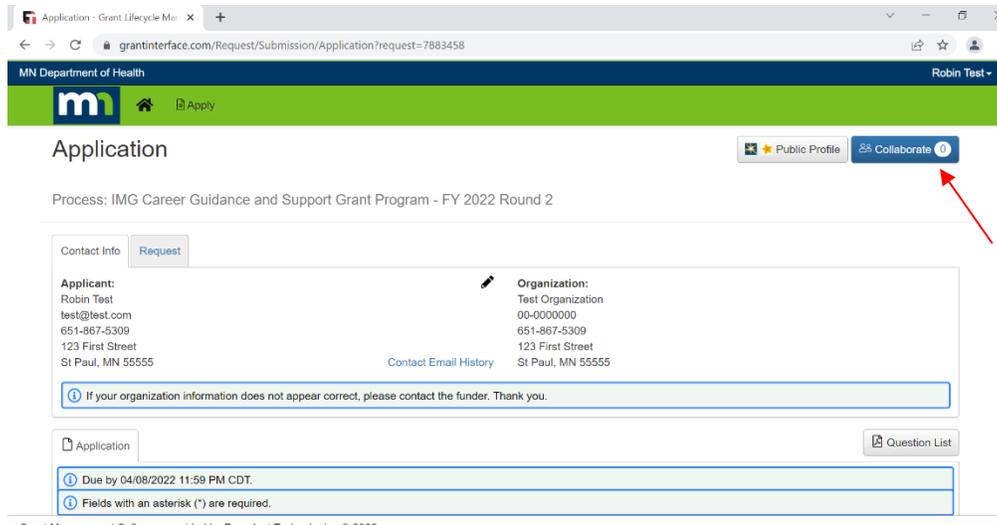
o The below screen will open up

  ▪ Enter the email address of the collaborator

  ▪ Select their permissions

  ▪ Write an optional message to your collaborator. The system will send an automatic email notification with their new collaboration status.

Submitting financial reports

- All reports must be submitted in the MDH Grant Portal System Logon Page - Grant Lifecycle Manager (grantinterface.com)

- Grantee Financial Reports will be assigned to the project under Follow Ups

- Emails will be sent to notify of upcoming and past due dates for reporting

- Background Information: Pulls from your application and is not editable

- Question Group: Required fields to be completed for reimbursement requests.

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

   o Total Amount Requested for Reimbursement: The amount being requested for payment during the reporting period.

   o Certification: Certifying that the information presented is accurate and consistent with the contract.

   o First Name, Last Name, Email of Person Submitting the form

- o Data File Attachments: Any information required by your program to prove the request for reimbursement. Each program has specific requirements. Please see your grantee contract on reporting guidelines.
  - ▪ Reporting spreadsheets for programs can be found here: ORHPC Grant Forms - Minnesota Dept. of Health (state.mn.us)

Requesting budget modifications

- Modifications greater than 10 percent of any budget line item in the most recently approved budget (incorporated in Exhibit A and/or Exhibit B) requires prior written approval from MDH and must be indicated on submitted reports.
  - o Failure to obtain prior written approval for modifications greater than 10 percent of any budget line item may result in denial of modification request, loss of funds, or both.
- Modifications equal to or less than 10 percent of any budget line item are permitted without prior approval from MDH.
- To request a budget modification, please email the Grant Administrator of your program to request a budget modification be assigned to your MDH Grant Portal System Logon Page - Grant Lifecycle Manager (grantinterface.com)
  - o Budget Modification Request forms will be assigned to the project under Follow Ups
- Background Information: Pulls from your application and is not editable

ⓘ Fields with an asterisk (*) are required.

∨ Background Information

Budget Modifications may be requested but are not guaranteed approval. Your request is subject to approval from the State. Do not implement changes until your request has been approved by your State's Authorized Representative or their designee.

- Modifications greater than 10 percent of any budget line item in the most recently approved budget (incorporated in Exhibit A) requires prior written approval from MDH and must be indicated on submitted reports.

- Failure to obtain prior written approval for modifications greater than 10 percent of any budget line item may result in denial of modification request, loss of funds, or both.

- Modifications equal to or less than 10 percent of any budget line item are permitted without prior approval from MDH.

Project Name - Legal Name / Assumed Name (DBA)
Please enter in the legal name / assumed name (DBA) of your organization.

Organization Legal Name

Organization Assumed Name / DBA
Enter in your organization's assumed name / DBA if different from above.

Organization Address 1

Organization Address 2
If there is an associated PO Box or additional address line, please provide that here.

- Question Group: Required fields to be completed for reimbursement requests.

- o **Certification:** I certify that this report has been examined by me, and to the best of my knowledge and belief the information is valid and consistent with the terms of the contract.

- o First & Last Name

- o Email

- o Narrative: Please describe <u>what</u> the changes are that you are proposing to make. Next, explain <u>why</u> you need to make the changes.

- o Data File Attachment #1- Budget Spreadsheet: Navigate to the webpage link to find your program's budget modification worksheet

  - ▪ Fill in the originally approved budget as it appears in the executed contract

  - ▪ Fill in modifications desired

  - ▪ **NOTE: MODIFIED BUDGET TOTAL MUST MATCH ORIGINAL TOTAL**

- o Data File Attachment #2: This space is available to attach any supplemental information you'd like your Grant Manager to review that is not included in the Narrative

- Grant Manager will review requests once submitted. Grantee will be notified of approval or denial.

Requesting contract amendments

Grant contracts and agreements are legally binding documents. As such, any changes to a grant contract agreement must be made through a contract amendment. Amendments are only allowed when the grantee duties are within the scope of the original request for proposal, notice of grant opportunity or grant application.

Grant contract agreements or grant award notifications must be amended whenever there are changes to the total obligation, compensation, or the expiration date. A grant contract agreement or grant award notification plus any amendments to it must not exceed five years without written permission from Commissioner of Administration.

- To request a contract amendment, please email the Grant Administrator of your program to begin the conversation on the amendment.
    - The Grant Administrator will provide you with all necessary forms to complete.
    - Requests will be reviewed by ORHPC and a signed confirmation or denial will be stored in the grantee documents in the online grant portal.

Indirect rates

If your program allows indirect rates, ORHPC aligns to MDH policy. Please work closely with your Grant Manager for guidance on indirect rate policy and procedure.

In order to comply with [Sec. 16B.98 MN Statutes](), MDH is responsible for negotiating appropriate limits to these costs so that the state derives the optimum benefit for grant funding. MDH requires that grantees formally agree to minimize indirect costs. MDH allows grantees with a federally negotiated indirect cost rate to bill the agency for indirect costs in an amount up to but not exceeding that rate, as applied to the grant's total direct costs. Grantees without a current federally negotiated indirect cost rate are allowed to bill the agency for indirect costs in an amount up to but not exceeding a rate of 10%, as applied to the grant's total direct costs. This policy applies to all grants, regardless of funding source.

Additionally, MDH requires that:

1. Administrative costs directly attributable to the grant program must be included as part of the appropriate budget line item and not included as part of an organization's indirect costs; and

2. Costs must be consistently categorized as either indirect or direct costs throughout the entire grant period