



**Minnesota Department of Health  
Request for Proposals  
2013 Patient Safety and Quality Improvement  
Mini-Grant Program**

***Program Guidance***

**Introduction**

In June, 2013, MDH plans to award up to \$30,000 in Patient Safety/Quality Improvement Mini-Grants to support new practice implementation projects focused on prevention of reportable adverse health events. This is the second annual offering from MDH, and challenges the health care community and the ability of organizations to develop new solutions to clinical scenarios in which adverse events could occur. The goal of this grant program is for the tools and procedures that emerge from these projects to be shared across the state to improve quality and patient safety at Minnesota hospitals and ambulatory surgical centers.

**Scope of Work**

**Funds Available and Anticipated Number of Awards.** Awards issued under this grant agreement are contingent upon the availability of funds and the submission of a sufficient number of meritorious applications. Because the nature and scope of the proposed projects will vary from application to application, it is anticipated that the size of each award will also vary. The total amount awarded and the number of awards will depend upon the number, quality, and costs of the applications received; MDH reserves the right not to award any grants under this RFP if no applications are received that meet the award criteria. The average award will be between \$2,000-\$3,000 dollars; however, the maximum award for any project is \$5,000. Note: There are no requirements for matching funds for this grant program.

**Project Period:** Grant agreements will be fully executed by June 30, 2013. The time period for these grants will be six months. Grant-funded activities, including evaluation, must be completed by December 31<sup>st</sup>, 2013.

**Award Process:** Grant applications will be reviewed and evaluated based on the attached criteria.

**Application Deadline:** All applications must be postmarked by April 30th, 2013.

**Eligible Organizations:** All Minnesota hospitals and ambulatory surgical centers that are required to report under the Adverse Health Event Law ([Minnesota Statutes 144.7063-144.7069](#)) are eligible to apply. Grant applications that propose to collaborate with other entities will be accepted (note: eligible hospitals/ambulatory surgical centers may collaborate with organizations that do not report under the AHE law, such as educational institutions, etc.)

**Number of Applications:** Applicants may submit more than one application, provided each application is distinct.

**Objectives/Areas of Focus:** The objective of the MDH mini-grants are to support health care institutions in implementing safe practice interventions that demonstrate evidence of eliminating or reducing adverse health events, risks, hazards, and harms associated with the process of health care.

**Grantee Expectations:** Each applicant must select an evidence-based or innovative intervention to implement in their institution at the time of grant award (note: these grants are only for implementation, no grant monies will be awarded solely for planning a project.) Applicant institutions are expected to:

- Develop a complete implementation plan for the safe practice intervention;
- Describe the projected impact of the safe practice intervention on the process of care;
- Provide a budget for the proposed project

- Provide an evaluation plan to determine whether the safe practice intervention is effective as adopted within the institution;

All projects need to be tied to prevention of at least one of the [28 reportable adverse health events](#); however, MDH encourages projects that focus on;

- The [“Call to Action” Roadmaps](#) from the Minnesota Hospital Association
- Surgical/invasive procedure safety
- Front-line staff involvement in developing and implementing safe practices

MDH also encourages projects that focus on safe practice interventions that can be generalized to other settings of care and for use by those who wish to adapt and/or adopt the safe practices interventions to improve patient safety throughout the state of Minnesota. Projects and results will be shared via the MDH website and other mechanisms, and grantees may be asked to participate in a statewide conference call to discuss their project, what it achieved, and what other facilities can learn from it.

## Proposal Requirements

Proposals must be post-marked by **Tuesday, April 30th 2013.**

- Applications are not accepted via e-mail or facsimile
- Applications are not to be written in a font smaller than 10 point
- Applications are not to be bound or stapled

Proposals must include the following elements ***with all pages numbered in consecutive order***:

1. **Grant Application Form (attached)**, including identification of the responder
  - A. Name and mailing address of applicant organization
  - B. Name, title, telephone number and email address of the contact person(s) for questions regarding the application proposal.
2. **Project Summary** (three-page maximum, 12 pt. font, double spaced), describing the problem(s) to be addressed, the proposed project, how it was developed and the target population to be served. Please also include a brief organizational background/history as well as a listing of the key staff that would be involved in the proposed project. The summary should also describe what is innovative about what you plan to do and/or how it's linked to a specific roadmap or other evidence-based best practice, and the proposed use of funds. The narrative should also discuss the need for grant assistance to undertake the proposed project. Lastly, the project summary should include a proposed timeline for the project, including anticipated start and end dates (no later than December 31<sup>st</sup>, 2013). Any project summary information that is provided beyond the maximum page limit for this section will not be considered.
3. **Evaluation/measurement plan** (1 page maximum, 12 pt font, double spaced),
  - What are your *specific, measurable and achievable* short-term and intermediate-term project *objectives* and what approach(s) and methods will be followed to reach those objectives? Goal statements are optional.
  - *Specific anticipated outcomes* in terms of improved patient safety/quality or patient care and how/by whom outcomes will be measured. What is the target/goal of the project? What is the plan if the target/goal cannot be or is not achieved?
  - How will the project's results be monitored/sustained after grant funding ends?

4. **Budget:** Applicants must submit a budget encompassing the period from the project's start date to the end of the funding period. Grant funds under this program may be used for expenses *directly related* to the proposed project. Reminder; grant applications can request up to \$5,000, however, the average award will be between \$2,000-\$3,000 dollars per grant awardee.

Project grants **may not** be used for any expenditure or obligation made prior to the date on which a grant agreement becomes effective, and may not be used solely for planning future interventions. Project grants also **may not** be used for any project which has already started.

A. **Budget Form (see attached)**

The budget form provides the categories to be used for calculating resources needed for project expenditures. Identify all sources of funding (cash or in-kind) and uses in addition to state funding requested for each budget category. Submit one form and budget narrative for the grant project period.

B. **Budget Justification (narrative)**

For each of the cost items on the budget form, provide a rationale and details relative to how the budgeted cost items were calculated. This concise narrative should be labeled "**Budget Narrative Justification**" and should follow the budget form.

B1. **Salary and Fringe**

Describe each position *to be paid from* grant funds. Provide the position title, total salary, fringe benefits, percentage of full time, and the rationale for inclusion in grant request. Include a description of the activities of each position as it relates to the project including the percent of time to be spent on project activities and the amount of salary to be funded by the project budget. If faculty stipends or salaries are proposed, explain what the faculty member's duties will be and how they relate to the proposed project. In addition, indicate why these activities are not part of their expected, contracted duties as a teaching, research or administrative faculty member.

B2. **Travel**

Include a detailed description of proposed travel as it relates to the completion of the project. Provide the number of miles planned for project activities as well as the rate of reimbursement per mile to be paid from the project funds. **Out-of-state travel is not an eligible grant expense.**

B3. **Supplies** (useful life of less than one year)

Include a description of supplies needed for the completion of the project.

B4. **Equipment and Capital Improvements**

Include a detailed description of the proposed equipment and/or capital improvements as they relate to the completion of the project. If possible, provide itemized costs. No portion of the grant monies may be used to retire debt incurred with respect to any capital expenditure made prior to the date the project is awarded.

B5. **Other** (do not include indirect cost recovery)

Whenever possible, include proposed expenditures in the categories listed above. If it is necessary to include expenditures in "Other," include a detailed description of the activities as it relates to the project. If possible, include a separate line item budget and budget narrative justification.

5. **Accounting System and Financial Capability Form:** This form must accompany all proposals to MDH.

**SUGGESTED BUDGET FORM**

<b>Categories</b>	<b>State Funding Requested</b>	<b>Funding from Other Sources</b>	<b>Total Project Cost</b>
Personnel			
Salaries			
Supplies			
Travel			
Equipment			
Capital Improvements			
Other			
<b>TOTAL</b>			

Notes:

- 1) One budget form should be prepared for the entire time period for which funds are being sought.
- 2) The budget must be accompanied by a budget justification narrative that explains each line item.
- 3) Indirect cost rate recovery **is not** an eligible expense.
- 4) Identify all sources and proposed uses of funds (cash and in-kind) in addition to the state grant funding requested and include a description in the budget narrative.

## Grant Award Process and Grant Recipient Requirements

### Application Process

Complete application form and send grant application via courier or mail to:

Rachel Jokela  
Minnesota Department of Health-Division of Health Policy

<b>Courier delivery:</b>	<b>Postal address:</b>
85 East Seventh Place, Suite 220 Saint Paul, Minnesota 55101	P.O. Box 64882 Saint Paul, Minnesota 55164-0882

E-mail for questions only (not for application submission): [rachel.jokela@state.mn.us](mailto:rachel.jokela@state.mn.us)

The postmark deadline for submission of proposals is April 30th, 2013. To meet the deadline, proposals must:

1. Be hand delivered to the address listed below before 4:30 p.m. April 30th, 2013; or
2. Have a legible postmark from the U.S. Post Office or a private carrier dated on or before April 30th, 2013. Postmarks from private, in-office metering machines are not acceptable.

If applicants send their applications via the U.S. Postal Service, they are encouraged to send the application by registered mail and secure a receipt from the U.S. Postal Service.

MDH will send confirmation of the receipt of your application if a self-addressed stamped post card is submitted with the proposal.

WARNING: MDH will not be responsible for an application lost in transit by the U.S. Postal Service or any carrier.

### Award Selection Criteria

Grant applications will be reviewed and evaluated based upon the following criteria:

<b>Selection Criteria</b>	<b>Percentage of Score</b>
Potential Impact	30%
Project can be easily replicated/expanded to other areas	20%
Sustainability	20%
Front-line staff involvement	10%
Leadership engagement	10%
Reasonable budget	10%

## Grant Recipient Requirements

Applicants awarded a grant contract will be expected to:

1. Sign grant agreement and return to MDH for final signature.
2. Begin work upon receipt of fully executed grant agreement. ***Project work begun before the grant contract is fully executed is not eligible for reimbursement.***
3. Submit invoices for payment of grant funds including supporting documentation of expenditures. Grant funds will be disbursed on a reimbursement basis only, after expenditures have been incurred or invoiced.
4. Complete and submit final narrative and expenditure reports (on specified MDH form) that will require information on:
  - Project details including current status of project
  - Lessons learned from project implementation
  - Outcome measurement (even if still in process)
  - Next steps for the project
  - How others could adapt this project to their facility
  - Any and all tools/resources that were developed as a part of the grant project
5. Final 10 percent of the total grant award will be withheld until grant duties are completed.

## Contact Information

Questions about the grant should be directed to:

Rachel Jokela

Minnesota Department of Health

Division of Health Policy

Phone: 651-201-5807

E-mail: [rachel.jokela@state.mn.us](mailto:rachel.jokela@state.mn.us)



**MINNESOTA DEPARTMENT OF HEALTH  
GRANT APPLICATION FORM  
Patient Safety and Quality Improvement Grant Program**

**APPLICATION FORM**

<b>FUNDING REQUESTED: \$ _____</b>
------------------------------------

**A. APPLICANT INFORMATION**

**Facility/Organization Name:** \_\_\_\_\_

**Facility/Organization Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Alternate Contact** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

6. I certify that the information contained herein is true and accurate to the best of my knowledge and that I submit this application on behalf of the applicant organization.

Signature of Authorized Facility/Organization Representative \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



ACCOUNTING SYSTEM AND FINANCIAL CAPABILITY QUESTIONNAIRE

This is the standard form to be used in order to determine the financial capacity of grant applicants. The creation and implementation of this form is in response to the best practices stated in the Office of Legislative Auditor's report "State Grants to Nonprofit Organizations," January 2007.

No applicants will be excluded from receiving funding based solely on the answers to these questions.

SECTION A: APPLICANT INFORMATION

1. Organization Name and Address
2. Employer Identification Number
3. Number of Employees
4. When did the applicant receive its 501(c)3 status?
5. Is the applicant affiliated with or managed by any other organizations?
6a. Total revenue in most recent accounting period
6b. How many different funding sources does the total revenue come from?
7. Does the applicant have written policies and procedures for the following business processes?

SECTION B: ACCOUNTING SYSTEM

1. Has a Federal or State Agency issued an official opinion regarding the adequacy of the applicants accounting system for the collection identification and allocation of costs for grants
Note: If a financial review occurred within the past three years, omit Questions 2 - 6 of this Section and 1-3 of Section C.
a. If yes, provide the name and address of the reviewing agency:
b. Attach a copy of the latest review and any subsequent documents.

2. Which of the following best describes the accounting system?
3. Does the accounting system identify the deposits and expenditures of program funds for each and every grant separately?
4. If the applicant has multiple programs within a grant, does the accounting system record the expenditures for each and every program separately by budget line items?
5. Are time studies conducted for an employee(s) who receives funding from multiple sources?
6. Does the accounting system have a way to identify over spending of grant funds?

SECTION C: FUND CONTROL

1. Is a separate bank account maintained for grant funds?
2. If grant funds are mixed with other funds, can the grants expenses be easily identified?
3. Are the officials of the organization bonded?

SECTION D: FINANCIAL STATEMENTS

1. Did an independent certified public accountant (CPA) ever examine the organization's financial statements?

SECTION E: CERTIFICATION

I certify that the above information is complete and correct to the best of my knowledge.
1. Signature
2. Date
3. Title



