

Social Isolation Grant Funding Application for Home Care Provider or Other Entity

Information

The Home Care Provider Advisory Council, established through [MN Statute 144A.4799 \(www.revisor.mn.gov/statutes/cite/144A.4799\)](http://www.revisor.mn.gov/statutes/cite/144A.4799) has been given approval by the Commissioner of Health to provide funding to home care providers and other entities to mitigate social isolation of vulnerable adults residing in home care provider settings. The Home Care Provider Advisory Council will provide grants, up to \$2,500 for each provider or entity selected, up to \$100,000 total. The funds will need to be used by the provider or entity for devices to assist with virtual visits designated for both health care and social isolation. The funds may be used for assistance with improving Wi-Fi, or assisting with training and staffing for use of the devices purchased.

General Instructions

This application is for use by home care providers and other entities applying for social isolation grant funding through the Home Care Provider Advisory Council. Please fill out the application below, making sure to follow all instructions and complete all required fields. Any invalid, incorrect, or incomplete information will cause delays.

The application period opens January 18, 2021 and will remain open for 30 days, or until allocated money has been awarded, whichever comes first. Please email completed applications to the Home Care and Assisted Living inbox at health.homecare@state.mn.us. If you are selected, the Home Care Advisory Council will notify you via the email address you provide on the application.

Applications and Data Privacy

In accordance with Minnesota Statute §13.599 Applications are nonpublic until opened. Once opened, the name of the applicant, the address of the applicant, and the amount the applicant requested is public. All other data in an application is nonpublic data until completion of the evaluation process. After the evaluation process has been completed, all data submitted by the applicant is public.

If the applicant submits information in response to this RFP that it believes to be trade secret materials, as defined by the Minnesota Government Data Practices Act, Minnesota Statute §13.37, the applicant must:

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- Clearly mark all trade secret materials in its response at the time the response is submitted;
- Include a statement with its response 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 the State, its agents and employees, from any judgements 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 the State's award of a grant contract. In submitting a response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of the State.

Grant Agreement

All selected entities will need to sign a grant agreement before grant related expenses can be incurred. The grant agreement will be sent to the selected entity at the time the entity is notified of the grant award selection.

Grant Payments

Per the Office of Grants Management's [Policy on Grant Payments \(Policy 08-08\)](http://www.mn.gov/admin/images/grants_policy_08-08.pdf) (http://www.mn.gov/admin/images/grants_policy_08-08.pdf), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant award amount and include documentation on the expenditure of funds (e.g. receipts of technology purchased). In the event a grantee needs an advance payment, the grantee should contact the MDH Program Manager outlining the need for advance payment. Any advance payments must be approved *prior* to executing a grant agreement and the grant agreement must contain the details of the advance and how the advance will be reconciled.

Questions?

If you have questions regarding this application, please send them to: health.homecare@state.mn.us.

Application

Application Information

Legal Name: _____

Business Entity Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

County: _____

Email Address: _____

Telephone: _____

Health Facility ID (HFID) Number if applicable for licensed Home Care Provider: _____

Facility Tax ID Number if applicable for licensed Home Care Provider: _____

Supplier/Vendor ID Number

Provide your 10 digit number, including leading zeros. You do not need to place 'VN' at the beginning of the number. Applications **must** include a valid supplier/vendor ID. To register as a Supplier/Vendor with the State of MN, please access the [Minnesota Management and Budget \(MMB\) Supplier/Vendor portal website \(https://supplier.systems.state.mn.us/psc/fmssupap/SUPPLIER/ERP/c/NUI_FRAMEWORK.K.PT_LANDINGPAGE.GBL?&\)](https://supplier.systems.state.mn.us/psc/fmssupap/SUPPLIER/ERP/c/NUI_FRAMEWORK.K.PT_LANDINGPAGE.GBL?&) and register for an account. Please view the Quick Reference Guide to assist with your vendor registration: [Register as Supplier \(https://mn.gov/mmb-stat/documents/swift/training/trainingguides/swift-sup-portal-register-as-supplier.pdf\)](https://mn.gov/mmb-stat/documents/swift/training/trainingguides/swift-sup-portal-register-as-supplier.pdf).

If you have further questions about obtaining a supplier/vender ID number prior to the submission deadline, please contact: 651-201-8100, option 1.

Supplier/Vendor ID Number: _____

Provide your 3 digit location number, including leading zeros, and your address number. Supplier/Vendor Location Numbers are associated with and assigned at the same time as your Supplier/Vendor ID number.

Supplier/Vendor Location Number: _____

Supplier/Vendor Address Number: _____

Funding Request

The Home Care Provider Advisory Council will be awarding out funding, up to \$2,500 per approved home care provider or entity, up to \$100,000. At least 50% of requested funding amount must be used for technology purchases such as a device, hot-spot, etc. You may choose to request an amount less than \$2,500 if you wish.

Funding Requested Amount: _____

Funding Plan

Please provide your plan on how you will use this funding to mitigate social isolation (3 points):

Please provide a budget of how you intend to spend the money (3 points):

Please indicate how many clients you currently have and how frequently you anticipate the technology will be used (3 points):

Please describe how you will communicate to your clients, families, and healthcare providers regarding your new technology and funds to help mitigate social isolation (3 points):

Conflict of Interest

Please provide a list of all entities in which you have relationships with that create, or appear to create, a conflict of interest with the work contemplated by this grant request:

Scoring Guide

3 Points – Answer provides requested information in detail

2 Points – Answer provides requested information with little detail

1 Point – Answer provides requested information with limited or no detail

Minnesota Department of Health
Home Care and Assisted Living Program
Health Regulation Division
PO Box 3879
St. Paul, MN 55101
651-201-5273
health.homecare@state.mn.us
www.health.state.mn.us

1/11/2021

To obtain this information in a different format, call: 651-201-5273