

2026 Community Clinic Grant Program

QUESTIONS AND ANSWERS, UPDATED OCTOBER 27, 2025

Q1. I work with a nonprofit that operates a mental health helpline to listen in the moment and refer to resources and provides educational workshops on mental health. Would we be eligible for the grant?

A1. No, this is not an eligible clinic under the definition in the RFP of a clinic offering preventative, medical, dental, or mental health primary care services to low-income or rural population groups.

Q2. We provide free mental health services to clients, but last year we were ineligible because we do not bill Medicaid for services. Is it a requirement to bill Medicaid for mental health services with this year's grant?

A2. Billing Medicaid for mental health services is not a requirement for the 2026 grant.

Q3. We operate a non-profit mental health crisis center that serves rural areas including individuals who are un/underinsured or unable to pay for services. Given our specific focus on mental health crisis services (vs ongoing or preventative services), is our program eligible to apply for funds?

A3. This would not be eligible for the 2026 Community Clinic Grant.

Q4. Can an organization submit more than one grant application for this opportunity? Is it possible to receive more than one award?

A4. **UPDATED ANSWER:** Organizations cannot submit multiple applications for different projects for the same location or receive funding for multiple projects. However, if you have multiple clinics, you may submit one application per clinic and each clinic could be awarded.

Q5. Our clinic provides contraception, STI screenings, Pap smears, basic wellness care, Prep and does health education. Would we be eligible for applying for this grant?

A5. Yes, you would be eligible to apply.

Q6. Our clinic has a grant for 2025 that ends on April 30, 2026. If we apply and receive a 2026 grant, the grant starts March 1, 2026. Are we able to apply for a 2026 grant even though the grant period will overlap?

A6. Yes, you may apply and can receive both grants, if awarded. The only restriction is that you may not bill both awards for the same expenses during the period of overlap.

Q7. Payment policy: If we do not have a sliding scale policy, does a charity care policy suffice?

A7. Yes, you may submit a charity care policy.

Q8. Can we use this grant to fund salaries of current staff who are expanding their typical roles, or would it need to be a new staff?

A8. Funding may be used to support current staff for their existing role or new staff.

Q9. Would preparing *a building* for service delivery be a viable project for the grant (plumbing, walls, infrastructure, etc.)?

A9. Yes, funding may be used to support capital improvement projects.

Q10. We are looking to place an application for a new rural health clinic that we are opening in southern Minnesota offering general medical clinic services.

A) Is the expectation that we offer services at the clinic regardless of ability to pay to as a qualifier for this funding?

B) Are you looking for an impacted # of uninsured – underfunded?

C) What types of expenses can grant fund? For example, salaries and wages to care for uninsured?

A10. Answers to each question are below.

A) Yes, [Minnesota Statute 145.9268](#)

<https://www.revisor.mn.gov/statutes/2024/cite/145.9268> requires that applicant organizations have a policy or procedure to ensure no person will be denied services due to inability to pay.

- B) The Target Population question in the application (p. 16 of the Request for Proposal (RFP)) asks applicants to “describe the target population of uninsured and/or underinsured patients to be served by the project including how many patients are expected to benefit from the project.” Please include the number of uninsured or underinsured patients that will be impacted by the project.
- C) Salaries and wages of practitioners who care for uninsured or underinsured patients are eligible expenses. For a list of allowable expenses, please see the “Eligible Expenses” section of the RFP on page. 6 – 7.

Q11. For our mental health clinic, we do not have a sliding fee schedule, but we do have a HPE (hospital presumptive eligibility) to see if patients qualify for temporary Medicaid coverage, patients that do not qualify are offered financial assistance if they meet certain requirements for that. Does this policy meet the eligibility requirements for this grant?

A11. To be eligible, a policy must ensure that no one is turned away for inability to pay. If this policy ensures that no person will be denied services due to inability to pay, then it would meet the eligibility requirements. It is unclear from what you described if people are turned away if they do not qualify for financial assistance.

Q12. We offer free and anonymous mental health services. Is that okay for this grant?

A12. Yes, it is acceptable if the service is anonymous.

Q13. Do we have to serve a rural area to be eligible for this grant?

A13. No. Eligible projects must provide primary care services to low-income populations or rural populations.

Q14. For identifying and tracking uninsured and underinsured patients, for both estimated numbers reached and for reporting purposes if awarded, do we have to provide distinctive numbers for each of these categories or can we group them together?

A14. We are asking for the number for uninsured and underinsured separately.

Q15. May funding be used to cover co-pays for underinsured or uninsured children and families participating in our Children’s Therapeutic Support Services (CTSS) program. This program is

housed in our Behavioral Health department, which provides therapy and skill-building directly in local schools, and co-pays can sometimes be a barrier for children and families. Would this type of project be eligible to apply for funding?

A15. Yes, grant funds may be used in this way.

Q16. The application asks for number of uninsured and underinsured patients served. From what timeframe should the data be collected from? The past year?

A16. The Target Population question asks how many uninsured and underinsured patients you plan to serve over the course of the grant, from March 1, 2026 – February 28, 2027.

Q17. Are vaccines an eligible expense?

A17. Yes, vaccines are an eligible expense.

Q18. What is the state's definition of underinsured?

A18. The definition of underinsured can be found on page 6 of the RFP. It states, “the term underinsured means a person with insurance that does not cover a needed primary care service, including preventative, medical, dental, or mental health primary care services, or who has a co-pay or deductible that prevents them from receiving the needed service.”

Q19. Can we fund existing staff salaries, or do they need to be new staff?

A19. Both new and existing staff salaries are eligible expenses.

Q20. Is there a geographic focus?

A20. There is not a specific geographic focus other than the statute requires that awards are distributed across all regions the state.

Q21. Would school-based programs that provide therapeutic services be eligible or is the state only funding strict clinics?

A21. School based program are eligible expenses for this for this grant if they are offering preventative, medical, dental, or mental health primary care services to low-income or rural population groups.

Q22. Can covering sliding scale fees for patients be considered an eligible expense?

A22. Yes, this is an eligible expense.

Q23. Do funds need to support primarily uninsured/underinsured clients or exclusively uninsured/underinsured clients?

A23. Funds must be used exclusively to cover uninsured or underinsured patients.

Q24. Is there an example of a report form that could be shared?

A24. In the RFP, attachments C, D, and E provide the questions that will be asked on financial and progress reports.

Q25. Is uninsured or underinsured required statistics? Or could we utilize low-income? For example - I noted that mental health education is still listed in the RFP. We are a clinic and do mental health education in schools - we could collect clinic information on insured status but not in schools. So does that rule out that school education piece?

A25. We do require reporting on the number of uninsured and underinsured patients served with grant funds. If you cannot determine insurance status, the project would not be eligible.

Q26. Will there be a new grant opportunity for mental health since the community clinic grant no longer has that priority?

A26. Mental health projects are still eligible projects for the 2026 Community Clinic if they serve uninsured or underinsured individuals.

Q27. Would expansion of our website to make patient access easier be something that can be covered?

A27. Yes, this would be an eligible expense.

Q28. Does the charity care policy need to state that patients are accepted regardless of ability pay to meet uninsured expectation?

A28. The statute requires that eligible organizations have a sliding fee scale or other procedure to determine eligibility for charity care or to ensure that no person will be denied services because of inability to pay.

Q29. Would supporting mental health clients to access insurance/better insurance be an acceptable scope of work?

A29. Yes, this is an eligible expense.

Q30. Would medications for treatment be considered an eligible expense? Can this be expanded to interventions such as birth control?

A30. Yes, these would both be eligible expenses.

Q31. How is primary care defined?

A31. The Community Clinic Grant authorizing statute does not define primary care services. In your application to the program, please describe the primary care services you provide. For examples of definitions of primary care, please see the following sources:

- **Institute of Medicine** ([Investing in Primary Care: The Path Forward \(PDF\)](https://www.health.state.mn.us/facilities/hchomes/documents/investprimarycare.pdf))
(<https://www.health.state.mn.us/facilities/hchomes/documents/investprimarycare.pdf>)
 - “Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.”
- **Centers for Medicare and Medicaid Services** ([Primary Care | CMS](https://www.cms.gov/priorities/innovation/key-concepts/primary-care))
(<https://www.cms.gov/priorities/innovation/key-concepts/primary-care>)
 - “Health services that cover a range of prevention, wellness, and treatment for common illnesses. These providers may also coordinate a patient’s care with specialists.”
- **National Rural Health Association** ([Definition of Primary Care \(PDF\)](https://www.ruralhealth.us/getmedia/27620225-a858-4f14-97b4-19fc6bbbf6c1/Definition-of-Primary-Care_Jan-2012_NRHA-Policy-Paper.pdf))
(https://www.ruralhealth.us/getmedia/27620225-a858-4f14-97b4-19fc6bbbf6c1/Definition-of-Primary-Care_Jan-2012_NRHA-Policy-Paper.pdf)
 - “Comprehensive health services at the point at which people enter the health care system that includes diagnosis, prevention, treatment, and management.”
- **American Academy of Family Physicians** ([Primary Care | AAFP](https://www.aafp.org/about/policies/all/primary-care.html))
(<https://www.aafp.org/about/policies/all/primary-care.html>)
 - “Primary care is the provision of integrated, accessible health care services by physicians and their health care teams who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and

practicing in the context of family and community. The care is person-centered, team-based, community-aligned, and designed to achieve better health, better care, and lower costs.”

Q32. Can we use funds to support care coordination to help uninsured patients get signed up for insurance?

A32. Yes, this is an eligible expense.

Q33. Would clients on MA qualify?

A33. Yes, they would qualify if there were still a gap, and they are underinsured according to the definition for underinsured in the RFP.

The definition of underinsured can be found on page 6 of the RFP. It states, “the term underinsured means a person with insurance that does not cover a needed primary care service, including preventative, medical, dental, or mental health primary care services, or who has a co-pay or deductible that prevents them from receiving the needed service.”

Q34. Can I pay for training for a patient services team member to undergo insurance navigator training?

A34. Yes, this is an eligible expense.

Q35. Does the state have any priority on funding spread across the priority areas or geography?

A35. There is not a specific geographic focus other than the statute requires that awards are distributed across all regions the state. There is a priority for serving uninsured. If you serve uninsured, you get additional points on your application. There are not specific funds set aside for the priority.

Q36. We're planning to provide education around mental health and wellbeing. We'll partner with a primary care clinic, but the education would be open to all patients regardless of insurance status. It seems like you think this idea would not fit inside the scope of this funding. Is that right?

A36. Funds may only be used to provide services to uninsured or underinsured patients. This proposal would not be an eligible use of funds.

Q37. I do have one more question regarding the required Board Governance Form. Our board does not meet until November

18th, well after the grant deadline, and is unable to pass a resolution outside of the scheduled board meeting at this time. Is this form a requirement for this grant, or is there a possibility of a waiver? Our board gives the system the authority to apply based on program need and fit because of our prior and ongoing grant management systems.

A37. If you are not able to provide the Governing Board Resolution Form, you may provide evidence that the Board has delegated authority to the organization or an individual to apply for and accept grants. If you have a board member who is authorized to sign off on the application on behalf of the board, a signed statement to this effect is acceptable.

Q38. If the clinic is a community reproductive and sexual health clinic, are the services we provide eligible to be funded by the 2026 Community Clinic Grant. Are we considered a primary care clinic?

A38. Yes, reproductive and sexual health services are part of primary care services.

Q39. Would it be considered “double-dipping” if we received grant funding to contract services for a mobile clinic, and the same contractor also received funding for their overall operational expenses? Or would these be considered separate projects and still eligible for consideration.

A39. Both of you could get an award, if recommended by the reviewers, if the expenses being proposed and claimed for the project are different. For example, if your contract services cover the cost of travel, the other organization cannot also claim travel for the same project. However, if they were to propose a project to pay for salaries and overhead expenses that your grant does not cover, to provide services to your organization, that would be allowable.

Q40. We are a reproductive health provider, offering primary gyn services, STI testing, and contraception. However, we see the majority of our patients for abortion care. Based on the FAQ, I believe that we are eligible to apply because we do offer services that fall in line with your definition of primary care. My questions are specifically around abortion services - could these funds be used for uninsured and underinsured patients receiving abortion care? If the answer is yes, could the funds be used to

fill the gap between the cost of providing the care and the rate of reimbursement from Medicaid?

A40. From an eligibility standpoint, your clinic would be an eligible entity with these primary care services if you are also a nonprofit, government entity, or Indian Health Service or Tribal Government and you also have a policy that ensures no one is turned away for inability to pay.

Grant funds may only be used to provide primary care services to uninsured and underinsured individuals. This would not be an eligible use of funds.

Q41. Ramsey County Public Health has two separate clinics that operate independently from one another with completely different services. Can both clinics apply for the grant?

A41. Yes, both clinics would be eligible to apply.

Q42. We want to clarify the contracted services. Does this section include paying for contracted staffing at the clinic (i.e. pharmacy technicians) and construction for building repairs?

A42. Yes, both of these items would be considered contractual line items.

Q43. We are a tuberculosis clinic that serves a high number of underinsured and uninsured folks. Would our clinic be eligible for the Community Clinic Grant?

A43. If this is the only service your clinic provides, it would not be an eligible primary care service.

Minnesota Department of Health
Office of Rural Health and Primary Care
PO Box 64975
St. Paul, MN 55164-0882
651-201-3780
health.CommunityClinicGrant@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-3780.