

# Minnesota Department of Health

## Grant Project Agreement Cover Sheet

**NOTE: THIS GRANT PROJECT AGREEMENT COVER SHEET IS REQUIRED FOR ALL GRANT AGREEMENTS AND AMENDMENTS.**

- All instructions are in RED text and must be deleted before submitting for review via the Grants and Contracts Tracker.
- In order to enter a blank return in an open/editable area press and hold the “Shift” and “Enter” keys at the same time.
- Date Picker – the Date Picker may be deleted if desired; select the field and hit delete; then manually enter the date.
- This template should only be used for grant agreements with Community Health Boards (CHBs). Granting with a different entity? You will need to use one of the other templates on Grants Central.

You have received a grant project agreement from the Minnesota Department of Health (MDH). Information about the grant project agreement, including funding details, are included below. Contact your MDH Grant Manager if you have questions about this Cover Sheet.

**Attachment:** Grant Project Agreement

**Contact for MDH:** Enter Grant Manager name, grant manager phone number, grant manager email

CHB SWIFT Information	Grant Project Agreement Information	Program & Funding Information
<b>Name of CHB:</b> (as it appears in SWIFT): Enter CHB's Name	<b>SWIFT Contract Number:</b> FM will insert grant number	<b>MDH Program Name:</b> Insert Program Name
<b>SWIFT Vendor Number:</b> Enter SWIFT Vendor ID  <b>SWIFT Vendor Location Code:</b> Enter SWIFT Location Code	<b>Effective Date:</b> Select date, OR the date all signatures are collected, and the agreement is fully executed, whichever is later.  <b>Expiration Date:</b> Select date	<b>Total State Grant Funds: \$0</b> <b>Total Federal Grant Funds: \$0</b> <b>Total Grant Funds (all funds): \$0</b>

**The language in this document is approved for grant project agreements only.**  
**Do NOT transfer any language from this document to a P/T contract without explicit prior approval from the Office of Grants and Contracts.**

## Minnesota Department of Health

# Grant Project Agreement

This Grant Project Agreement, and amendments and supplements, is between the State of Minnesota, acting through its Commissioner of Health (“MDH”) and **insert Community Health Board Name**, an independent organization, not an employee of the State of Minnesota, address **insert complete address** (“Grantee”).

## Recitals

1. MDH is empowered to enter into this grant project agreement under Minn. Stat. §§ [144.05](#), and [144.0742](#) and **INSERT the program’s specific statutory authority to enter into the grant. If no specific statutory authority, delete these instructions.**
2. MDH and Grantee have entered into Master Grant Agreement number **insert Master Grant Agreement number for this CHB** (“Master Grant Agreement”) effective January 1, 2025 or subsequent Master Grant Agreements and amendments and supplements thereto;
3. The vision of MDH is for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy. Health equity is achieved when every person has the opportunity to attain their health potential. Grantee agrees, where applicable, to perform its work with advancing health equity as a goal.
4. Grantee represents that it is duly qualified and will perform the activities according to the terms of this grant project agreement. Grantee agrees to minimize administrative costs as a condition of this grant project agreement pursuant to [Minn. Stat. § 16B.98](#), subd 1.

## Grant Project Agreement

### 1. Incorporation of Master Grant Agreement

All terms and conditions of the Master Grant Agreement are hereby incorporated by reference into this grant project agreement.

### 2. Term of Agreement

#### 2.1. *Effective date*

**Select date**, or the date MDH obtains all required signatures under [Minn. Stat. § 16B.98](#), subd. 5, whichever is later. Per [Minn. Stat. § 16B.98](#), subd. 7, no payments will be made to the Grantee until this grant project agreement is fully executed. Grantee must not begin work until this grant project agreement is fully executed and MDH’s Authorized

Representative has notified Grantee that work may commence. No costs may be incurred prior to the grant project agreement being fully executed.

2.2. **Expiration date**

Select the date, or until all obligations have been fulfilled to the satisfaction of MDH, whichever occurs first, except for the requirements specified in this grant project agreement with completion dates which extend beyond the termination date specified in this sentence.

3. **Activities**

3.1. **MDH's Activities**

MDH activities, in accordance with the Minnesota Department of Administration's Office of Grants Management's policies and federal regulations, may include but are not limited to financial reconciliations, site visits, programmatic monitoring of activities performed, and grant activity evaluation.

3.2. **Grantee's Activities**

Grantee, who is not a state employee, shall conduct the activities specified in Exhibit A, which is attached and incorporated into this grant agreement.

4. **Award and Payment**

MDH will award funds to Grantee for all activities performed in accordance with this grant project agreement.

4.1. **Grant Award**

Reimbursement will be in accordance with the agreed-upon budget contained in Exhibit B, which is attached and incorporated into this grant project agreement.

4.2. **Budget Modifications**

Grantee may modify any line item in the most recently agreed-upon budget by up to 10 percent without prior written approval from MDH. Grantee must notify MDH of any modifications up to 10 percent in writing no later than the next invoice. Grantee must obtain prior written approval from MDH for line-item modifications greater than 10 percent. Grantee's failure to obtain MDH's prior approval may result in denial of modification request, loss of funds, or both. The total obligation of MDH for all compensation and reimbursements to Grantee shall not exceed the total obligation listed under "Total Obligation."

4.3. **Total Obligation**

The total obligation of MDH for all compensation and reimbursements to Grantee under this grant project agreement will not exceed \$0.

4.4. **Terms of Payment**

4.4.1. **Invoices**

MDH will promptly pay Grantee after Grantee presents an itemized invoice for the activities actually performed and MDH's Authorized Representative accepts the invoiced activities. Invoices must be submitted at least quarterly or according to a schedule

agreed upon by the Parties. The final invoice is due 30 calendar days after the expiration date of the grant agreement.

#### 4.4.2. **Matching Requirements**

If applicable, insert the conditions of matching requirement. If not applicable, please delete this entire matching paragraph. Grantee certifies that the following matching requirement, for the grant, will be met by Grantee: **\$0**.

#### 4.4.3. **Federal Funds**

Payments under this grant project agreement will be made, in whole, or in part, from federal funds obtained by MDH through the award(s) listed in Exhibit C, including public law and all amendments. Grantee is responsible for compliance with all federal requirements imposed on these funds and accepts full financial responsibility for any requirements imposed by the Grantee's failure to comply with federal requirements.

### 5. **Conditions of Payment**

All activities performed by Grantee pursuant to this grant project agreement must be performed in accordance with the terms of this grant agreement, as determined in the sole discretion of MDH's Authorized Representative. Furthermore, all activities performed by Grantee must be in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. Applicable state laws include, but are not limited to, the Minnesota Human Rights Act ([Minn. Stat. ch. 363A](#)) which prohibits discrimination on the basis of race, color, creed, religion, national origin, sex, gender, identity, sexual orientation, age, marital status, public assistance status, familial status, and disability. MDH will not pay Grantee for work that MDH determines is noncompliant with the terms and conditions of this grant agreement or performed in violation of federal, state, or local law, ordinance, rule, or regulation.

### 6. **Authorized Representatives**

#### 6.1. **MDH's Authorized Representative**

MDH's Authorized Representative for purposes of administering this grant project agreement is **insert name, title, address, telephone number, and e-mail**, or their successor, and has the responsibility to monitor Grantee's performance and the final authority to accept the activities performed under this grant project agreement. If the activities performed are satisfactory, MDH's Authorized Representative will certify acceptance on each invoice submitted for payment.

#### 6.2. **Grantee's Authorized Representative**

Grantee's Authorized Representative is **insert name, title, address, telephone number, and e-mail**, or their successor. Grantee's Authorized Representative has full authority to represent Grantee in fulfillment of the terms, conditions, and requirements of this agreement. If Grantee selects a new Authorized Representative at any time during this grant project agreement, Grantee must immediately notify MDH's Authorized Representative.

### 7. **Ownership of Equipment and Supplies**

#### 7.1. **Equipment**

“Equipment” is defined as tangible personal property having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$10,000. MDH shall have the right to require transfer of all Equipment purchased with grant funds (including title) to MDH or to an eligible non-State party named by MDH. MDH may require the transfer of Equipment if the grant program is transferred to another grantee. At the end of this grant agreement, grantee must contact MDH’s Authorized Representative for further instruction regarding the disposition of Equipment.

**7.2. *Supplies***

“Supplies” is defined as all tangible personal property other than those described in the definition of Equipment. Grantee must notify MDH’s Authorized Representative regarding any remaining Supplies with an aggregate market value of \$10,000 or more for further instruction regarding the disposition of those Supplies. For the purpose of this section, Supplies includes but is not limited to computers and incentives.

**8. *Publicity***

Any publicity given to the program, publications, or activities performed resulting from this grant agreement, including but not limited to, notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for Grantee or its employees individually or jointly with others, or any subgrantees, must identify MDH as the sponsoring agency. If publicity is not specifically authorized under this grant agreement, Grantee must obtain prior written approval from MDH’s Authorized Representative. As federal funding is being used for this grant project agreement, the federal program must also be recognized.

**If applicable, insert the conditions of publicity associated with the funding source. If not applicable, please delete this paragraph.**

**9. *Clerical Error***

Notwithstanding Clause “Assignment, Amendments, Waiver, and Grant Agreement Complete” of the Master Grant Agreement, MDH reserves the right to unilaterally fix clerical errors, defined as misspellings, minor grammatical or typographical mistakes or omissions, that do not have a substantive impact on the terms of the Grant Project Agreement without executing an amendment. MDH must inform Grantee of clerical errors that have been fixed pursuant to this paragraph within a reasonable period of time.

**10. *Incentives***

When included in the approved Work Plan or Budget, the following language applies.

**10.1. *Handling of Incentives***

Grantee is required to have policies and procedures in place addressing the purchasing, security, distribution, and asset tracking of incentives. All grantee staff involved in the purchase, distribution, security, and reconciling of incentives must be trained on the grantee’s policies and procedures prior to the grantee placing any order for incentives. Those policies and procedures must, at a minimum, include the provisions outlined in this section.

**10.2. *Separation of duties***

More than one Grantee staff person must be involved in the management and handling of the incentives. The Grantee staff who authorizes the purchase of incentives must not have sole physical access to the incentives. The Grantee staff who will have physical access to the incentives cannot have sole access to modify the incentives records. Handoff of incentive from one person to another must be documented.

### 10.3. ***Distribution of Incentives***

Incentives may only be used for approved purposes by MDH.

- a) Only one incentive can be given to an individual per occurrence/event.
- b) Undistributed incentives must always be kept in a secure location. Incentive instruments must never be stored in any personal homes, they must always be securely stored in the grantee's business space.
- c) Grantee will purchase and have on hand no more than three months' worth of incentives at any given time. The three months' worth must be based off the most currently approved workplan. All incentives must be distributed prior to grantee purchasing additional incentives.
- d) Grantee will be responsible for the costs of any incentives that remain undistributed at the end of the grant agreement.
- e) If MDH provided the grantee with the incentives, the return of undistributed incentives to MDH must occur in person with the State's Authorized Representative within 30 calendar days of the grant expiration date. If in-person return is not possible, the grantee must return undistributed incentives via courier or via US Mail that requires signatures and a tracking number within 30 calendar days of the grant expiration date.
- f) The tracking log must be returned separately from the physical cards. Electronic return is the preferred method for the tracking log.

### 10.4. ***Incentive tracking documentation***

The tracking documentation the Grantee is required to maintain must not contain any private data. The tracking system must record the following:

- a) Number of incentives on hand, including starting balance and any additional incentives purchased;
- b) Description of the incentives;
- c) Quantity of incentive(s) distributed to each participant;
- d) The last four digits of any pre-paid card number;
- e) Value/amount;
- f) A unique non-identifiable data point for each participant (e.g. case number, file number);
- g) Date participant received incentive(s); and
- h) Signature of Grantee staff member providing incentive(s) to participant(s).

### 10.5. ***Reconciliation***

At least two different Grantee staff must reconcile the incentives at least quarterly. The Grantee staff conducting the reconciliation must not also be the handlers of the incentives. The reconciliation must include the dates and signature of the two people who perform the reconciliation. Grantee must submit the reconciliation documentation to MDH's Authorized Representative no less than two weeks after each reconciliation.

**10.6. *Subcontracting/Subgranting***

The Grantee must communicate and verify that their subcontracts/subgrants will only use incentives for MDH approved purposes. The Grantee will be responsible for monitoring, oversight, and reconciliation of any incentives that its subcontractors or subgrantees purchase and distribute and will include this same language in any of its subgrants or subcontracts that it enters as part of its work for MDH.

**10.7. *Lost or stolen incentives***

The Grantee bears all financial responsibility for any unaccounted for, lost, or stolen incentives.

**10.8. *Invoicing***

If the Grantee purchased the incentives themselves, the Grantee must only invoice MDH for the incentives after they've been distributed.

**10.9. *Failure to Comply***

For grantees who do not have effective written policies and procedures in place before purchasing incentives, MDH reserves the right to withhold payment and or request reimbursement in the amount equal to the unallowable costs. Withheld payments will be released when the grantee provides documentation to MDH that it has written effective policies and procedures in place. Grantees who do not comply with this requirement may be subject to increased monitoring and will be offered technical assistance. MDH also reserves the right to terminate a grant agreement for failure to comply with these requirements.

**11. Other Provisions**

**Include other specific program requirements, federally required or not, that are not already covered in the Master Grant Agreement for Community Health Boards. If there are no other provisions, delete this section.**

**12. Termination**

**12.1. *Termination by MDH or Grantee***

MDH or Grantee may terminate this grant agreement without cause, with at least 21 calendar days' written notice (i.e., by mail, email, or both) to the other party. Upon termination, Grantee will be entitled to payment, determined on a pro rata basis, for activities satisfactorily performed.

**12.2. *Termination for Cause***

MDH may immediately terminate this grant agreement if MDH finds there has been a failure to comply with the provisions of this grant agreement, that timely progress has not

been made, or that the purposes for which the funds were granted have not been or will not be fulfilled. MDH may take action to protect the interests of the State of Minnesota, including the refusal to disburse additional funds and requiring the return of all or part of the funds already disbursed.

12.3. ***Termination for Insufficient Funding***

MDH may immediately terminate this grant agreement if it does not obtain funding from the Minnesota Legislature or other funding sources; or if funding cannot be continued at a level sufficient to allow for the payment of the work scope covered in this grant agreement. Termination must be by written notice to Grantee; i.e., mail, email, or both. MDH is not obligated to pay for any work performed after notice and effective date of the termination. However, Grantee will be entitled to payment, determined on a pro rata basis, for activities satisfactorily performed to the extent that funds are available. MDH will not be assessed any penalty if this grant agreement is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. MDH must provide Grantee notice of the lack of funding within a reasonable time of MDH receiving notice of the same.

12.4. ***Termination by Commissioner of Administration***

The Commissioner of Administration may immediately and unilaterally cancel this grant agreement if further performance under the agreement would not serve MDH's purposes or is not in the best interests of the State of Minnesota.

[Signatures on following page]

# APPROVED:

## 1. State Encumbrance Verification

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ [16A.15](#) and [16C.05](#).

Signature: \_\_\_\_\_

SWIFT Contract & Initial PO: \_\_\_\_\_

## 2. Grantee

Grantee certifies that the appropriate persons(s) have executed the grant agreement on behalf of Grantee as required by applicable articles, bylaws, resolutions, or ordinances.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## 3. Minnesota Department of Health

Grant agreement approval and certification that State funds have been encumbered as required by Minn. Stat. §§ [16A.15](#) and [16C.05](#).

Signature: \_\_\_\_\_  
(with delegated authority)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Distribution:

All parties on the DocuSign envelope will receive a copy of the fully executed grant agreement.

# Exhibit A – Grantee’s Activities / Scope of Work

Minnesota’s Office of Grants Management (OGM) policies require all grant agreements to include the goals/objectives, a work plan/grantee’s activities, budget, and address areas of risk identified during the pre-award risk assessment review.

The Do’s and Don’ts of creating an Exhibit A:

- Be CLEAR about what MDH is expecting the Grantee to do under this grant agreement.
  - This may mean you have a more detailed Work Plan outside of this grant agreement, which must be incorporated by reference within this Exhibit A.
- Use the table below to clearly identify reporting requirements.
- Don’t just copy and paste from their application.
- Don’t use or insert images and or Excel spreadsheets.
- Don’t use the specific names of individuals; use position titles if necessary.

Grantee is expected to perform the following activities. Modifications to Exhibit A must be discussed with MDH. MDH will communicate, in writing, with Grantee as to whether modifications are approved or require a formal grant amendment.

Activity/Work Plan	Responsible Party	Completion Date
<i>Example:</i> 1. Grantee will engage with Blue Earth county residents to increase their awareness of the risk associated with cardiovascular disease.	Project Manager	January 1999
2. Grantee will host focus groups with Blue Earth county first responders to learn about the challenges in recognizing the critical symptoms of cardiovascular disease.	Project Coordinator	March 1999
3. The Grantee shall develop separate Work Plans for each activity intended for each priority population and for each period listed below. Each plan shall include, but is not limited to, the components listed in the Work Plan template to be provided by MDH. Grantee shall submit each plan and any modifications to each plan, to MDH, as specified by MDH, for review and approval by MDH prior to the utilization or dissemination of each Work Plan.	Project Manager	February 15, 1999, and then annually on January 31 <sup>st</sup>
<i>Example: Additional Terms and Conditions (based on pre-award risk assessment score):</i>	Project Manager	March 1999

Activity/Work Plan	Responsible Party	Completion Date
<p><i>1. Grantee will develop, and submit to MDH for review and approval, a policy regarding time and effort documentation.</i></p>		
<p>Program, enter details here:</p>		
<p>Any digital materials created, and shared outside of the grantee's organization, Grantee is required to comply with State of Minnesota's Digital Accessibility Standard. This requirement flows down to any subcontractors and or any third-party entity the Grantee may utilize and compensate with MDH grant funds. The statewide Standard can be viewed online at <a href="https://mn.gov/mnit/assets/MinnesotaStateAccessibilityStandard-v.4.0_tcm38-607575.pdf">https://mn.gov/mnit/assets/MinnesotaStateAccessibilityStandard-v.4.0_tcm38-607575.pdf</a>.</p>		

Grantee is subject to a variety of compliance activities, as outlined below.

Report Type	Reporting Period / Frequency	Due to MDH
Progress Report(s)	<p>January 1<sup>st</sup> through March 31<sup>st</sup>            April 1<sup>st</sup> through June 30<sup>th</sup>            July 1<sup>st</sup> through September 30<sup>th</sup>            October 1<sup>st</sup> through December 31<sup>st</sup></p>	30 calendar days after the end of the reporting period
Invoice(s)	<p>January 1<sup>st</sup> through March 31<sup>st</sup>            April 1<sup>st</sup> through June 30<sup>th</sup>            July 1<sup>st</sup> through September 30<sup>th</sup>            October 1<sup>st</sup> through December 31<sup>st</sup></p>	30 calendar days after the end of the reporting period
Monitoring/On-Site Visit(s)	<p>Review <a href="#">OGM Policy 08-10</a> and or federal award to determine monitoring requirements, list them here.            **If pre-award risk assessment score warrants additional monitoring, ADD that HERE.**</p>	MDH will contact Grantee with additional information.
Financial Reconciliation(s)	<p>Review <a href="#">OGM Policy 08-10</a> and or federal award to determine monitoring requirements, list them here.            **If pre-award risk assessment score warrants additional financial reconciliations, ADD that HERE.**</p>	MDH will contact Grantee with additional information

Insert Program Name (Optional)  
 REQ: Insert REQ ID

Report Type	Reporting Period / Frequency	Due to MDH
Future Work Plan(s) & Budget(s)	Grantee shall submit future Work Plan(s), Budget Summary, and Itemized Budget(s) to MDH on the form and date prescribed by MDH, subject to review and written approval by MDH.	Program to enter in date(s) – Must be at least annually
[Program – add additional rows, as needed, to add other requirements	Program - Enter in details	Program - Enter in date(s)

# Exhibit B – Grantee’s Budget

The Do’s and Don’ts of creating an Exhibit B:

- Do enter budget numbers in **WHOLE** dollars, don’t use cents.
- Don’t assume indirect costs are allowable or unallowable without checking the funding source first. Update the indirect section accordingly.
- Do check funding source to determine which costs are allowable or unallowable.

*Update the budget tables below, add/remove columns and rows as needed.*

The budget shown below is for reference only and is non-binding.

Category	Budget Period 1 January 1999 – December 1999	Budget Period 2 January 2000 – December 2001	Total
Salary/Fringe	\$	\$	\$
Equipment	\$	\$	\$
Supplies	\$	\$	\$
Travel	\$	\$	\$
Contractual	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$
Indirect (if allowed)	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Grantee’s Indirect Cost Rate for this Grant Agreement is as follows. MDH will notify Grantee, in writing, if the rate allowed changes and the effective date of such change.

- Indirect costs are not allowed by Funder
- Indirect costs are allowed by Funder (select ONE):
  - Funder has capped indirect costs at a rate of (Enter rate)%
  - Grantee has a federally negotiated indirect cost rate agreement (“NICRA”). If NICRA changes, Grantee must provide MDH an updated copy; MDH will comply with Grantee’s current NICRA.

Rate: (Enter NICRA rate)%

- Grantee does not have a NICRA and is requesting to use the federal de minimis rate

MDH Staff: If using federal award issued to MDH prior to October 1, 2024, de minimis rate is capped at 10%; if using federal award issued to MDH on or after October 1, 2024, de minimis rate is capped at 15%. Only the federal awarding agency can make exceptions to the allowable de minimis rate. If using state funds, rate is capped at 10% until further notice.

Rate: (Enter rate)%

- Grantee requesting to use other rate, not to exceed the federal de minimis rate:

Rate: (Enter rate)%

- Grantee not requesting any indirect costs

If applicable, include details on future budget periods

Future Budget Period Date(s)	Budget Amount
<i>Ex.: January 1, 1999 to December 31, 1999</i>	<i>\$100,000</i>

If you are using the Funding Letter Model, use the following language:

Grantee shall reference annual funding letter from MDH indicating future budget period(s) and awarded amount(s).

### Match Funds

If match funds are not required, Program can delete this table. If match funds are required, Program must indicate the dollar amount, or percentage, on the Award Summary Sheet, **AND** in the table below. Program should indicate any restrictions on allowable sources for matching funds. Check the Funder's terms and conditions of match funds.

Match Funds Period(s)	Amount
<i>Ex. Year 2 (January 1, 2000 – December 31, 2000)</i>	<i>\$100,000</i>

# Exhibit C – Federal Funds

MDH Staff:

**This section is REQUIRED, in its entirety, if the grant will disburse ANY FEDERAL funds. MDH is required to provide ALL of this information to the grantee per the federal Uniform Guidance ([2 CFR § 200](#)).**

If any information in Exhibit C is pending at the time the grant agreement is being drafted, the MDH Grant Manager can indicate “Pending” below and continue with grant processing. The MDH Grant Manager is **required** to follow-up with Grantee until the “pending” information is obtained. MDH Grant Manager must document correspondence with Grantee to obtain information. Once obtained, the MDH Grant Manager is required to keep documentation in the grantee’s files, and amend Exhibit C if/when an amendment is issued.

Payments under this Grant Project Agreement will be made from federal funds obtained by MDH, under the federal award(s) listed below. Grantee is responsible for compliance with all federal requirements imposed on these funds and accepts full financial responsibility for any requirements imposed by Grantee’s failure to comply with federal requirements.

## Federal Award Information

<b>Grantee Specific Required Information for Federal Funds</b>	
Grantee’s <a href="#">Unique Entity Identifier (UEI)</a> Name	The name entered here must match the name on SAM.gov. If you do not have this information, contact Grantee.
Grantee’s <a href="#">Unique Entity Identifier (UEI)</a> Number	If you do not have this information, contact Grantee.

If Grantee is receiving federal funds from more than one federal program, copy and paste the table below and complete it for EACH federal funding source.

<b>Federal Award Required Information</b>	
Name of Federal Awarding Agency	You can find this in MDH’s notice of award from the federal awarding agency. If you do not have access to this information, your program or division can assist you.

<b>Federal Award Required Information</b>	
<u>Assistance Listing Name</u>  (formerly Catalog of Federal Domestic Assistance, "CFDA")	You can find this in MDH's notice of award from the federal awarding agency. If you do not have access to this information, your program or division can assist you.
<u>Assistance Listing Number</u>	You can find this in MDH's notice of award from the federal awarding agency. If you do not have access to this information, your program or division can assist you.
Name of Authorizing Act/Law & Year:	You can find this in MDH's notice of award from the federal awarding agency. If you do not have access to this information, your program or division can assist you.
Federal Award Identification Number (FAIN)/ Grantor's Pass-through Number	You can find this in MDH's notice of award from the federal awarding agency. If you do not have access to this information, your program or division can assist you.
Federal Award Date  (Date MDH received federal grant)	You can find this in MDH's notice of award from the federal awarding agency. If you do not have access to this information, your program or division can assist you.  Grantee is subject to the federal Uniform Guidance in effect as of this date.
Award for Research and Development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project Description	Description is required under Federal Funding Accountability and Transparency Act (FFATA).
Total Amount of Federal Award Received by MDH	\$0 [Enter amount in WHOLE dollars]
Amount of funding from this federal award MDH is issuing to Grantee	\$0 [Enter amount in WHOLE dollars]

If Grantee is receiving federal funds from more than one federal program, copy and paste the table above and complete it for EACH federal funding source.

Program is encouraged to provide a copy of the federal Notice of Award to the grantee. This allows the grantee to see what the federal award looks like and to see the flow down of federal terms and conditions.