



## 2026 Dental Safety Net Grant Program

Katie Hentges | State Program Administrator Principle

- This meeting will NOT be recorded
- Slides will be posted on the website by early next week
- Please save your questions for the end of the presentation
- All questions and answers will be posted by early next week to the ORHPC website under the DSN FAQ Document:  
[ORHPC Grants and Funding - MN Dept. of Health](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#dsn)  
(<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#dsn>)

# Program Description

- [Minnesota Statute 145.929](https://www.revisor.mn.gov/statutes/cite/145.929) (<https://www.revisor.mn.gov/statutes/cite/145.929>) authorizes the Commissioner of Health to award grants to support eligible dental providers who serve the uninsured. Funds will be awarded each year proportionally among all eligible programs, based on the total number of uninsured patients under the age of 21 served.

# Funds Available

Funding	Estimate
Estimated Amount to Grant	\$113,000
Estimated Number of Awards	Based on number of eligible applicants
Estimated Maximum Award	\$33,900
Estimated Minimum Award	\$2,230

# General Information

- There is no match requirement for this grant
- This is 100% state funding
- Project Dates: January 1, 2026 to December 31, 2026
- Funding is allocated through a formula process
- No expenditures may be incurred before the grant agreement is fully executed and the start date arrives

# Funding Eligibility

- Eligible applicants are provider organizations who fulfill all the following criteria:
  - The provider is a nonprofit organization;
  - The provider is not affiliated with, owned by, or managed by a hospital or medical group;
  - The provider offers free or reduced-cost oral health care to low-income patients under the age of 21, with family incomes below 275 percent of federal poverty guidelines, who do not have insurance coverage for oral health care services;
  - The provider is eligible to become, or is, a Critical Access Dental provider, as designated by the Minnesota Department of Human Services (DHS) and;
  - **CORRECTION FROM RFP: The provider is able to demonstrate that more than 80 percent of patient encounters in the last year were for patients that were uninsured or covered by Medical Assistance or MinnesotaCare.**

Applicants cannot be a current recipient of a mental health safety net grant or a hospital safety net grant.

# Funding Eligibility (cont)

- A correction is being made to the RFP to update the eligibility language. The updated RFP will be released by the end of the week.
- The correction clarifies that the requirement “the provider demonstrate that more than 80 percent of patient encounters in the last year, were for patients that were uninsured or covered my Medical Assistance or MinnesotaCare” encompasses all patients, not just patients under 21.

# Outcomes & Priorities

- The purpose of this grant is to defray the organization's costs of providing care and services to uninsured patients, as outlined below.

This grant will serve:

- Uninsured low-income dental patients under the age of 21.
- Grant outcomes will include:
  - Increased support for providers that serve and/or treat uninsured low-income dental patients under the age of 21.



- Eligible expenses include:

- Salaries
- Fringe
- Travel
- Supplies
- Contracted
- Equipment/Capital
- Other Expenses

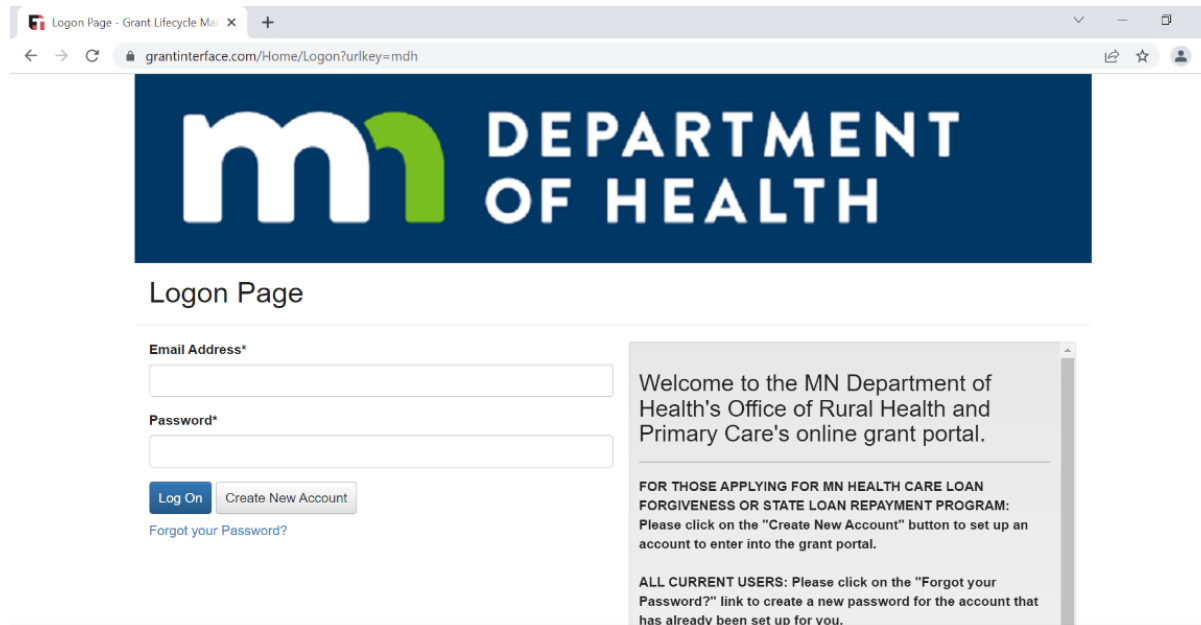
- Ineligible expenses include:

- Indirect
- Solicitating donations;
- Taxes, except sales tax on goods and services;
- Lobbyists, political contributions;
- Bad debts, late payment fees, finance charges, or contingency funds.

# Application Submission

- Letter of Intent due: September 29th, 2025, 4:30pm CT
- Grant Announcement to Recipients (estimate): October 17, 2025
- Budget and Narrative Application due: November 14, 2025, 4:30pm CT
- All applications will be completed and submitted via the online [ORHPC Grants Management System](https://www.grantinterface.com/Home/Logon?urlkey=mdh) (<https://www.grantinterface.com/Home/Logon?urlkey=mdh>)
- The next slides show how to create a profile and begin an application in the online system

# Creating and Managing Users

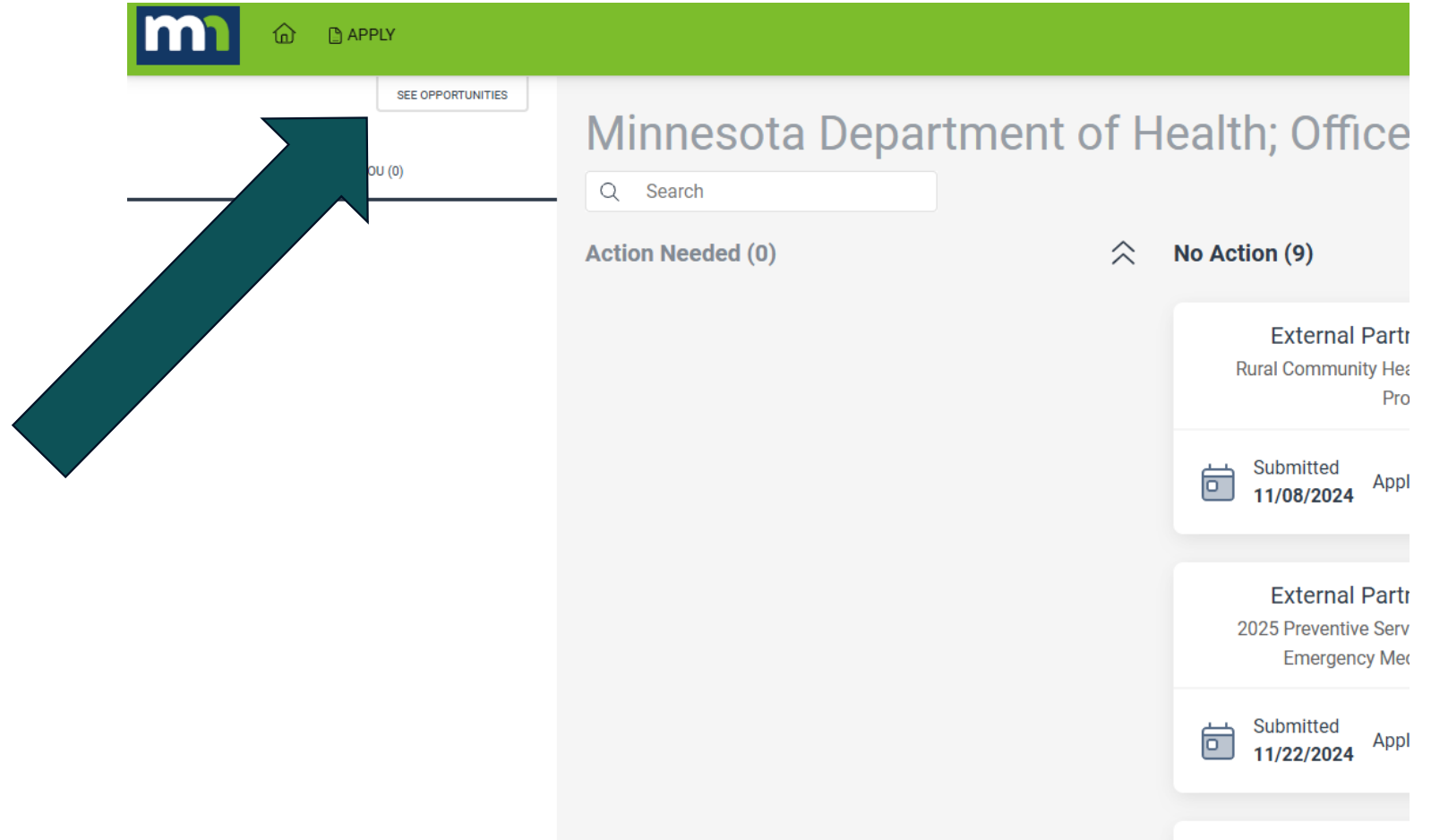


The screenshot shows a web browser window with the URL `grantinterface.com/Home/Logon?urlkey=mdh`. The page features the MN Department of Health logo at the top. Below the logo, the text "Logon Page" is displayed. There are two input fields: "Email Address\*" and "Password\*". Below the "Password\*" field are two buttons: "Log On" and "Create New Account". A link "Forgot your Password?" is located below the "Log On" button. On the right side of the page, there is a grey box containing the following text: "Welcome to the MN Department of Health's Office of Rural Health and Primary Care's online grant portal." Below this, it says: "FOR THOSE APPLYING FOR MN HEALTH CARE LOAN FORGIVENESS OR STATE LOAN REPAYMENT PROGRAM: Please click on the 'Create New Account' button to set up an account to enter into the grant portal." At the bottom of the grey box, it says: "ALL CURRENT USERS: Please click on the 'Forgot your Password?' link to create a new password for the account that has already been set up for you."

- Existing Users: log in or use the forgot password button
- New Users: confirm if your organization has or doesn't have a profile & create profile(s)
- If you are unsure of organization's status, reach out to MDH

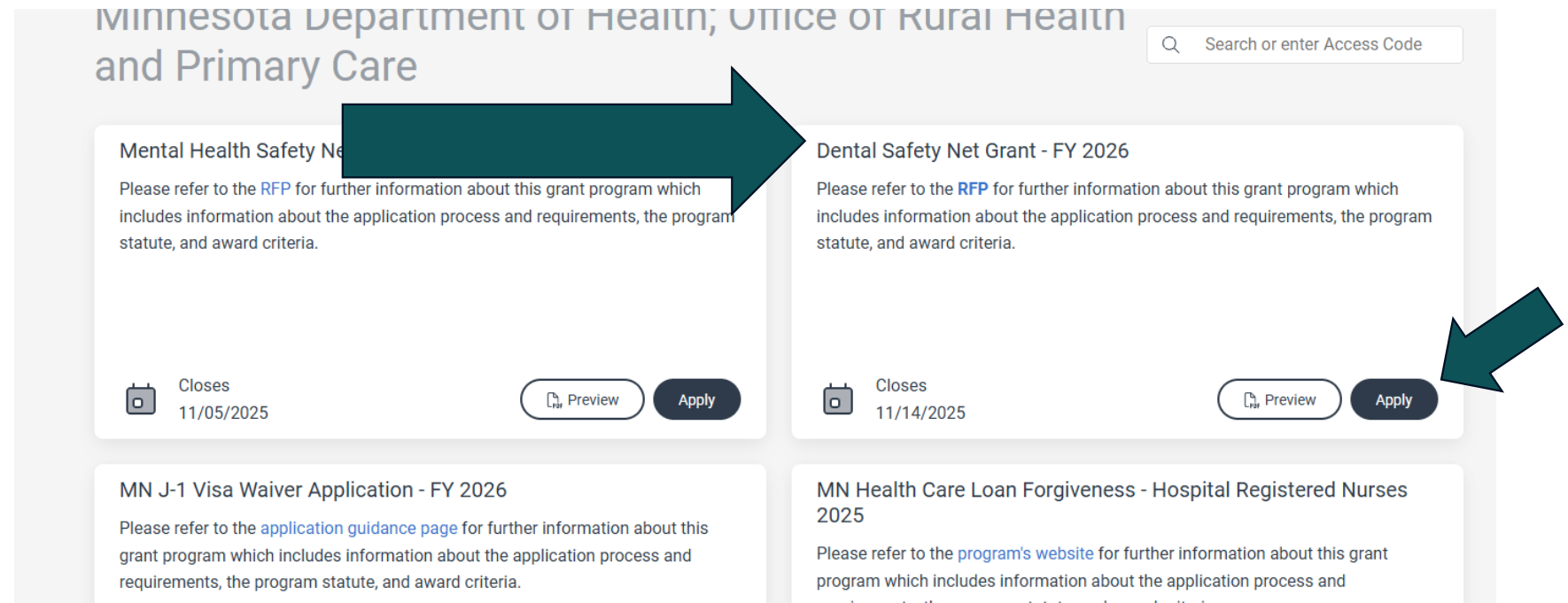
# See Application Opportunities

- Once you log in, select see opportunities in the upper left-hand corner of the screen



# Starting an Application

- Find the Dental Safety Net Grant – FY 2026 on the application screen
- Click apply to go to the application



# Letter of Intent Sections

- 5 sections to complete, plus certification
- Refer to RFP for instructions
- Complete at your own pace
  - Save button vs. Submit button
- Due on September 29, 2025
  - No later than 4:30pm CT

> Dental Safety Net Grant LOI Instructions

> Section 1: Organization and Application Information

> Section 2: Project Information

> Section 3: Letter of Intent

> Section 4: Required Documents

> Section 5: Conflict of Interest

# LOI Section 1: Organization and Application Information

- Basic information about your organization including legal and business name, address, and tax identification number, this information will be used for contracting purposes.
- Important note: The applicant will be the individual to whom reports are assigned.
- Collaboration is possible: Other collaborators can be added in portal.
- SWIFT information is very important to the contract process through MDH.
  - If you are unsure about the information needed, contact the SWIFT help desk: 651-201-8100 or [swifthelpdesk.mmb@state.mn.us](mailto:swifthelpdesk.mmb@state.mn.us)

# LOI Section 2: Project Information

- Includes contact information for the Authorized Organization Representative (AOR), Fiscal Management Officer, and Contact Person for the Project Administration.



## Section 3: Letter of Intent

- Organization Description
- Total number of patient encounters
- Total number of patient encounter for patients who were uninsured, or covered by MA and MnCare
- Total number of uninsured patients under the age of 21

# Section 4: Required Documents

- Patient Encounter Qualifying Data
- Patient Count Attestation Form
- Reduced Cost Care Documentation
- Provider Status Documentation

# Budget and Narrative Application

- 4 sections to complete
- Refer to RFP for instructions
- Complete at your own pace
  - Save button vs. Submit button
- Due on November 14, 2025 at 4:30pm CT

# Application Section 1: Organization and Application Information

- Basic information about your organization, including legal and business name, address, and tax identification number. This information will be used for contracting purposes.
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# Application Section 2: Project Information

- Includes contact information for the Authorized Organization Representative (AOR), Fiscal Management Officer, and the Contact Person for the Project Administration.

# Application Section 3: Project Narrative and Workplan

- Section 3 includes two things:
  - A description of how the organization serves low-income patients under the age of 21 who do not have insurance coverage for oral health care services, and how these grant funds will be used to defray the costs of providing care to this population.
  - Listing the objectives (measurable goals) for the grant period. Under each objective, there will be a list of all activities that must be completed to meet the objective. Each activity will also have an associated start and completion date, as well as the role of the person responsible for execution.
    - Note: Do not include names of individuals. Only include job titles.

# Application Section 4: Budget

- Budget Narrative: Provide a detailed justification of the estimated project expenses to successfully meet the goals of the proposed project. The budget explanation should be broken down by each budget category. The narrative should provide information on the need for specific expenditures and how they will address the problem statement.
- The expenses included in the “Grant Funds Requested” column are those that will be supported by grant funds. The budget should be specific to the grant project described in the applicant's project narrative and is not intended to represent the organization's total budget.

# Grant Contractual Obligations

- Work may not start prior to the full execution of the grant agreement, or the project start date (January 1, 2026), whichever date is later
- Grant activities approved for payment are outlined in Exhibits A & B of the contract
  - Any activities outside of this must be approved prior to action
- Grantees must report on financial and programmatic activities twice:
  - July 20, 2026, and January 20, 2027



# Reporting on Grant Outcomes

Grantees will report to MDH on outcomes twice. Reports will include, but are not limited to, questions regarding:

- Progress towards completing activities
- Additional needs from the community
- Technical assistance requests

# Submitting Questions

- All questions regarding this RFP must be submitted via email to:  
[health.SafetyNetGrants@state.mn.us](mailto:health.SafetyNetGrants@state.mn.us)
- Answers will be posted within 3 business days on the ORHPC Grants and Funding website:
- [ORHPC Grants and Funding - MN Dept. of Health](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#dsn)  
(<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#dsn>)
- Please submit questions no later than 4:30 p.m. Central Time on September 24, 2025.

# Questions?

**Contact Katie Hentges:**

[health.SafetyNetGrants@state.mn.us](mailto:health.SafetyNetGrants@state.mn.us)

651-201-5154