

20-Day Federal Fund Review
2026 Session Submission: March 17, 2026
(Amounts in Thousands)

Bill, Agency, Grant Title	Type	FY 2026	FY 2027	FY 2026-27
Environment and Energy		698	1,747	2,445
Minnesota Zoological Garden		-	70	70
Enhancing Poweshiek skipperling population butterfly support initiatives in Michigan - Minnesota Zoo	New Award	-	20	20
Increasing Minnesota rearing capacity for Poweshiek skipperling butterfly support initiatives	New Award	-	50	50
Natural Resources		698	1,677	2,375
Bipartisan Infrastructure Law Restore Native Vegetation and Mitigate Environmental Hazards on Mined Lands	New Award	150	200	350
Canada Goose Activity Patterns in the St. Louis River Estuary - Implications for Wild Rice Restoration	New Award	-	250	250
Cooperative Forestry Assistance - Forest Health	New Award	100	150	250
Cooperative Forestry Assistance - Nursery	New Award	50	70	120
Cooperative Forestry Assistance - Stewardship	New Award	50	75	125
Cooperative Forestry Assistance - Urban and Community 24-341	New Award	60	75	135
Cooperative Forestry Assistance - Urban and Community 25-144	New Award	100	125	225
Forest Health Protection - GLFFC Mobilization	New Award	75	-	75
Forest Health Protection - GLFFC Oak Wilt Workshop	Change in FY Spending Only	13	-	13
Forest Health Protection - Invasive Species	New Award	100	100	200
St. Louis River Estuary Invasive Species Early Detection and Rapid Response	New Award	-	632	632
Health and Human Services		7,567	7,924	15,491
Children, Youth and Families		3,680	-	3,680
SNAP ABAWD Pledge	New Award	3,680	-	3,680
Health		2,879	4,928	7,807
Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations	Change in FY Spending Only	215	100	315
Early Childhood Comprehensive Systems (ECCS) Scaling Effective Early Childhood Systems Dev (SEED) Project	New Award	-	875	875
Grants to States to Support Oral Health Workforce Activities	Change in FY Spending Only	-	300	300
HUD Lead Hazard Reduction Grant Program	Change in FY Spending Only	393	393	786
Minnesota APPLETREE Cooperative Agreement Program	Increase in Award	21	-	21
Minnesota Environmental Public Health Tracking	Increase in Award	199	-	199
National and State Tobacco Control Program	Increase in Award	1,600	1,600	3,200
OVC Enhanced Collaborative Model (ECM) Task Force to Combat Human Trafficking	New Award	-	333	333
OVC Improving Outcomes for Child and Youth Victims of Human Trafficking	New Award	-	400	400
Performance Partnership Grant (PPG) - State Lead Program Grants	Increase in Award	451	927	1,378
Human Services		1,008	2,996	4,004
American Rescue Plan - State Fiscal Recovery-Expansion of Medicaid Funded School-Based Behavioral	Change in FY Spending Only	(143)	225	82
FY23 Promoting the Integration of Primary and Behavioral Health Care	Change in FY Spending Only	543	-	543
Government Efficiency Grant	New Award	500	1,461	1,961
Minnesota Department of Human Services (MN DHS) Transforming Maternal Health (TMaH) ProjectNarrative	Change in FY Spending Only	108	108	216
Services Program for Residential Treatment for Pregnant and Postpartum Women	New Award	-	1,000	1,000
The Bipartisan Safer Communities Act (BSCA)	Increase in Award	-	202	202
Jobs, Commerce, Ag and Housing		48,781	48,781	97,562
Employment and Economic Development		48,781	48,781	97,562
ARPA Statewide Travel & Tourism Grant	Change in FY Spending Only	640	640	1,280
Community Development Block Grant Program	Increase in Award	3,909	3,909	7,818
Employment Transition Models Demonstration Grants (ETM) Project (formerly Equitable Transition Models)	Increase in Award	2,250	2,250	4,500
MNDEED Revolving Loan Fund (MCRLF) Supplemental Bill	Increase in Award	350	350	700
State Small Business Credit Initiative Capital Program (SSBCI)	Change in FY Spending Only	29,734	29,734	59,468
State Small Business Credit Initiative Technical Assistance Grant Program	Increase in Award	329	329	658
Unemployment Insurance ADMIN EUISSA	Change in FY Spending Only	4,000	4,000	8,000
WIOA Adult Program	Increase in Award	3,801	3,801	7,602
WIOA Dislocated Worker Program Formula Grants	Increase in Award	3,768	3,768	7,536
Public Safety and Judiciary		35	65	100
Public Safety		35	65	100
High Intensity Drug Trafficking Areas (HIDTA) Program Fiscal Year (FY) 2026 Grant Award	Increase in Award	35	65	100
State Government and Veterans		177	800	977
Veterans Affairs		177	800	977
Veterans Cemetery Grants Program - Duluth	New Award	-	800	800
Veterans Cemetery Grants Program - Little Falls	Change in FY Spending Only	177	-	177
Grand Total		57,258	59,317	116,575

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Zoo

State Legal Authority: M.S. 85A.02, subd. 5

Federal Agency: U.S. Fish and Wildlife Service

Assistance Listing Number (ALN): 15.657 - Endangered Species Conservation – Recovery Implementation Funds

Federal Award Title:

Enhancing Poweshiek skipperling population butterfly support initiatives in Michigan - Minnesota Zoo

Federal Legislation Authorizing the Grant:

Federal Water Pollution Control Act—Great Lakes (33 U.S.C. §1268)

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ Amt: \$ _____

State FY: 27 Amt: \$ 20

Anticipated expenditures in the next biennium:

State FY: 28 Amt: \$ 21

State FY: 29 Amt: \$ 39

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

Managed rearing, breeding, and translocation programs have been critical for the conservation of the Poweshiek skipperling (*Oarisma poweshiek*). To date, we have successfully concentrated on the reinforcement of the last handful of small existing populations in Michigan, and now have the opportunity (and the need, according to official U.S. Fish and Wildlife Service recovery criteria) to expand and begin shifting towards re-establishing populations in historic locations in Michigan and hopefully beyond. Recent research has also shown that genetic diversity is low for Poweshiek skipperling, particularly within the isolated and last known and U.S. populations in Michigan, and it has been proposed that crosses in a Zoo-environment between Poweshiek skipperlings from Michigan and other known (or hopefully undiscovered) extant locations will be beneficial for the vitality of the species. To accomplish these activities, we need support to

- maintain our existing ex situ population,
- release Zoo-reared individuals into the wild,
- monitor populations,
- contribute to population management and translocation site selection processes, and
- execute the first controlled crosses between populations from different regions.

The total request is \$99,824 to be executed over 3.5 years (through the first half of MN FY30), consisting of additional personnel time, consumable supplies and equipment for rearing, breeding, and translocations, and travel for Minnesota Zoo staff to conduct additional translocations, monitoring, and other research.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Components of the project are scheduled to begin in FY27. Delay in review would result in unforeseen costs in other budgets. US Fish and Wildlife Service is expecting services to be provided under certain tight timelines that are dependent on prompt execution of sensitive operations.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

The Minnesota Zoo will be required to submit annual interim reports and a final performance report to the US Fish and Wildlife Service. The project compliments and builds upon existing programmatic operations in support of established federal conservation recovery goals.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	Appropriation _____	Amount _____
FY _____	FUND _____	Appropriation _____	Amount _____
FY _____	FUND _____	Appropriation _____	Amount _____
FY _____	FUND _____	Appropriation _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 0.743 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The Minnesota Zoo does not have a federally recognized indirect cost plan, therefore is not permitted to charge indirect costs against federal grants. The administrative burden of preparing and seeking federal approval for an indirect cost plan greatly exceeds the financial benefit for the Zoo.

Agency Contact and Email: Sherry Kromschroeder sherry.kromschroeder@state.mn.us

Date Submitted: 02/19/2026

MMB Contact and Email: Garrett Schoonover, Garrett.Schoonover@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Zoo

State Legal Authority: M.S. 85A.02, subd. 5

Federal Agency: U.S. Fish and Wildlife Service

Assistance Listing Number (ALN): 15.657 - Endangered Species Conservation – Recovery Implementation Funds

Federal Award Title:

Increasing Minnesota rearing capacity for Poweshiek skipperling butterfly support initiatives

Federal Legislation Authorizing the Grant:

Federal Water Pollution Control Act—Great Lakes (33 U.S.C. §1268)

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ **Amt: \$** _____

State FY: 27 **Amt: \$** 50

Anticipated expenditures in the next biennium:

State FY: 28 **Amt: \$** 125

State FY: 29 **Amt: \$** 100

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The Minnesota Zoo's Pollinator Conservation Initiative has provided core support for the conservation of the endangered Poweshiek skipperling. We have built a successful program that produces hundreds of adults each year to provide genetic insurance and to help stabilize the last remaining wild populations in the United States. Recovery of the Poweshiek skipperling will ultimately be contingent though on the re-establishment of dozens of lost populations across the historic range (Activity 1 in the 2022 USFWS Recovery Plan). To accomplish this, we must expand the footprint and sophistication of our operations. We propose to do this through the installation of additional physical spaces and equipment that effectively build upon our more than a decade of husbandry experience with Poweshiek skipperling. These gains will provide the necessary increased capacity to rear more individuals per year, improve the survival and welfare of Poweshiek skipperlings in our care, and to significantly improve our operational efficiencies.

We propose to construct a new outdoor screened structure about twice the size of one of the existing hoop houses. This will directly connect to a new dedicated indoor building to safely conduct sensitive husbandry tasks. These structures will be located adjacent to Program offices so that our dedicated personnel can quickly and effectively conduct all husbandry operations instead of being spread across three distant locations across the Minnesota Zoo campus. The budget is \$275,000 over three years.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Components of the project are scheduled to begin in FY27. Delay in review would result in prolonged timelines for planning and construction that may extend beyond the life of this 3-year grant.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

The Minnesota Zoo will be required to submit annual interim reports and a final performance report to the US Fish and Wildlife Service. The project compliments and builds upon existing programmatic operations in support of established federal conservation recovery goals.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 0 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The Minnesota Zoo does not have a federally recognized indirect cost plan, therefore is not permitted to charge indirect costs against federal grants. The administrative burden of preparing and seeking federal approval for an indirect cost plan greatly exceeds the financial benefit for the Zoo.

Agency Contact and Email: sherry.kromschroeder@state.mn.us

Date Submitted: 02/19/2026

MMB Contact and Email: Garrett Schoonover, Garrett.Schoonover@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Natural Resources

State Legal Authority: 84.026

Federal Agency: USDA - US Forest Service

Assistance Listing Number (ALN): 10.736

Federal Award Title:

Bipartisan Infrastructure Law Restore Native Vegetation and Mitigate Environmental Hazards on Mined Lands

Federal Legislation Authorizing the Grant:

Infrastructure Investment & Jobs Act, PL 117-58, Sec. 40804(b)9

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2026 **Amt:** \$ 150

State FY: 2027 **Amt:** \$ 200

Anticipated expenditures in the next biennium:

State FY: 2028 **Amt:** \$ 150

State FY: _____ **Amt:** \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

12/18/2025 - 09/30/2029 \$500,000

The purpose of this award is to upgrade the seed extractory, seedling processing buildings, internal coolers, and shipping areas at the Badoura facility. Renovations and replacements will improve the storage, sorting, grading, and shipping of seedlings, as well as seed extraction operations. We will partner with the University of Minnesota to deliver seed collector training as part of this effort.

We collaborated closely with our U.S. Forest Service partners in preparing this application and will continue to work with them throughout the restoration and replacement of the nursery facilities.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delaying funding would shorten the time-frame to accomplish the project goals and objectives and could negatively impact the project outcomes. If significantly delayed, we may not be able to spend the full grant amount in the grant term.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short-term commitments: Oversee facility renovations and the installation of new equipment in collaboration with the U.S. Forest Service. Long-term commitments: Maintain equipment and partner with the University of Minnesota to deliver seed collector training programs.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? 0 **New** 0 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

DNR receives indirect costs on salary and fringe only. There is no salary or fringe in this award. The full award will be allocated to construction contracts.

Agency Contact and Email: Emily Engel, emily.engel@state.mn.us

Date Submitted: 2/19/26

MMB Contact and Email: Garrett Schoonover, Garrett.Schoonover@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Natural Resources

State Legal Authority: 84.026

Federal Agency: Environmental Protection Agency

Assistance Listing Number (ALN): 66.469

Federal Award Title:

Canada Goose Activity Patterns in the St. Louis River Estuary - Implications for Wild Rice Restoration

Federal Legislation Authorizing the Grant:

Clean Water Act: Sec. 118(c) as amended by PL 114-322

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2027 **Amt:** \$ 250

State FY: _____ **Amt:** \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

Dates: 07/01/2026 to 12/31/2028

Total grant award: \$250,000

Activities: Movement data will be collected with field observations to elucidate the relationship between wild rice density and Canada goose herbivory rates which is a critical knowledge gap identified in the St. Louis River Estuary Restoration & Stewardship Plan.

Flexibility: This is a competitive grant program that MNDNR applied for based on our needs.

Rules: No rule changes.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delaying funding would shorten the time-frame to accomplish the project goals and objectives and could negatively impact the project outcomes. If significantly delayed, we may not be able to spend the full grant amount in the grant term.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

There are no matching requirements required for this grant. Long-term commitments include coordination and communication with the St. Louis River Estuary Manoomin Restoration Partnership and MNDNR Wetland Wildlife Research Group.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 1.2 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The DNR applies indirect costs to salary and fringe benefits only. This project is expected to incur approximately \$97,928 in personnel costs, resulting in estimated indirect costs of \$20,271. We are using our FY25 indirect cost rate of 20.7%, as the FY26 rate has not yet been approved.

Agency Contact and Email: Emily Engel, emily.engel@state.mn.us

Date Submitted: 02/19/2026

MMB Contact and Email: Garrett Schoonover, Garrett.Schoonover@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Natural Resources

State Legal Authority: 84.026

Federal Agency: Department of Agriculture - US Forest Service

Assistance Listing Number (ALN): 10.664

Federal Award Title:

Cooperative Forestry Assistance - Forest Health

Federal Legislation Authorizing the Grant:

Cooperative Forestry Assistance Act, P.L. 95-313 as amended, 16 U.S.C. 2101 et seq.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2026 **Amt:** \$ 100

State FY: 2027 **Amt:** \$ 150

Anticipated expenditures in the next biennium:

State FY: 2028 **Amt:** \$ 90

State FY: **Amt:** \$

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: **Amt:** \$

State FY: **Amt:** \$

Anticipated incremental expenditures in the next biennium:

State FY: **Amt:** \$

State FY: **Amt:** \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: **Amt:** \$

State FY: **Amt:** \$

Anticipated incremental expenditures in the next biennium:

State FY: **Amt:** \$

State FY: **Amt:** \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The US Forest Service (USFS) bundled two grants into one award called the State Forest Action Plan.
12/23/2025 - 07/31/2030 Total Award: \$785,373
Forest Health: \$340,000
This form is for the Forest Health portion of the bundled award.

The purpose of this award is to protect forests from threats, reduce the risks and impacts of wildfires, actively and sustainably manage forest resources, identify and mitigate threats to forest and ecosystem health, maintain and enhance the economic benefits of trees and forests, and conserve and improve wildlife and fish habitat. To achieve these goals, we will coordinate and conduct forest health surveys and analyses, provide training on identifying and managing forest health threats, and implement active management strategies to reduce risks and promote the long-term health of Minnesota’s forests and ecosystems.

We collaborated closely with our U.S. Forest Service partners in preparing this application and will continue to coordinate with them throughout the duration of the funding agreement. Additional partners include the MNDNR Resource Assessment Program, private landowners, and local units of government.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delaying funding would shorten the time-frame to accomplish the project goals and objectives and could negatively impact the project outcomes. If significantly delayed, we may not be able to spend the full grant amount in the grant term.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short-term commitments include developing and executing agreements for aircraft costs and administering grants to local governments and private landowners. Long-term commitments include reporting, grant implementation, and providing ongoing technical and educational guidance.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	FUND	Appropriation	Amount
_____	_____	_____	_____
FY	FUND	Appropriation	Amount
_____	_____	_____	_____
FY	FUND	Appropriation	Amount
_____	_____	_____	_____
FY	FUND	Appropriation	Amount
_____	_____	_____	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 1 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The DNR applies indirect costs to salary and fringe benefits only. This project is expected to incur approximately \$158,154 in personnel costs, resulting in estimated indirect costs of \$31,742. We are using our FY25 indirect cost rate of 20.7%, as the FY26 rate has not yet been approved.

Agency Contact and Email: Emily Engel, emily.engel@state.mn.us

Date Submitted: 02/19/2026

MMB Contact and Email: Garrett Schoonover, Garrett.Schoonover@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Natural Resources

State Legal Authority: 84.026

Federal Agency: Department of Agriculture - US Forest Service

Assistance Listing Number (ALN): 10.664

Federal Award Title:

Cooperative Forestry Assistance - Nursery

Federal Legislation Authorizing the Grant:

Cooperative Forestry Assistance Act, P.L. 95-313 as amended, 16 U.S.C. 2101 et seq.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2026 Amt: \$ 50

State FY: 2027 Amt: \$ 70

Anticipated expenditures in the next biennium:

State FY: 2028 Amt: \$ 90

State FY: 2029 Amt: \$ 90

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The US Forest Service (USFS) bundled three grants into one award called the State Forest Action Plan.
09/30/2024 - 09/29/2029 Total Award: \$735,000
This form is for the Forest Health- Nursery portion of the award: \$300,000

Purpose of the Award:
The purpose of this award is to improve field productivity by restoring soil pH to optimal levels through the application of organic amendments and soil fumigation.

Specific Activities:
Project activities include incorporating peat and lime to reestablish appropriate pH levels, as well as conducting soil fumigation to control fungal pathogens, weeds, and invasive species.

We collaborated closely with our U.S. Forest Service partners in developing this application and will continue to work in close coordination with them throughout the duration of the funding agreement.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delaying funding would shorten the time-frame to accomplish the project goals and objectives and could negatively impact the project outcomes. If significantly delayed, we may not be able to spend the full grant amount in the grant term.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short-term commitments: Purchase and apply the necessary materials to restore soil pH levels and complete fumigation of existing fields. Long-term commitments: Maintain field conditions to optimize seed production and ensure the growth of high-quality seedlings.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** _____ **0** _____ **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The DNR applies indirect costs to salary and fringe benefits only. As this award does not include salary or fringe expenses, no indirect costs will be charged. The full award will be allocated to supplies.

Agency Contact and Email: Emily Engel, emily.engel@state.mn.us

Date Submitted: 2/19/26

MMB Contact and Email: Garrett Schoonover, Garrett.Schoonover@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Natural Resources

State Legal Authority: 84.026

Federal Agency: Department of Agriculture- US Forest Service

Assistance Listing Number (ALN): 10.664

Federal Award Title:

Cooperative Forestry Assistance - Stewardship

Federal Legislation Authorizing the Grant:

Cooperative Forestry Assistance Act, P.L. 95-313 as amended, 16 U.S.C. 2101 et seq.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2026 Amt: \$ 50

State FY: 2027 Amt: \$ 75

Anticipated expenditures in the next biennium:

State FY: 2028 Amt: \$ 55

State FY: 2029 Amt: \$ 55

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The US Forest Service (USFS) bundled three grants into one award called the State Forest Action Plan.
09/30/2024 - 09/29/2029 Total Award: \$735,000
This for is for the Stewardship portion of the bundle only: \$235,000

Purpose of award is to complete detailed forest inventory plots (Plot Based Inventory) in the field on private lands through the use of LIDAR to produce a comprehensive all-lands forest inventory for the state.

We collaborated closely with our U.S. Forest Service partners in preparing this application and will continue to coordinate with them throughout the duration of the funding agreement. Additional partners include Tribal governments, counties, the Minnesota DNR Resource Assessment Program, and the University of Minnesota Extension.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delaying funding would shorten the time-frame to accomplish the project goals and objectives and could negatively impact the project outcomes. If significantly delayed, we may not be able to spend the full grant amount in the grant term.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short-term commitments: Develop and execute grant agreements to local governments and community organizations. Long-term commitments: Oversee grant implementation, complete required reporting, and provide ongoing technical assistance and educational support.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____	
FY _____	FUND _____	AppropID _____	Amount _____	
FY _____	FUND _____	AppropID _____	Amount _____	
FY _____	FUND _____	AppropID _____	Amount _____	

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 1 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The DNR applies indirect costs to salary and fringe benefits only. This project is expected to incur approximately \$123.262 in personnel costs, resulting in estimated indirect costs of \$24,738. We are using our FY25 indirect cost rate of 20.7%, as the FY26 rate has not yet been approved.

Agency Contact and Email: Emily Engel, emily.engel@state.mn.us

Date Submitted: 2/19/26

MMB Contact and Email: Garrett Schoonover, Garrett.Schoonover@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Natural Resources

State Legal Authority: 84.026

Federal Agency: Department of Agriculture - US Forest Service

Assistance Listing Number (ALN): 10.664

Federal Award Title:

Cooperative Forestry Assistance - Urban and Community 24-341

Federal Legislation Authorizing the Grant:

Cooperative Forestry Assistance Act, P.L. 95-313 as amended, 16 U.S.C. 2101 et seq.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2026 Amt: \$ 60

State FY: 2027 Amt: \$ 75

Anticipated expenditures in the next biennium:

State FY: 2028 Amt: \$ 65

State FY: Amt: \$

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The US Forest Service (USFS) bundled three grants into one award called the State Forest Action Plan.
09/30/2024 - 09/29/2029 Total Award: \$735,000
This form is for the Urban & Community portion of the bundled award: \$200,000

The purpose of award is to provide financial, technical, educational, and related assistance to units of local government and others to plan urban forestry programs and to plant, protect, maintain, and utilize wood from community trees and forests. Program goals include: fostering the establishment of self-sustaining local UCF programs that increase tree canopy and improve the condition of forests in cities, suburbs, and rural towns. The program also provides technical community forestry and arboricultural assistance, as well as education and training for residents and professional tree care workers.

We collaborated closely with our U.S. Forest Service partners in developing this application and will continue to work in coordination with them throughout the duration of the funding agreement. Additional partners include units of local government and community organizations.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delaying funding would shorten the time-frame to accomplish the project goals and objectives and could negatively impact the project outcomes. If significantly delayed, we may not be able to spend the full grant amount in the grant term.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short term commitments: Develop and execute grant agreements to local governments and community organizations.. Long-term commitments: Oversee grant implementation, fulfill reporting requirements, and provide ongoing technical assistance and educational support to ensure successful program outcomes.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 1 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The DNR applies indirect costs to salary and fringe benefits only. This project is expected to incur approximately \$146,365 in personnel costs, resulting in estimated indirect costs of \$29,375. We are using our FY25 indirect cost rate of 20.7%, as the FY26 rate has not yet been approved.

Agency Contact and Email: Emily Engel, emily.engel@state.mn.us

Date Submitted: 2/19/26

MMB Contact and Email: Garrett Schoonover, Garrett.Schoonover@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Natural Resources

State Legal Authority: 84.026

Federal Agency: Department of Agriculture - US Forest Service

Assistance Listing Number (ALN): 10.664

Federal Award Title:

Cooperative Forestry Assistance - Urban and Community 25-144

Federal Legislation Authorizing the Grant:

Cooperative Forestry Assistance Act, P.L. 95-313 as amended, 16 U.S.C. 2101 et seq.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2026 Amt: \$ 100

State FY: 2027 Amt: \$ 125

Anticipated expenditures in the next biennium:

State FY: 2028 Amt: \$ 125

State FY: 2029 Amt: \$ 95

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The US Forest Service (USFS) bundled two grants into one award called the State Forest Action Plan.
12/23/2025 - 07/31/2030 Total Award: \$785,373
This form is for the Urban & Community portion of the bundled award: \$445,373

The purpose of this award is to provide financial, technical, educational, and related assistance to support units of local government and other partners in planning and implementing urban and community forestry (UCF) programs. Funding will help communities plant, protect, maintain, and responsibly utilize wood from community trees and forests. Program goals include fostering the development of sustainable, self-supporting local UCF programs that expand tree canopy and enhance forest health in cities, suburbs, and rural communities. The award also supports the delivery of technical community forestry and arboricultural assistance, along with education and training for residents and professional tree care providers.

We collaborated closely with our U.S. Forest Service partners in developing this application and will continue to coordinate with them throughout the duration of the funding agreement. Additional partners include units of local government, community organizations, and the University of Minnesota’s Urban Forestry Outreach and Research Lab.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delaying funding would shorten the time-frame to accomplish the project goals and objectives and could negatively impact the project outcomes. If significantly delayed, we may not be able to spend the full grant amount in the grant term.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short term commitments: Develop and execute grant agreements to local governments and community organizations.. Long-term commitments: Oversee grant implementation, fulfill reporting requirements, and provide ongoing technical assistance and educational support to ensure successful program outcomes.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	FUND	AppropriID	Amount
_____	_____	_____	_____
FY	FUND	AppropriID	Amount
_____	_____	_____	_____
FY	FUND	AppropriID	Amount
_____	_____	_____	_____
FY	FUND	AppropriID	Amount
_____	_____	_____	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 1 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The DNR applies indirect costs to salary and fringe benefits only. This project is expected to incur approximately \$132,000 in personnel costs, resulting in estimated indirect costs of \$26,492. We are using our FY25 indirect cost rate of 20.7%, as the FY26 rate has not yet been approved.

Agency Contact and Email: Emily Engel, emily.engel@state.mn.us

Date Submitted: 02/19/2026

MMB Contact and Email: Garrett Schoonover, Garrett.Schoonover@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Natural Resources

State Legal Authority: 84.026

Federal Agency: Department of Agriculture - US Forest Service

Assistance Listing Number (ALN): 10.680

Federal Award Title:

Forest Health Protection - GLFFC Mobilization

Federal Legislation Authorizing the Grant:

Cooperative Forestry Assistance Act, P.L. 95-313 as amended, 16 U.S.C. 2104.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2026 Amt: \$ 75

State FY: Amt: \$

Anticipated expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

08/01/2024 - 07/31/2029 Award Amount: \$75,000

The award provides resources to the Great Lakes Forest Fire Compact (GLFFC) Forest Health Subcommittee to rapidly mobilize specialists and equipment across states and provinces to response to requests for assistance

Purpose of award is to provide resources to the Great Lakes Forest Fire Compact (GLFFC) Forest Health Subcommittee to rapidly mobilize specialists and equipment in both states and provinces to respond to requests for assistance with tasks and outreach related to high risk introductions and outbreaks, and to train staff as appropriate. Mobilized teams will provide services that no single state/province could provide on their own and training that is only available in jurisdictions where new pests are detected.

We have collaborated closely with our U.S. Forest Service partners in preparing this application and will continue this partnership throughout the grant period. Additional collaborators include Forest Health staff from the Minnesota Department of Natural Resources (MNDNR), as well as colleagues from Wisconsin, Michigan, Ontario, and Manitoba.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delaying funding would shorten the time-frame to accomplish the project goals and objectives and could negatively impact the project outcomes. If significantly delayed, we may not be able to spend the full grant amount in the grant term.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short-term commitments: Support the GLFFC Forest Health Subcommittee in developing and delivering trainings and outreach activities. Long-term commitments: Conduct reporting and ensure the rapid deployment of specialists and equipment to respond to outbreak requests across Minnesota, Wisconsin, Mich

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
2026	75		75	\$ 150
				\$ 0
				\$ 0
				\$ 0

2. Account information:

FY <u>2026</u>	FUND _____	AppropID _____	3rd Party Match from GLFFC
FY _____	FUND _____	AppropID _____	
FY _____	FUND _____	AppropID _____	
FY _____	FUND _____	AppropID _____	

3. Description of the program and budget activity from where cash contributions will originate.

The cash will be provided by non-state partner (Great Lakes Forest Fire Compact).

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 0 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

DNR applies indirect costs on salary and fringe only. There is no salary or fringe in this award. The full award will be allocated to a contract with the Great Lakes Forest Fire Compact.

Agency Contact and Email: Emily Engel, emily.engel@state.mn.us

Date Submitted: 2/19/26

MMB Contact and Email: Garrett Schoonover, Garrett.Schoonover@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Natural Resources

State Legal Authority: 84.026

Federal Agency: Department of Agriculture - US Forest Service

Assistance Listing Number (ALN): 10.680

Federal Award Title:

Forest Health Protection - GLFFC Oak Wilt Workshop

Federal Legislation Authorizing the Grant:

Cooperative Forestry Assistance Act, P.L. 95-313 as amended, 16 U.S.C. 2104.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

2025 Fall 20-day review

Incremental amount requiring approval:

State FY: 2026 Amt: \$ 13

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 13

\$ 13

\$ 26

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

01/2024 - 07/31/2027 Award Amount: \$26,000

The fungus that causes Oak Wilt (OW) continues to spread into new areas & in some areas where OW is established, traditional management activities are not suitable or sustainable. Several jurisdictions have been conducting operational trials using new alternative management strategies that may be more efficient than previous methods. The workshop will address sustainable, economical best management practices, research, surveys, treatments & other OW related topics to slow or prevent the spread of OW in the representative jurisdictions, bringing together OW managers and researchers from across the eastern US. A steering committee with representatives from US Forest Service (USFS) & a few states with OW management programs will be formed to work with staff in Michigan to plan the workshop agenda, to include: 1 day indoor session with presentations: university research/management trials/surveys/monitoring; 1-1.5 day field session looking at management/research/trials; and ½ day indoors with presentations or discussions.

These funds would cover the cost associated with venue rental, buses, travel for some attendees. The Great Lakes Forest Fire Compact will partner with USFS, and members of the Fire Compact to put on this workshop.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delaying funding would shorten the time-frame to accomplish the project goals and objectives and could negatively impact the project outcomes. If significantly delayed, we may not be able to spend the full grant amount in the grant term.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short term commitments - Forest Health staff and GLFFC working together to get a contract in place for the workshop. Long term commitments - evaluate new management strategies for reasonable application in MN and, if feasible, create a plan utilizing those new strategies to help control OW.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
2026	26		25	\$ 51
				\$ 0
				\$ 0
				\$ 0

2. Account information:

FY 2026	FUND _____	AppropID _____	3rd Party Match from GLFFC
FY _____	FUND _____	AppropID _____	
FY _____	FUND _____	AppropID _____	
FY _____	FUND _____	AppropID _____	

3. Description of the program and budget activity from where cash contributions will originate.

The cash will be provided by non-state partner (Great Lakes Forest Fire Compact).

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 0 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

DNR applies indirect costs on salary and fringe only. There is no salary or fringe in this award. The full award will be allocated to a contract with the Great Lakes Forest Fire Compact.

Agency Contact and Email: Emily Engel, emily.engel@state.mn.us

Date Submitted: 2/19/26

MMB Contact and Email: Garrett Schoonover, Garrett.Schoonover@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Natural Resources

State Legal Authority: 84.026

Federal Agency: Department of Agriculture - US Forest Service

Assistance Listing Number (ALN): 10.680

Federal Award Title:

Forest Health Protection - Invasive Species

Federal Legislation Authorizing the Grant:

Cooperative Forestry Assistance Act, P.L. 95-313 as amended, 16 U.S.C. 2104.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2026 **Amt:** \$ 100

State FY: 2027 **Amt:** \$ 100

Anticipated expenditures in the next biennium:

State FY: 2028 **Amt:** \$ 98

State FY: _____ **Amt:** \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

Waiting for executed award for start date. Ends 07/31/2030 Award amount=\$298,000

The goal of this project is to perpetuate remnant black ash forests in the Lake States in the face of emerald ash borer (EAB) by conserving natural lands and wildlife habitat threatened by invasive species. This project will be the first of its kind in the Midwest and will serve as a potential model for broader efforts to perpetuate black ash. To achieve this goal, the project will implement two strategies: (1) preservation of small, remnant black ash–dominated wet forests, and (2) establishment of a black ash orchard to screen for genetic tolerance to EAB and to produce seed for the long-term perpetuation of black ash forests.

We collaborated closely with our U.S. Forest Service partners in preparing this application and will continue to work with them throughout the grant period. We will also partner with the Fond du Lac Band of Lake Superior Chippewa.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delaying funding would shorten the time-frame to accomplish the project goals and objectives and could negatively impact the project outcomes. If significantly delayed, we may not be able to spend the full grant amount in the grant term.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short-term commitments include identifying black ash–dominated sites across Minnesota for protection and ensuring the presence of sufficient female ash trees. Long-term commitments include hiring vendors to treat invasive species, propagating seeds, and tending to seedlings and saplings.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropriationID _____	Amount _____
FY _____	FUND _____	AppropriationID _____	Amount _____
FY _____	FUND _____	AppropriationID _____	Amount _____
FY _____	FUND _____	AppropriationID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 0.1 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The DNR applies indirect costs to salary and fringe benefits only. This project is expected to incur approximately \$9,161 in personnel costs, resulting in estimated indirect costs of \$1,839. We are using our FY25 indirect cost rate of 20.7%, as the FY26 rate has not yet been approved.

Agency Contact and Email: Emily Engel, emily.engel@state.mn.us

Date Submitted: 02/19/2026

MMB Contact and Email: Garrett Schoonover, Garrett.Schoonover@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Natural Resources

State Legal Authority: 84.026

Federal Agency: Environmental Protection Agency

Assistance Listing Number (ALN): 66.469

Federal Award Title:

St. Louis River Estuary Invasive Species Early Detection and Rapid Response

Federal Legislation Authorizing the Grant:

Clean Water Act: Sec. 118(c) as amended by PL 114-322

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2027 **Amt:** \$ 632

State FY: _____ **Amt:** \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

Dates: 07/01/2026 to 12/31/2028
Total grant award: \$632,000
Activities: This project will address the concerns of invasive species in Lake Superior basin nearshore areas and adjacent shorelines by assessing non-native, invasive species distribution in the St. Louis Estuary which is a primary introduction pathway to water bodies in northern Minnesota and Wisconsin.
Flexibility: This is a competitive grant program that MNDNR applied for based on our needs.
Rules: No rule changes.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delaying funding would shorten the time-frame to accomplish the project goals and objectives and could negatively impact the project outcomes. If significantly delayed, we may not be able to spend the full grant amount in the grant term.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

There are no matching requirements required for this grant. Long-term commitments include coordination and communication with multiple stakeholders including: City of Duluth, St. Louis County, Fond du Lac Band of Lake Superior Chippewa, Community Action Duluth, and St. Louis River Alliance.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 1 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The DNR applies indirect costs to salary and fringe benefits only. This project is expected to incur approximately \$110,234 in personnel costs, resulting in estimated indirect costs of \$22,818. We are using our FY25 indirect cost rate of 20.7%, as the FY26 rate has not yet been approved.

Agency Contact and Email: Emily Engel, emily.engel@state.mn.us

Date Submitted: 2/19/26

MMB Contact and Email: Garrett Schoonover, Garrett.Schoonover@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Dept Children Youth Families: Supplemental Nutrition Assistance Program Employment & Training

State Legal Authority: Minnesota Statue 4.07

Federal Agency: US Dept of Agriculture

Assistance Listing Number (ALN): 10.561

Federal Award Title:

SNAP ABAWD Pledge

Federal Legislation Authorizing the Grant:

Food & Nutrition Act of 2008

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 26 Amt: \$ 3,680

State FY: _____ Amt: \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The Food and Nutrition Service (FNS) allocates these additional funds (pledge funds), on an annual basis to State agencies that make a commitment, or “pledge,” to offer a qualifying education, training, or workfare opportunity that meets the participation requirements of section 6(o)(2) the Act, to every able-bodied adult without dependents (ABAWD) applicant and recipient subject to time limits, per the criteria outlined in 7 CFR 273.7(d)(3)(i)

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

These are time limited funds, providers only have until September 30th to use the funding.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

No short or long-term commitments

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	_____	FUND	_____	AppropID	_____	Amount	_____
FY	_____	FUND	_____	AppropID	_____	Amount	_____
FY	_____	FUND	_____	AppropID	_____	Amount	_____
FY	_____	FUND	_____	AppropID	_____	Amount	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** _____ **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

Indirect cost rates are allocated in accordance with DCYF's Public Assistance Cost Allocation Plan (PACAP).

Agency Contact and Email: Marina Balleria; marina.balleria@state.mn.us

Date Submitted: 02/20/2026

MMB Contact and Email: Margaret Oliver; margaret.oliver@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Department of Health

State Legal Authority: M.S. 144.074

Federal Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Assistance Listing Number (ALN): 93.898

Federal Award Title:

Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations

Federal Legislation Authorizing the Grant:

NBCCEDP: PHSA § 1501-1508 & 1510 [42 U.S.C. 300 k, l, l-1, m, n, n-1, n-2, n-3, n-4, n-5] NCCCP: § 317(k)(2) & (e), [42 U.S.C. section 247b (e) & (k)(2)] NPCR: § 399B, 399C, 399D, & 399F(a), as amended.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

FY26-27 Governor's Biennial Budget Book

Incremental amount requiring approval:

State FY: 2026 **Amt:** \$ 215

State FY: 2027 **Amt:** \$ 100

Anticipated incremental expenditures in the next biennium:

State FY: 2028 **Amt:** \$ 7,750

State FY: 2029 **Amt:** \$ 7,750

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 10,818

\$ 315

\$ 11,133

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

This award funds 3 MDH cancer programs.

1. NBCCEDP (Sage Program): To reduce health disparities and improve health equity in breast and cervical cancer screening. It supports clinical services for women with lower incomes who are uninsured or under-insured by paying for screening services and supporting implementation of evidence-based interventions (EBIs) in partner clinics.
2. NCCCP: Supports the MN Cancer Alliance (MCA) & its mission to reduce the burden of cancer for all people living in MN by working together to promote the goals of Cancer Plan Minnesota 2025. This plan includes activities across the continuum from prevention & detection to treatment, survivorship, and end-of-life care.
3. NPCR: Supports implementation of a population-based core cancer registry program. Data is used to monitor incidence trends of cancer to detect potential public health problems, predict risks, & assist in investigating cancer clusters; more accurately target intervention resources for communities, patients & their families; inform health professionals & citizens about risks, early detection, & treatment of cancers known to be elevated in their communities; and promote high quality research to provide better information for cancer control and to address public concerns & questions.

Effective 6/30/2022 - 6/29/2027
Award total \$26,634,491.51.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Execution of the grant and achievement of its objectives, especially timely screening for breast and cervical cancer, will be at risk if approval is delayed.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

No short-term. Long-term the award will require maintenance of efforts, on-going hard match, about 24.55 FTEs that are a condition of receiving the federal award, and indirect costs at the current cost rate of 23.2%.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY 2026	FUND 1000	Appropriation H551309	Amount	\$ 2,036
FY 2027	FUND 1000	Appropriation H551309	Amount	\$ 2,036
FY _____	FUND _____	Appropriation _____	Amount	_____
FY _____	FUND _____	Appropriation _____	Amount	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

MOE is required by the federal funding's authorizing legislation and was calculated in the base-year of the program. All matching funds are to be in addition to those provided in the MOE. The MOE is met through State funding spent on Medicaid breast and cervical cancer screening services (DHS).

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
2026	5,804	1,935	0	\$ 7,739
2027	5,329	1,622	0	\$ 6,951
				\$ 0
				\$ 0

- 2. Account information:

FY	2026	FUND	1000	Appropriation	H12001B
FY	2026	FUND	1000	Appropriation	H12011B
FY	2026	FUND	1000	Appropriation	H551309
FY		FUND		Appropriation	

- 3. Description of the program and budget activity from where cash contributions will originate.

State admin, contract and grant funds allocated for the NBCCEDP & NPCR programs, and for state Medicaid funds paid for breast & cervical cancer screening services through MDH and DHS budgets.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 24.55 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

NBCCEDP: CDC requires .50 FTE for each: Program Director, Data Manager & Program Evaluator. NCCCP: 1 FTE Program Director, 1 FTE Program Manager/Coordinator, & unspecified FTE for a Program Evaluator, and a "Policy Lead." NPCR: 1 FTE Prog. Dir.; 1 FTE Ed. & Training Coord.; 1 FTE QA/QC Mgr; .25 FTE IT support.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The current indirect cost rate of 23.2% is applied to all applicable salaries, wages, and fringe benefits.

Agency Contact and Email: Julie R. Bisch; julie.r.bisch@state.mn.us

Date Submitted: 02/25/2026

MMB Contact and Email: Gabriel Acosta-Reyes; gabriel.acosta-reyes@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Department of Health

State Legal Authority: M.S. 144.074

Federal Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration

Assistance Listing Number (ALN): 93.110

Federal Award Title:

Early Childhood Comprehensive Systems (ECCS) Scaling Effective Early Childhood Systems Dev (SEED) Project

Federal Legislation Authorizing the Grant:

42 U.S.C. § 701(a)(3)

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2026 **Amt:** \$ 0

State FY: 2027 **Amt:** \$ 875

Anticipated expenditures in the next biennium:

State FY: 2028 **Amt:** \$ 875

State FY: 2029 **Amt:** \$ 875

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The purpose of the Early Childhood Comprehensive Systems (ECCS) Scaling Effective Early Childhood Systems Development (SEED) Project is to address the root causes of chronic disease in early childhood by improving families’ access to health care, screening kids early for physical and mental health needs, and connecting parents to services that enable them to provide for their children. The ECCS SEED Project supports evidence-based strategies that improve access to quality care for prenatal-to-age-5 (P-5) families and promote healthy child development and family well-being.

Effective 8/1/26 - 7/31/31 Anticipated total award \$4,375,000

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Grant implementation will be delayed and we may not be able to meet grant deliverables.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short-term commitments include fulfillment of grant requirements during the budget period. Long-term commitments requires 1 FTE that is a condition of receiving the award, and indirect costs at the current cost rate of 23.2%.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	_____	FUND	_____	AppropriD	_____	Amount	_____
FY	_____	FUND	_____	AppropriD	_____	Amount	_____
FY	_____	FUND	_____	AppropriD	_____	Amount	_____
FY	_____	FUND	_____	AppropriD	_____	Amount	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 1 **Existing**

Is the continuation of positions a condition of receiving the federal award? **Yes** **No**

If yes, please describe.

Federal award requires designation of at least 1 FTE to serve in Project Coordinator/Lead role.

Indirect Costs

Are indirect costs included in the proposal? **Yes** **No**

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The current indirect cost rate of 23.2% is applied to all applicable salaries, wages, and fringe benefits.

Agency Contact and Email: Julie R. Bisch; julie.r.bisch@state.mn.us

Date Submitted: 02/25/2026

MMB Contact and Email: Gabriel Acosta-Reyes; gabriel.acosta-reyes@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Department of Health

State Legal Authority: M.S. 144.074

Federal Agency: U.S. Department of Health and Human Services/Health Resources and Services Admin (HRSA)

Assistance Listing Number (ALN): 93.236

Federal Award Title:

Grants to States to Support Oral Health Workforce Activities

Federal Legislation Authorizing the Grant:

42 U.S.C. § 256g

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

_____ \$ 0

_____ \$ 0

_____ \$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

FY26-27 Governor's Biennial Budget Book

Incremental amount requiring approval:

State FY: 2026 **Amt: \$** 0

State FY: 2027 **Amt: \$** 300

Anticipated incremental expenditures in the next biennium:

State FY: 2028 **Amt: \$** 500

State FY: 2029 **Amt: \$** 390

Amount approved for the current biennium + Incremental amount requested = New total current biennium

_____ \$ 1,050

_____ \$ 300

_____ \$ 1,350

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The Health Resources and Services Administration (HRSA) awarded funding under the Fiscal Year 2022 to 2026 Grants to States to Support Oral Health Workforce Activities program to help states develop and implement innovative strategies that address oral health workforce shortages in designated Dental Health Professional Shortage Areas. The purpose of the federal award is to support state-led innovation that expands access to high-quality oral health services, strengthens workforce capacity, promotes program evaluation, and builds sustainable models tailored to each state's specific needs.

Through this award, the Minnesota Department of Health aims to strengthen and enhance the state's geriatric oral health workforce infrastructure, particularly in rural Dental Health Professional Shortage Areas. The project focuses on developing and implementing innovative workforce programs that integrate the Age-Friendly Health System 4M Framework into oral health settings, expand geriatric-focused rural dental training, pilot new service delivery and data-sharing models, and enhance workforce data systems. Emphasizing evaluation, stakeholder engagement, and sustainability, the initiative aims to improve access, quality, and long-term capacity of geriatric oral health services for undeserved older adults in Minnesota.

Effective 9/1/22 - 8/31/26
Award total \$2,240,000

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Execution of the grant and achievement of its objectives, especially addressing the public health needs of undeserved communities that are impacted by poor health outcomes will be at risk. Timely approval is required to execute and amend contracts to include funds and prevent disruption of work.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short-term agreements will be executed to meet the terms and conditions of the grant award. Long-term the award will require about 2.2 FTEs, and indirect costs at the current cost rate of 23.2%.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 2.2 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The current indirect cost rate of 23.2% is applied to all applicable salaries, wages, and fringe benefits.

Agency Contact and Email: Julie R. Bisch; julie.r.bisch@state.mn.us

Date Submitted: 02/25/2026

MMB Contact and Email: Gabriel Acosta-Reyes; gabriel.acosta-reyes@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Department of Health

State Legal Authority: M.S. 144.074

Federal Agency: U.S. Department of Housing and Urban Development

Assistance Listing Number (ALN): 14.900

Federal Award Title:

HUD Lead Hazard Reduction Grant Program

Federal Legislation Authorizing the Grant:

Section 1011 of the Residential Lead-Based Paint Hazard Reduction Act of 1992 and Section 502 of the Housing and Urban Development Act of 1970.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

FY26-27 Governor's Biennial Budget Book

Incremental amount requiring approval:

State FY: 2026 **Amt: \$** 393

State FY: 2027 **Amt: \$** 393

Anticipated incremental expenditures in the next biennium:

State FY: 2028 **Amt: \$** 1,137

State FY: 2029 **Amt: \$** 383

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 1,924

\$ 786

\$ 2,710

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The purpose of the Lead-Based Paint Hazard Reduction grant program is to maximize the number of children under the age of six years for protection from lead poisoning by assisting local government in undertaking comprehensive programs to identify and control lead-based paint hazards in eligible housing populations in southeastern Mn. The high presence of older homes that were once painted with lead-based paints and lack of economic resources to maintain or rehabilitate housing has led to rates of elevated blood lead levels in towns from Albert Lea to Zumbrota that are higher than the state average.

MDH will leverage partnerships with local agencies whose shared goals also include reducing lead exposure. These agencies currently serve the southeastern Minnesota region with programs such as weatherization, housing rehabilitation loans for low-income families, and housing redevelopment. By working within this existing infrastructure, we will be able to leverage resources while serving more families, raise awareness about lead and healthy homes hazards, and increase the pool of contractors who are qualified to perform lead abatement and renovation work. This work aligns with MDH’s goal, and our ongoing Centers for Disease Control-supported initiatives.

Effective 11/15/23 - 11/15/27; Award total \$4,229,861.64

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

MDH will not be able to implement grant activities consistent with federal time lines and requirements. Lead hazards will remain in place, and children may continue to be exposed to lead.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

No short-term. Long-term the award will require on-going soft match, about 3.6 FTEs, and indirect costs at the current cost rate of 23.2%. Additional long-term includes performing lead hazard reduction in the southeastern part of Minnesota.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
2026	962		96	\$ 1,058
2027	962		96	\$ 1,058
				\$ 0
				\$ 0

2. Account information:

FY	2026	FUND	1000	Appropriation	H12003P
FY	2027	FUND	1000	Appropriation	H12003P
FY		FUND		Appropriation	
FY		FUND		Appropriation	

3. Description of the program and budget activity from where cash contributions will originate.

Comes from funding staff salaries through state general fund. In addition to the state soft match listed, contributions from the City of Rochester will add an additional \$136,462 in matching funds over the performance period of the grant.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 3.6 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The current indirect cost rate of 23.2% is applied to all applicable salaries, wages, and fringe benefits.

Agency Contact and Email: Julie R. Bisch; julie.r.bisch@state.mn.us

Date Submitted: 02/25/2026

MMB Contact and Email: Gabriel Acosta-Reyes; gabriel.acosta-reyes@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Department of Health

State Legal Authority: M.S. 144.074

Federal Agency: U.S. Department of Health and Human Services/Centers for Disease Control (CDC)

Assistance Listing Number (ALN): 93.240

Federal Award Title:

Minnesota APPLETREE Cooperative Agreement Program

Federal Legislation Authorizing the Grant:

Section 104(i)(15) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986 [42 U.S.C. §9604(i)(15)].

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

FY26-27 Governor's Biennial Budget Book

Incremental amount requiring approval:

State FY: 2026 _____ **Amt: \$** 21

State FY: 2027 _____ **Amt: \$** _____

Anticipated incremental expenditures in the next biennium:

State FY: 2028 _____ **Amt: \$** 464

State FY: 2029 _____ **Amt: \$** 500

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 972

\$ 21

\$ 993

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The Agency for Toxic Substances and Disease Registry's (ATSDR) Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) Program is critical to ATSDR's success in accomplishing its mission in communities nationwide. ATSDR's awardees will use Cooperative Agreement Program funding to advance ATSDR's primary goal of keeping communities safe from harmful environmental exposures and related diseases including giving partners the resources to build their capacity to assess and respond to site-specific issues involving human exposure to hazardous substances in the environment. The Program helps ATSDR's partners identify exposure pathways at specific sites; educate affected communities and local health professionals about site contamination and potential health effects; make recommendations to prevent exposure; review health outcome data to evaluate potential links between site contaminants and community health outcomes; and document the effects of environmental remediation on health. The APPLETREE Program enhances ATSDR's communication with state, local, and federal health and environmental agencies. Because the APPLETREE awardees are located nationwide and require less travel times, this program enhances the capability of ATSDR to conduct its site-specific activities in a timely fashion.

Effective 4/1/23 - 3/31/28; Award total \$1,456,758; Anticipate additional funding in April 2026.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Grant activities will be delayed and we may not be able to meet grant requirements.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

No short-term commitments. Long-term commitments the award requires .75 FTE and indirect costs at the current cost rate of 23.2%.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	Appropriation _____	Amount _____
FY _____	FUND _____	Appropriation _____	Amount _____
FY _____	FUND _____	Appropriation _____	Amount _____
FY _____	FUND _____	Appropriation _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** .75 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The current indirect cost rate of 23.2% is applied to all applicable salaries, wages, and fringe benefits.

Agency Contact and Email: Julie R. Bisch; julie.r.bisch@state.mn.us

Date Submitted: 02/25/2026

MMB Contact and Email: Gabriel Acosta-Reyes; gabriel.acosta-reyes@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Department of Health

State Legal Authority: M.S. 144.074

Federal Agency: U.S. Department of Health and Human Services/Centers for Disease Control

Assistance Listing Number (ALN): 93.070

Federal Award Title:

Minnesota Environmental Public Health Tracking

Federal Legislation Authorizing the Grant:

Section 317(k)(3) of the Public Health Service Act, [42 U.S.C. 247b (k)(3)]

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

FY26-27 Governor's Biennial Budget Book

Incremental amount requiring approval:

State FY: 2026 _____ **Amt:** \$ 199

State FY: 2027 _____ **Amt:** \$ 0

Anticipated incremental expenditures in the next biennium:

State FY: 2028 _____ **Amt:** \$ 615

State FY: 2029 _____ **Amt:** \$ 416

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 1,230

\$ 199

\$ 1,429

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

Since 2009, MDH has developed and enhanced the MN Environmental Public Health Tracking Network. The portal provides public access to integrated and public health and environmental surveillance data and trends. It develops and displays nationally consistent data and measures through interactive charts, maps, data queries, community profiles, metadata and downloads to inform public health programs, interventions and policies.

MN Tracking will pursue key tracking strategies in four areas: science and content, technology and infrastructure, communications, and program services.

This project will increase awareness of and access to engaging, timely and actionable environmental public health data, trends and products for key stakeholders, decision makers and new audiences. Mid-term, measureable public health actions result from Tracking data, analysis, partnerships and outreach activities. Long-term, MN Tracking will contribute to the improved health of communities throughout Minnesota.

Effective 8/1/22 - 7/31/27
Award total \$2,460,000

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Core Env. health and exposure surveillance and data publication may not be conducted in a timely manner, limiting the ability to intervene, prevent and reduce harmful environmental exposures.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

No short-term commitments. Long-term commitments the award requires 2 FTEs, and indirect costs at the current cost rate of 23.2%.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropriationID _____	Amount _____
FY _____	FUND _____	AppropriationID _____	Amount _____
FY _____	FUND _____	AppropriationID _____	Amount _____
FY _____	FUND _____	AppropriationID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 2 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The current indirect cost rate of 23.2% is applied to all applicable salaries, wages, and fringe benefits.

Agency Contact and Email: Julie R. Bisch; julie.r.bisch@state.mn.us

Date Submitted: 02/25/2026

MMB Contact and Email: Gabriel Acosta-Reyes; gabriel.acosta-reyes@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Department of Health

State Legal Authority: M.S. 3.3005, M.S. 144.074

Federal Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Assistance Listing Number (ALN): 93.387

Federal Award Title:

National and State Tobacco Control Program

Federal Legislation Authorizing the Grant:

301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)]

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

FY26-27 Governor's Biennial Budget Book

Incremental amount requiring approval:

State FY: 2026 _____ **Amt: \$** 1,600

State FY: 2027 _____ **Amt: \$** 1,600

Anticipated incremental expenditures in the next biennium:

State FY: 2028 _____ **Amt: \$** 1,600

State FY: 2029 _____ **Amt: \$** 1,600

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 3,192

\$ 3,200

\$ 6,392

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

With this funding, the Minnesota Department of Health (MDH) is advancing our five year goals and objectives based on CDC Best Practices for Comprehensive Tobacco Control Programs and The Community Guide to align with the overarching goals of Minnesota's Tobacco Control Framework. MDH is building on our statewide success expanding evidence-based policy, systems, and environmental (PSE) strategies and activities. In collaboration with our state, local, and tribal partners, MDH is advancing our National Tobacco Control Program objectives to decrease commercial tobacco use and exposure and advance health equity.

MDH implements PSE strategies and activities in Component 1 to address statewide prevention of initiation of emerging tobacco products including e-cigarettes for youth and young adults, eliminate secondhand smoke and e-cigarette aerosol, and address commercial tobacco use dependence and treatment. Strong internal collaborations at MDH advance our goals in partnership with other CDC-funded programs including Oral Health, Comprehensive Cancer Control, Asthma, Diabetes, Heart Disease and Stroke.

MDH has also expanded its efforts to reach populations harmed by commercial tobacco use and connect them to evidence-based cessation services under Component 2. MDH has maintained an infrastructure for quitline support for all Minnesotans and expanded marketing strategies to promote the quitline statewide.

Anticipated Effective Date 4/29/26 - 4/28/27 and anticipated total award \$3,200,000

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delayed spending approval would impact MDH ability to enter into grants and contracts with external partners, which is how much of the work is accomplished.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

MDH will have short-term commitments with grantees and contractors. Long-term the award will require about 12 FTEs, and indirect costs at the current cost rate of 23.2%.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	FUND	AppropID	Amount	_____
_____	_____	_____	_____	_____
FY	FUND	AppropID	Amount	_____
_____	_____	_____	_____	_____
FY	FUND	AppropID	Amount	_____
_____	_____	_____	_____	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? 2 **New** 10 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The current indirect cost rate of 23.2% is applied to all applicable salaries, wages, and fringe benefits.

Agency Contact and Email: Julie R. Bisch; julie.r.bisch@state.mn.us

Date Submitted: 02/25/2026

MMB Contact and Email: Gabriel Acosta-Reyes; gabriel.acosta-reyes@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Department of Health

State Legal Authority: M.S. 144.074

Federal Agency: U.S. Department of Justice/Office for Victims of Crime

Assistance Listing Number (ALN): 16.320

Federal Award Title:

OVC Enhanced Collaborative Model (ECM) Task Force to Combat Human Trafficking

Federal Legislation Authorizing the Grant:

22 U.S.C. § 7105(b)(2) and 34 U.S.C. § 20705

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2027 Amt: \$ 333

State FY: 2028 Amt: \$ 333

Anticipated expenditures in the next biennium:

State FY: 2029 Amt: \$ 334

State FY: Amt: \$

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The purpose of the funding is to support jurisdictions to develop and expand a multidisciplinary, collaborative task force approach to better respond to human trafficking through increased victim identification, service provision, and case investigation. The funding supports statewide task forces at any stage of development and who intend to provide support across all areas of the state.

MDH, in partnership with the BCA will work to: Strengthen Minnesota Human Trafficking Investigators Task Force partnership with victim service organizations; deepen and apply strategies to address forced criminality related to human trafficking and intersecting issues; and develop and implement training, public awareness materials, outreach strategies, protocols, and a statewide coordination plan to prevent and respond to human trafficking.

Effective 7/1/26 - 6/30/29

Award \$1,000,000

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

A delay would prevent MDH from coordinating with the BCA and the application process and our combined efforts to implement our work.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

No short-term commitments. Long-term the award will require on-going hard match, about 1.5 FTEs , and indirect costs at the current cost rate of 23.2%.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
2027	333	83		\$ 416
2028	333	83		\$ 416
2029	334	84		\$ 418
				\$ 0

2. Account information:

FY 2027	FUND 1000	Appropriation ID	H12001B
FY 2028	FUND 1000	Appropriation ID	H12011B
FY 2029	FUND 1000	Appropriation ID	H12011B
FY _____	FUND _____	Appropriation ID	_____

3. Description of the program and budget activity from where cash contributions will originate.

The grant indicates a required match of 25% based on the total project costs. All match resources are from our Health Improvement program and Health Promotion budget activity.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 1.5 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The current indirect cost rate of 23.2% is applied to all applicable salaries, wages, and fringe benefits.

Agency Contact and Email: Julie R. Bisch; julie.r.bisch@state.mn.us

Date Submitted: 02/25/2026

MMB Contact and Email: Gabriel Acosta-Reyes; gabriel.acosta-reyes@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Department of Health

State Legal Authority: M.S. 144.074

Federal Agency: U.S. Department of Justice (DOJ) - Office for Victims of Crime (OVC)

Assistance Listing Number (ALN): 16.320

Federal Award Title:

OVC Improving Outcomes for Child and Youth Victims of Human Trafficking

Federal Legislation Authorizing the Grant:

18 U.S.C. § 3014(h)(2) and 22 U.S.C. § 7105(b)(2)

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2026 Amt: \$ 0

State FY: 2027 Amt: \$ 400

Anticipated expenditures in the next biennium:

State FY: 2028 Amt: \$ 400

State FY: 2029 Amt: \$ 400

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The program goal for this award is to improve responses for child and youth victims of trafficking with a focus on building collaboration at the statewide or Tribal jurisdictions-wide level to create improvements across systems.

There are also three objectives:

Objective 1: Develop and implement a jurisdiction-wide strategy to combat the greatest challenge areas in child and youth sex and labor trafficking within the state or Tribe.

Objective 2: Develop or enhance protocols, procedures, and state- and Tribal-specific strategies to address child and youth sex and labor trafficking.

Objective 3: Fill gaps in existing services and coordinate responses in existing anti-trafficking and youth-serving efforts, including those related to victim assistance, law enforcement, child welfare, runaway and homeless youth, and juvenile justice, among others.

Anticipated Effective Date 7/1/26 - 6/30/30 and anticipated total award \$1,600,000

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

A long delay could impact staff and it would also mean a delay in issuing an RFP to identify grantees to carry out much of the work.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

No short-term commitments. Long-term commitments the award will require on-going hard match, 1.2 FTE that is a condition of receiving the award, and indirect costs at the current cost rate of 23.2%.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	FUND	AppropID	Amount	_____
_____	_____	_____	_____	_____
FY	FUND	AppropID	Amount	_____
_____	_____	_____	_____	_____
FY	FUND	AppropID	Amount	_____
_____	_____	_____	_____	_____
FY	FUND	AppropID	Amount	_____
_____	_____	_____	_____	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
2027	400	100		\$ 500
2028	400	100		\$ 500
2029	400	100		\$ 500
2030	400	100		\$ 500

2. Account information:

FY <u>2027</u>	FUND <u>2000</u>	Appropriation <u>H12219B</u>
FY <u>2028</u>	FUND <u>2000</u>	Appropriation <u>H12219B</u>
FY <u>2029</u>	FUND <u>2000</u>	Appropriation <u>H12219B</u>
FY <u>2030</u>	FUND <u>2000</u>	Appropriation <u>H12219B</u>

3. Description of the program and budget activity from where cash contributions will originate.

MDH does a grant match and a salary match for this grant. The match amount is 25% of the total award. The larger proportion of the match comes from 2000/H1238704/H12219B, which is for trafficking grants. The salary match comes from 1000/H1238782/H12001B, which is for trafficking operations.

FTE

How many FTE(s) are needed to carry out this project/proposal? 0 **New** 1.2 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

At a minimum, one full-time employee (FTE) should serve as a coordinator/manager/director for the project. In addition there is a match requirement for staffing in the budget and all positions need to be maintained.

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The current indirect cost rate of 23.2% is applied to all applicable salaries, wages, and fringe benefits.

Agency Contact and Email: Julie R. Bisch; julie.r.bisch@state.mn.us

Date Submitted: 02/25/2026

MMB Contact and Email: Gabriel Acosta-Reyes; gabriel.acosta-reyes@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Department of Health

State Legal Authority: M.S. 144.074

Federal Agency: U.S. Environmental Protection Agency

Assistance Listing Number (ALN): 66.605

Federal Award Title:

Performance Partnership Grant (PPG) - State Lead Program Grants

Federal Legislation Authorizing the Grant:

Appropriations Act of 1996 (PL 104-134); Appropriations Act of 1998 (PL 105-65). Regulatory authority; 2 CFR 200, 2 CFR 1500, 40 CFR 33, and 40 CFR 35 Subpart A.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

2025 Fall 20-Day Review

Incremental amount requiring approval:

State FY: 2026 **Amt:** \$ 451

State FY: 2027 **Amt:** \$ 927

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 746

\$ 1,378

\$ 2,124

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt:** \$ _____

State FY: _____ **Amt:** \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

This agreement provides funding for the operation of the Minnesota Department of Health's (MDH) continuing environmental programs while giving it greater flexibility to address its highest environmental priorities, improve environmental performance, achieve administrative savings and strengthen the partnership between the MDH and Environmental Protection Agency (EPA).

The work includes outputs and outcomes associated with managing continuing environmental programs which include activities to protect and maintain lead and enforcement activities, enforcement actions currently open or initiated, course audits, record reviews, conduct renovation training course accreditations/approvals, and conduct individual certifications for lead-based paint activities during the reporting period.

Effective 10/1/21 - 9/30/26
Award total \$2,123,742

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

If delayed there may be concerns with spending down direct and indirect expenditures before the grant period ends.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short-term to perform accreditation, audits, inspection, and reviews of providers and instructors. Long-term the award will require on-going hard match, about 3.7 FTEs, and indirect costs at the current cost rate of 23.2%.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	FUND	AppropriD	Amount	_____
_____	_____	_____	_____	_____
FY	FUND	AppropriD	Amount	_____
_____	_____	_____	_____	_____
FY	FUND	AppropriD	Amount	_____
_____	_____	_____	_____	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 3.7 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The current indirect cost rate of 23.2% is applied to all applicable salaries, wages, and fringe benefits.

Agency Contact and Email: Julie R. Bisch; julie.r.bisch@state.mn.us

Date Submitted: 02/25/2026

MMB Contact and Email: Gabriel Acosta-Reyes; gabriel.acosta-reyes@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Human Services

State Legal Authority: MS 4.07, Subd. 3

Federal Agency: U.S. Department of the Treasury

Assistance Listing Number (ALN): 21.027

Federal Award Title:

American Rescue Plan - State Fiscal Recovery-Expansion of Medicaid Funded Schol-Based Behavioral Health Services

Federal Legislation Authorizing the Grant:

Public Law 117-2- American Rescue Plan Act of 2021

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Governor's Revised FY26-27 Budget March 2025

Incremental amount requiring approval:

State FY: 2026 Amt: \$ (143)

State FY: 2027 Amt: \$ 225

Anticipated incremental expenditures in the next biennium:

State FY: 2028 Amt: \$ 0

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

588

82

670

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

This grant is part of the American Rescue Plan funding awarded through Minnesota Management and Budget. The purpose of the funding is for the expansion of Medicaid Funded School-Based Behavioral Health Services. DHS and MDE, working in collaboration, are supporting and guiding schools to maximize new and emerging Medicaid opportunities, utilizing funding for services that expands services while ensuring integrity with Medicaid funding requirements.

The total grant base from FY 2025-FY 2027 is \$1,588,000. Due to underspending in FY 2025, funding authority is needed in FY 2027. The grant is available from Oct 1, 2025 through June 30, 2027.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Without prompt approval of spending in FY 2027, there could be a delay in spending in Fy 2027.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

There is only a short term commitment for this grant using federal dollars. There is no long term commitment to the State.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	FUND	AppropID	Amount	_____
_____	_____	_____	_____	_____
FY	FUND	AppropID	Amount	_____
_____	_____	_____	_____	_____
FY	FUND	AppropID	Amount	_____
_____	_____	_____	_____	_____
FY	FUND	AppropID	Amount	_____
_____	_____	_____	_____	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 3.00 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

These positions are directly funded for this award. These positions will be re-assigned or ended after the award is fully spent.

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

DHS indirect costs charged to federal grants are determined through a federally approved cost allocation methodology. For non-entitlement programs such as this one, state indirect costs are capped at 10% of administrative expenditures from the grant.

Agency Contact and Email: Peter Butler; Peter.a.butler@state.mn.us

Date Submitted: 2/19/2026

MMB Contact and Email: Marina Herrera-Heintz, marina.herrera-heintz@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Human Services

State Legal Authority: Minnesota Statute 4.07

Federal Agency: Substance Abuse and Mental Health Services Administration

Assistance Listing Number (ALN): 93.243

Federal Award Title:

FY23 Promoting the Integration of Primary and Behavioral Health Care

Federal Legislation Authorizing the Grant:

Sec 520K of PHS Act, as amended

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Fall 2025 20-day LAC Review Process

Incremental amount requiring approval:

State FY: 26 Amt: \$ 543

State FY: 27 Amt: \$ 0

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

4,249

\$ 543

4,792

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The Minnesota Department of Human Services Health Care Administration, in collaboration with the Behavioral Health Division, the Minnesota Department of Health, and Hennepin Healthcare, proposes to implement the Collaborative Care Model to expand and improve the quality of mental health and substance use disorder care in the primary care setting.

Our shared inter-agency vision for the Substance Abuse and Mental Health Services Administration's FY 2023 Promoting the Integration of Primary and Behavioral Health Care funding opportunity includes three goals.

1. Enhance and optimize the delivery of behavioral health services within the primary care setting.
2. Employ workforce shortage mitigation strategies to reduce the bottleneck found within behavioral health service delivery systems in Minnesota.
3. Reduce health disparities in access to quality behavioral health care services while providing recovery-oriented and trauma-informed care.

The Collaborative Care Model creates a person-centered experience for individuals and families with depression, anxiety, and co-occurring physical health and substance use disorders in the primary care setting. Collaborative Care is an evidence-based model that addresses the challenges intensified by the pandemic and closes the mental health service gap by creating access to high-quality mental health and substance use services in a familiar and convenient primary care setting. The project period if from 9/30/23 - 9/29/28. The total amount authorized in the project is \$9,967,466.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

DHS is currently supporting three staff positions and one large contract that would be impacted if funding authority is delayed. Program operations for this vulnerable population of patients may be interrupted.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short-term commitments include meeting all the required reporting requirements. Long-term commitments include meeting ongoing data reporting requirements, ongoing implementation requirements, and submission of yearly sustainability plans with the goal of model implementation statewide.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 0.95 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

At least 0.50 FTE for a Project Director is required as Key Personnel for the award. The 0.95 total FTE is spread across three positions, with the Project Director recently approved by SAMHSA at 0.75 FTE.

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

Yes, 10% indirect costs using the cost allocation method are included.

Agency Contact and Email: Peter Butler; peter.a.butler@state.mn.us

Date Submitted: 2/20/2026

MMB Contact and Email: Marina Herrera-Heintz, marina.herrera-heintz@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Human Services

State Legal Authority: Minn. Stat. 3.3005

Federal Agency: Center for Medicare and Medicaid Services

Assistance Listing Number (ALN): 93.778

Federal Award Title:

Government Efficiency Grant

Federal Legislation Authorizing the Grant:

Public Law 119-21 Section 71119(e) of Working Families Tax Cut Legislation of 2025

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2026 Amt: \$ 500

State FY: 2027 Amt: \$ 1,461

Anticipated expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

This grant award may be used only for administrative costs directly associated with establishing systems necessary to carry out implementing Medicaid community engagement requirements established under section 7119(e) of the Working Families Tax Cut Legislation of 2025, and certain other sections of this legislation that pertain to conducting eligibility determinations or redeterminations. These funds are not subject to enhanced match funding proposal for design, development and installation of Medicaid enterprise systems and can be used to include:

- System development and integration
- Operational and professional services
- Implementation support and training

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

A delay in funding would delay the potential work needed to be in compliance with HR1. Additionally, this award expires September 30, 2026, so any potential delay could lead to the award expiring and the State needing to find a different funding source to support this work.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short term commitments include complying with eligibility requirements by the effective dates established in federal law. Long term commitments include operationalizing and validating new eligibility requirements to maintain coverage for eligible enrollees and aligning processes where possible.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	_____	FUND	_____	AppropID	_____	Amount	_____
FY	_____	FUND	_____	AppropID	_____	Amount	_____
FY	_____	FUND	_____	AppropID	_____	Amount	_____
FY	_____	FUND	_____	AppropID	_____	Amount	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** _____ **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

This award provides up to ten percent for indirect costs.

Agency Contact and Email: Peter Butler; peter.a.butler@state.mn.us

Date Submitted: 2/20/2026

MMB Contact and Email: Gabriel Acosta-Reyes; gabriel.acosta-reyes@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Human Services

State Legal Authority: Minnesota Statute 4.07

Federal Agency: Centers for Medicare and Medicaid Services

Assistance Listing Number (ALN): 93.869

Federal Award Title:

Minnesota Department of Human Services (MN DHS) Transforming Maternal Health (TMAH) Project Narrative

Federal Legislation Authorizing the Grant:

Section 1115A of the Social Security Act (the Act), as added by Section 3021 of the Patient Protection and Affordable Care Act

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Governor's Revised FY26-27 Budget, March 2025

Incremental amount requiring approval:

State FY: 26 Amt: \$ 108

State FY: 27 Amt: \$ 108

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

5,299

\$ 216

\$ 221

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

DHS received an award for \$17 million dollars over 10 years to improve maternal health care services. The TMaH model will test a new paradigm of maternity care by increasing access to and expanding the maternal health workforce while also increasing the use of comprehensive clinical and social screenings, risk-appropriate care, safety practices, and home monitoring for Medicaid beneficiaries. Some highlights of the model include:

- increasing access to the midwifery and doula workforce,
- increasing access to birth centers,
- improving data infrastructure,
- developing a value-based payment model,
- supporting the implementation of AIM patient safety bundles,
- increasing risk assessments, screening, referrals and follow up, and
- promoting shared decision-making between patients and providers.

The TMaH model will be developed and implemented in Hennepin County within the first three years of the cooperative agreement (CYs 2025-2027) with the comparison population being birthing persons in Ramsey County.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

A delayed review request will impact the ability to contract with community providers to carry out milestone activities required by the award. Funding also supports multiple FTEs.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Short-term commitments include meeting all the required reporting requirements. Long-term commitments include collaboration with CMS as part of the cooperative agreement, ongoing reporting requirements, and maintenance of Value Based Purchasing arrangements established through the TMaH model.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 4.58 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

The 4.58 FTE are shared across five positions. Four of the positions are fully funded by the grant award.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

A cost allocation method of 15% was used

Agency Contact and Email: Peter Butler; peter.a.butler@state.mn.us

Date Submitted: 2/20/2026

MMB Contact and Email: Gabriel Acosta-Reyes; gabriel.acosta-reyes@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Human Services

State Legal Authority: M.S. 4.07

Federal Agency: Health and Human Services- Substance Abuse and Mental Health Services Administration

Assistance Listing Number (ALN): 93.243

Federal Award Title:

Services Program for Residential Treatment for Pregnant and Postpartum Women

Federal Legislation Authorizing the Grant:

Residential Treatment for Pregnant and Postpartum Women awards are authorized under Section 508 of the Public Health Service Act, as amended, 42 USC 290bb-1.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2026 Amt: \$ 0

State FY: 2027 Amt: \$ 1000

Anticipated expenditures in the next biennium:

State FY: 2028 Amt: \$ 1000

State FY: 2029 Amt: \$ 1000

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

N/A

Part Three – Grant Description

Provide a description of the federal award.

This grant will be awarded under the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). The purpose of the grant is to provide comprehensive services for pregnant and postpartum women with substance use disorders across the continuum of residential settings that support and sustain recovery.

This program includes residential treatment programs that offer organized substance use disorder treatment services for women and their minor children and feature a planned regiment of care in a safe 24-hour residential setting with staff supervision.

The award is expected to open up for applications in the Spring 2026. The anticipated availability of the grant would be Oct 1, 2026 through Sept 30, 2029 for a total award amount of \$3 million.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

A delay in approval may cause a delay in spending in FY 2027.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

The short-term commitment is spending the grant for the entire three year grant cycle of 2026-2029. This grant likely will have additional, future cycles, so the potential long-term commitment is DHS applying in a future grant cycle beyond 2029.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
2026	0	0	0	\$ 0
2027	1000	111	0	1111
2028	1000	111	0	1111
2029	1000	333	0	1333

2. Account information:

FY <u>2026</u>	FUND <u>NA</u>	AppropID <u>NA</u>
FY <u>2027</u>	FUND <u>1000</u>	AppropID <u>1129</u>
FY <u>2028</u>	FUND <u>1000</u>	AppropID <u>1129</u>
FY <u>2029</u>	FUND <u>1000</u>	AppropID <u>1129</u>

3. Description of the program and budget activity from where cash contributions will originate.

The match used will be from state general fund appropriations that serve people with substance abuse disorders.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 2.00 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

DHS indirect costs charged to federal grants are determined through a federally-approved cost allocation methodology. For non-entitlement program such as this one, state indirect costs are capped at 10% of administrative expenditures from the grant.

Agency Contact and Email: Peter Butler: peter.butler@state.mn.us

Date Submitted: 2/19/2026

MMB Contact and Email: Marina Herrera-Heintz, marina.herrera-heintz@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Department of Human Services

State Legal Authority: M.S. 4.07

Federal Agency: Department of Health and Human Services- Substance Abuse and Mental Health Services

Assistance Listing Number (ALN): 93.958

Federal Award Title:

The Bipartisan Safer Communities Act (BSCA)

Federal Legislation Authorizing the Grant:

(P.L. 117-159)- Subparts I&III,B,Title XIX,PHS Act/45 CFR Part96

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Governor's Revised FY26-27 Budget, March 2025

Incremental amount requiring approval:

State FY: 2026 _____ **Amt: \$** 0

State FY: 2027 _____ **Amt: \$** 202

Anticipated incremental expenditures in the next biennium:

State FY: 2028 _____ **Amt: \$** 0

State FY: 2029 _____ **Amt: \$** 0

Amount approved for the current biennium + Incremental amount requested = New total current biennium

3,317

202

3,519

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

Other Revision Provide explain revision below.

N/A

Part Three – Grant Description

Provide a description of the federal award.

The Bipartisan Safer Communities Act (BSCA) (P.L. 117-159): provides in supplemental funding for the Community Mental Health Services Block grant (MHBG), to enable States, the District of Columbia, and territories to expand access to mental health care. With the impact of COVID19 and mass shootings prominent in the national discourse, this grant focuses on mental health treatment and recovery services. The Substance Abuse and Mental Health Services Administration (SAMHSA) is recommending that state behavioral health systems examine what is needed to address the need for mental health services in the aftermath of mass shootings and other traumatic events in communities.

This next allocation of funding for this program is awarded from September 30, 2025 through September 29, 2027. This request increases the legislative federal authority in FY 2026, 2027 and 2028 due to projected changes between fiscal years.

There have been four allocations of the BSCA grant. The first BSCA allocation of \$1.007 million was available starting October 17, 2022 through September 29, 2024. The second award of \$1.007 million was available starting 9/30/2023 through 9/30/2025, the third award of \$1.017 million was available 9/30/2024 through 9/30/2026 and the last award of \$1.017 million was awarded 9/30/2025 through 9/30/2027. This request increases the legislative federal authority in FY 2027 and 2028 due to projected changes between fiscal years.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

If the spending authorization is not approved, it may delay spending in FY 2027.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

The funding is only short term and does not have a long term commitment.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropriD _____	Amount _____
FY _____	FUND _____	AppropriD _____	Amount _____
FY _____	FUND _____	AppropriD _____	Amount _____
FY _____	FUND _____	AppropriD _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

N/A

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

N/A

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 0.0 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

N/A

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

DHS indirect costs charged to federal grants are determined through a federally approved cost allocation methodology. For non-entitlement programs such as this one, state indirect costs are capped at 10% of administrative expenditures from the grant.

Agency Contact and Email: Peter Butler:peter.butler@state.mn.us

Date Submitted: 2/19/2026

MMB Contact and Email: Marina Herrera-Heintz, marina.herrera-heintz@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Employment and Economic Development (DEED)

State Legal Authority: MN Stat. 116J.035 Subdivision 1 Section 6

Federal Agency: Department of Housing and Urban Development

Assistance Listing Number (ALN): 14.228

Federal Award Title:

Community Development Block Grant Program

Federal Legislation Authorizing the Grant:

Housing and Community Development Act Title 1

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Governor's Biennial Budget

Incremental amount requiring approval:

State FY: 26 Amt: \$ 3,909

State FY: 27 Amt: \$ 3,909

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

38,182

\$ 7,818

\$ 7,856

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

Small Cities Community Development Block Grants (CDBG) for the benefit of eligible non-entitlement local units of government for community development needs. The award is from 03/01/2021 to 03/01/2027. The full grant amount is \$23 million per year.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delayed program implementation would push back assistance.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

DEED staff will be required to maintain federal reporting and plan information to HUD along with their already existing CDBG program.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
26	23000	481		\$ 23,481
27	23000	481		\$ 23,481
				\$ 0
				\$ 0

2. Account information:

FY <u>26</u>	FUND <u>1000</u>	AppropID <u>B221098</u>
FY <u>27</u>	FUND <u>1000</u>	AppropID <u>B221098</u>
FY _____	FUND _____	AppropID _____
FY _____	FUND _____	AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

Community Finance general fund appropriations are used to match this federal contribution.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 5 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The indirect rate is 17.14% for FY26

Agency Contact and Email: Natasha Kukowski, natasha.kukowski@state.mn.us

Date Submitted: 02/17/2026

MMB Contact and Email: Brian McLafferty; brian.mclafferty@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Employment & Economic Development

State Legal Authority: MS 116J.035

Federal Agency: Economic Development Administration (EDA)

Assistance Listing Number (ALN): 11.307, Economic Adjustment Assistance

Federal Award Title:

ARPA Statewide Travel & Tourism Grant

Federal Legislation Authorizing the Grant:

42 U.S.C. § 3121 (PWEDA). American Rescue Plan Act of 2021 (Public Law 117-2), Congress provided EDA with \$3,000,000,000, to remain available until September 30, 2022. EDA has allocated \$750,000,000 into this program

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Governor's Biennial Budget

Incremental amount requiring approval:

State FY: 2026 _____ **Amt: \$ 640**

State FY: 2027 _____ **Amt: \$ 640**

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

6,600

1,280

7,880

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

DEED was awarded \$9,145,450 to support travel and tourism efforts within three state agencies. DEED and Explore Minnesota will share \$5,145,450 for tourism and livability marketing. DNR will receive \$4 million to build infrastructure improvements and public water accesses to enhance paddles sports tourism. The award is from 11/10/2021 to 11/10/2026.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delay of the review will impact program's ability to deliver services and jeopardize the state's ability to be in compliance with federal grant requirements.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

ARP funding to support the economic recovery of the travel, tourism and outdoor recreation sectors. No match requirements for the state tourism grant portion of this award. No maintenance of effort requirements.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** .24 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Existing employees will be directed towards utilizing this one time funding through the ARP. This may fund a portion of their work for the next couple of years.

Indirect Costs

Are indirect costs included in the proposal? Yes No

1. If yes, indicate the rate and on what base that rate is applied.
2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

DEED is the only agency on which indirect is charged, based on DEED's approved US DOL rate. The indirect rate is 17.14% for FY26.

Agency Contact and Email: Neal Young neal.young@state.mn.us

Date Submitted: 02/11/2026

MMB Contact and Email: Brian McLafferty; brian.mclafferty@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Employment and Economic Development (DEED)

State Legal Authority: MS 116J.035

Federal Agency: U.S. Department of Labor, Office of Disability Employment Policy

Assistance Listing Number (ALN): 17.720 - Disability Employment Policy Development

Federal Award Title:

Employment Transition Models Demonstration Grants (ETM) Project (formerly Equitable Transition Models)

Federal Legislation Authorizing the Grant:

Title 29 U.S.C. § 557(b) and the Consolidated Appropriations Act, 2023 (Public Law 117-328)

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

Anticipated expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Governor's Biennial Budget

Anticipated incremental expenditures in the next biennium:

Incremental amount requiring approval:

State FY: 2026 Amt: \$ 2,250

State FY: 2028 Amt: \$ 3,515

State FY: 2027 Amt: \$ 2,250

State FY: 2029 Amt: \$ 0

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 4,980

\$ 4,500

\$ 9,480

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Anticipated incremental expenditures in the next biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The primary goals of the ETM Demonstration Grants are to improve the employment outcomes of multiply marginalized people with disabilities, specifically youth and young adults with disabilities (Y&YAD), as well as to increase states’ capacity to develop innovative employment strategies for underserved Y&YAD and their families. The ETM grants will support up to four grantees in developing scalable strategies to enable multiply marginalized Y&YAD ages 14 to 24 to successfully transition into the workforce. ETM Demonstration Grant applicants will identify specific target population(s) based on data analysis and needs assessments. For example, applicants may focus on low-income Y&YAD as well as those experiencing homelessness, leaving foster care, or involved in the justice system. Applicants may also focus on underserved Y&YAD populations identified in the Workforce Innovation and Opportunity Act (WIOA), such as youth receiving Supplemental Security Insurance (SSI) benefits, youth potentially eligible for SSI, or youth whose low earnings may lead them to apply for SSI benefits as adults.

Total award amount is \$16,816,250.00 with start date of 4/1/2024 and projected end date of 3/31/2029.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

A delay in the review will cause delays in implementing the project when MN receives additional allotments of the grant award and jeopardize the State's ability to meet the requirements of the federal award and impact service to the marginized youth in the project.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

This is a five year grant (4 years remaining). Total award amounts expected: FY26, \$4,050; FY27, \$4,500; FY28, \$4,500; and FY29, \$666. We are also including carryover of approximately 30% per year until FY29.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropriD _____	Amount _____
FY _____	FUND _____	AppropriD _____	Amount _____
FY _____	FUND _____	AppropriD _____	Amount _____
FY _____	FUND _____	AppropriD _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 3 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The indirect cost rates are 15.27% (DEED); 1.87% (STATE). Overall, the rate is 17.14% The rate applies to the whole grant.

Agency Contact and Email: Jill Roberts (Jill.Roberts@state.mn.us) & Marc Majors (marc.majors@state.mn.us)

Date Submitted: 02/18/2026

MMB Contact and Email: Brian McLafferty; brian.mclafferty@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Employment and Economic Development (DEED)

State Legal Authority: MN Stat. 116J.035 Subdivision 1 Section 6

Federal Agency: Environmental Protection Agency - Brownfields

Assistance Listing Number (ALN): 66.818

Federal Award Title:

MNDEED Revolving Loan Fund (MCRLF) Supplemental Bill

Federal Legislation Authorizing the Grant:

Infrastructure Investment and Jobs Act

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Governor's Biennial Budget

Incremental amount requiring approval:

State FY: 26 _____ Amt: \$ 350

State FY: 27 _____ Amt: \$ 350

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

300
700
1,000

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The U.S. Environmental Protection Agency is announcing \$1million in grant awards to MN DEED to assess and clean up polluted Brownfield sites across the state. The award is from 10/10/2024 to 09/30/2029

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delayed program implementation would push back assistance.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Long term commitments include providing clean up grants to various town/cities.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 2 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The indirect rate is 17.14% for FY26

Agency Contact and Email: Kristin Lukes, kristin.lukes@state.mn.us

Date Submitted: 02/17/2026

MMB Contact and Email: Brian McLafferty; brian.mclafferty@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Employment and Economic Development (DEED)

State Legal Authority: MN Stat. 116J.035 Subdivision 1 Section 6

Federal Agency: US Dept of Treasury

Assistance Listing Number (ALN): 21.031

Federal Award Title:

State Small Business Credit Initiative Capital Program (SSBCI)

Federal Legislation Authorizing the Grant:

Section 3301 of the American Rescue Plan Act of 2021 (ARPA), Public Law No. 117-2 (March 11, 2021), reauthorized and amended the Small Business Jobs Act of 2010 statute, codified at 12 U.S.C. § 5701 et seq.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Governor's Biennial Budget

Incremental amount requiring approval:

State FY: 26 Amt: \$ 29,734

State FY: 27 Amt: \$ 29,734

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 532

\$ 59,468

\$ 60,000

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The American Rescue Plan Act reauthorized and expanded the State Small Business Credit Initiative (SSBCI) to provide \$10 billion to support small businesses and empower them to access the capital needed to invest in job-creating opportunities as the country emerges from the pandemic. SSBCI provides funds to states, the District of Columbia, territories, and Tribal governments to promote American entrepreneurship, support small business ownership, and democratize access to capital across the country, including in under served communities. The award amount is \$97,012,596.00 and the award date is from 09/30/2022 to 09/30/2030.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delayed program implementation would push back assistance.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

State Small Business Credit Initiative (SSBCI)
Funding new or existing state programs that fall into one of the following types: Capital Access Program (CAP), Collateral Support Program, Loan Guarantee Program, Loan Participation Program, or Venture Capital Program.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	_____	FUND	_____	AppropriD	_____	Amount	_____
FY	_____	FUND	_____	AppropriD	_____	Amount	_____
FY	_____	FUND	_____	AppropriD	_____	Amount	_____
FY	_____	FUND	_____	AppropriD	_____	Amount	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 3.83 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The indirect rate is 17.14% for FY26

Agency Contact and Email: Drew Lindorfer, drew.lindorfer@state.mn.us

Date Submitted: 02/17/2026

MMB Contact and Email: Brian McLafferty, brian.mclafferty@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Employment and Economic Development (DEED)

State Legal Authority: MN Stat. 116J.035 Subdivision 1 Section 6

Federal Agency: US Dept of Treasury

Assistance Listing Number (ALN): 21.031

Federal Award Title:

State Small Business Credit Initiative Technical Assistance Grant Program

Federal Legislation Authorizing the Grant:

Section 3301 of the American Rescue Plan Act of 2021 (ARPA), Public Law No. 117-2 (March 11, 2021), reauthorized and amended the Small Business Jobs Act of 2010 statute, codified at 12 U.S.C. § 5701 et seq.

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: 26 _____ Amt: \$ 329

State FY: 27 _____ Amt: \$ 329

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

1,314

658

1,972

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The American Rescue Plan Act of 2021 (ARPA) permits Treasury to allocate funds for the State Small Business Credit Initiative (SSBCI) Technical Assistance (TA) Grant Program (Formula). The SSBCI Formula TA Grant Program provides financial assistance to eligible jurisdictions to carry out TA plans, under which eligible recipients will provide legal, accounting, and financial advisory services to very small businesses (VSBs) and business enterprises owned and controlled by socially and economically disadvantaged individuals (SEDI-owned businesses), either directly or contracted with legal, accounting, or financial advisory firms. The SSBCI Formula TA Grant Program is intended to assist VSBs and SEDI-owned businesses that are currently applying, preparing to apply for, or have previously applied for the SSBCI Capital Program or other Federal or jurisdiction program that supports small businesses. the award amount is \$1,972,321 and the award date is from 07/08/2024 to 07/08/2027.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delayed program implementation would push back assistance.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

The SSBCI TA formula grant should provide funding for legal and accounting services to Very Small Businesses and Socially and Economically Disadvantaged businesses over up to a three-year period.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	FUND	AppropID	Amount
_____	_____	_____	_____
FY	FUND	AppropID	Amount
_____	_____	_____	_____
FY	FUND	AppropID	Amount
_____	_____	_____	_____
FY	FUND	AppropID	Amount
_____	_____	_____	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 3.83 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The indirect rate is 17.14% for FY26

Agency Contact and Email: Drew Lindorfer, drew.lindorfer@state.mn.us

Date Submitted: 02/17/2026

MMB Contact and Email: Brian McLafferty; brian.mclafferty@state.mn.us

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

Unemployment Insurance ADMIN EUISSA Families First Coronavirus Response Act, Public Law (Pub.L.) 116-127, Division D, EUISAA. Unemployment Insurance provides a temporary, partial wage replacement to those who become unemployed through no fault of their own. Award start date 5/6/2020. Original end date was 12/.31/25, but extension was requested and granted to 12/31/26. Award is \$19,959,869.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

End date for award is 12/31/2026. If request is delayed, UI may not be able to spend as much of the award.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

Funds will be used for technical projects to support the administration of the unemployment insurance program in Minnesota.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	FUND	AppropID	Amount
_____	_____	_____	_____
FY	FUND	AppropID	Amount
_____	_____	_____	_____
FY	FUND	AppropID	Amount
_____	_____	_____	_____
FY	FUND	AppropID	Amount
_____	_____	_____	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? 0 **New** 0 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The indirect rate is 17.14% for FY26

Agency Contact and Email: Jim Hegeman

Date Submitted: 02/18/2026

MMB Contact and Email: Brian McLafferty; brian.mclafferty@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Employment and Economic Development (DEED)

State Legal Authority: MN Stat. 116J035 Subdivision 1 (6)

Federal Agency: U.S. Department of Labor

Assistance Listing Number (ALN): 17.258

Federal Award Title:

WIOA Adult Program

Federal Legislation Authorizing the Grant:

Workforce Innovation and Opportunity Act, P.L. 113-128

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Governor's Biennial Budget

Incremental amount requiring approval:

State FY: 2026 _____ **Amt: \$ 3,801**

State FY: 2027 _____ **Amt: \$ 3,801**

Anticipated incremental expenditures in the next biennium:

State FY: 2028 _____ **Amt: \$ 3,801**

State FY: 2029 _____ **Amt: \$ 3,801**

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 9,506

\$ 7,602

\$ 17,108

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The Workforce Innovation and Opportunity Act (WIOA) Adult Program provides employment and training services to individuals aged 18 and older to help them succeed in the labor market. It focuses on job seekers who are unemployed, underemployed, or face barriers to employment. Services include: Job search assistance, career counseling, and assessments; Occupational skills training, on-the-job training, apprenticeships, and literacy activities; supportive services such as transportation, childcare, and other needs. Priority is given to low-income individuals, recipients of public assistance, and those who are basic skills deficient, with veterans receiving priority of service. The goal is to improve employment, retention, earnings, and skill attainment, thereby reducing dependency on public assistance and enhancing workforce quality.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delay of the review will impact program's ability to deliver services and jeopardize the state's ability to be in compliance with federal grant requirements.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

DEED receives a new award each year with 3 years to spend. This form includes estimated award amounts plus estimated carry over of 30% each year.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	_____	FUND	_____	AppropID	_____	Amount	_____
FY	_____	FUND	_____	AppropID	_____	Amount	_____
FY	_____	FUND	_____	AppropID	_____	Amount	_____
FY	_____	FUND	_____	AppropID	_____	Amount	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 4.6 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The indirect cost rates are 15.27% (DEED); 1.87% (STATE). Overall, the rate is 17.14% The rate applies to the whole grant.

Agency Contact and Email: Marc Majors, Marc.Majors@state.mn.us and Jill Roberts, Jill.Roberts@state.mn.us

Date Submitted: 02/18/2026

MMB Contact and Email: Brian McLafferty; brian.mclafferty@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Employment and Economic Development (DEED)

State Legal Authority: MN Stat. 116J035 Subdivision 1 (6)

Federal Agency: U.S. Department of Labor

Assistance Listing Number (ALN): 17.278

Federal Award Title:

WIOA Dislocated Worker Program Formula Grants

Federal Legislation Authorizing the Grant:

Workforce Innovation and Opportunity Act, P.L. 113-128

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Governor's Biennial Budget

Incremental amount requiring approval:

State FY: 2026 Amt: \$ 3,768

State FY: 2027 Amt: \$ 3,768

Anticipated incremental expenditures in the next biennium:

State FY: 2028 Amt: \$ 3,768

State FY: 2029 Amt: \$ 3,768

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 12,456

\$ 7,536

\$ 19,992

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The WIOA Dislocated Worker Program assists individuals who have lost their jobs due to layoffs, business closures, economic shifts, or natural disasters. It aims to help participants re-enter the workforce quickly and overcome barriers such as outdated skills or industry changes. Services include skills upgrading, retraining, and job placement assistance, support for workers affected by mass layoffs or closures; job counseling, assessments, and planning for new career paths as well as supportive services such as transportation. Eligibility generally includes workers who have been laid off, are unlikely to return to their previous occupation, and may include displaced homemakers or self-employed individuals impacted by economic conditions.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Delay of the review will impact program's ability to deliver services and jeopardize the state's ability to be in compliance with federal grant requirements.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

DEED receives a new award each year with 3 years to spend. This form includes estimated award amounts plus estimated carry over of 30% each year.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 17.8 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

The indirect cost rates are 15.27% (DEED); 1.87% (STATE). Overall, the rate is 17.14% The rate applies to the whole grant.

Agency Contact and Email: Marc Majors, Marc.Majors@state.mn.us and Jill Roberts, Jill.Roberts@state.mn.us

Date Submitted: 02/18/2026

MMB Contact and Email: Brian McLafferty; brian.mclafferty@state.mn.us

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Department of Public Safety, Bureau of Criminal Apprehension

State Legal Authority: Minnesota Statute 4.07

Federal Agency: Executive Office of the President, Office of National Drug Control Policy

Assistance Listing Number (ALN): 95.001

Federal Award Title:

High Intensity Drug Trafficking Areas (HIDTA) Program Fiscal Year (FY) 2026 Grant Award

Federal Legislation Authorizing the Grant:

High Intensity Drug Trafficking Areas Statutory Authority P.L. 119-4

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

2025 Fall LAC Submission

Incremental amount requiring approval:

State FY: 2026 _____ **Amt: \$** 35

State FY: 2027 _____ **Amt: \$** 65

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 91

\$ 100

\$ 191

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Anticipated incremental expenditures in the next biennium:

State FY: _____ **Amt: \$** _____

State FY: _____ **Amt: \$** _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

The High Intensity Drug Trafficking Areas (HIDTA) grant program is to coordinate Federal, State, Local, and Tribal law enforcement resources to reduce the availability of illicit drugs and related violence by investing in law enforcement partnerships to dismantle and disrupt drug trafficking and money laundering organizations in the United States. The start date is 1/1/2025 and the end date is 12/31/2027. The total award amount is expected to be \$190,250.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Due to the multiple federal government shutdowns, the 2026 HIDTA funds process were already released very late, with a limited turnaround time for applications, acceptance and release of funds. This work is ongoing work year to year, a long review will delay this process and work even further.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

The HIDTA participation is an ongoing collaboration with federal, state, local and tribal enforcement agencies. the short term commitment(s) is for salary and fringe for a criminal analyst to participate in the HIDTA program. The performance period is through 12/31/2027.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY	FUND	AppropID	Amount
_____	_____	_____	_____
FY	FUND	AppropID	Amount
_____	_____	_____	_____
FY	FUND	AppropID	Amount
_____	_____	_____	_____
FY	FUND	AppropID	Amount
_____	_____	_____	_____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** 1 **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

Indirect costs are not allowed as part of the grant.

Agency Contact and Email: Shawn Kremer, Chief Financial Officer - Shawn.Kremer@state.mn.us

Date Submitted: 02/27/2026

MMB Contact and Email: Abby Mock - abby.mock@state.mn.us

[Please complete this form in accordance with the instructions.](#)

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Department of Veterans Affairs

State Legal Authority: M.S. 197.236

Federal Agency: Veterans Affairs

Assistance Listing Number (ALN): 64.203

Federal Award Title:

Veterans Cemetery Grants Program - Duluth

Federal Legislation Authorizing the Grant:

38 U.S.C. § 2408

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

State FY: 2026 Amt: \$ 0

State FY: 2027 Amt: \$ 800

Anticipated expenditures in the next biennium:

State FY: 2028 Amt: \$ 240

State FY: 2029 Amt: \$

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Incremental amount requiring approval:

State FY: Amt: \$

State FY: Amt: \$

Anticipated incremental expenditures in the next biennium:

State FY: Amt: \$

State FY: Amt: \$

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

This grant project (FAI: MN-23-11) will fund the construction of columbarium niche walls as well as landscaping, irrigation and supporting infrastructure. The project will develop 2 new columbarium niche walls which will include 720 new columbarium niches.

The estimated total cost of the project which VA will participate is \$1,040,000 (in dollars).

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Developed columbarium niches at the MN State Veterans Cemetery-Duluth are needed to ensure continuity of operations as existing niches for cremated remains are being depleted. Authorization ensures that veterans and their eligible dependents have continued access to burial.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

MDVA agrees that upon completion of the project, it will provide adequate financial support and a trained workforce to maintain and operate the cemetery in accordance with National Cemetery Administration standards; operate the cemetery for the interment of veterans and eligible family members.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** _____ **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

Agency Contact and Email: Jeremy Olson jeremy.olson@state.mn.us

Date Submitted: 02/20/2026

MMB Contact and Email: Jack Indritz (EBO) jack.indritz@state.mn.us

[Please complete this form in accordance with the instructions.](#)

Part One – Basic Federal Award Information

Review Request Type: Fall 20-Day Review 20-Day Session Review Urgent 10-Day Review

State Agency: Minnesota Department of Veterans Affairs

State Legal Authority: M.S. 197.236

Federal Agency: Veterans Affairs

Assistance Listing Number (ALN): 64.203

Federal Award Title:

Veterans Cemetery Grants Program - Little Falls

Federal Legislation Authorizing the Grant:

38 U.S.C. § 2408

Application Status: Pre-Application Application Negotiation Award

Part Two – Award Type Information (Dollars in Thousands)

New Award

Amount requiring approval in the current biennium:

Anticipated expenditures in the next biennium:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Increase in Award Amount (include continuation and increase in award amount)

Original approval date for current biennium:

Anticipated incremental expenditures in the next biennium:

Incremental amount requiring approval:

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 0

\$ 0

Change in Fiscal Years Spending Authority Only

Original approval date for current biennium:

Anticipated incremental expenditures in the next biennium:

2024 session, request was for prior biennium only

Incremental amount requiring approval:

State FY: 26 Amt: \$ 177

State FY: _____ Amt: \$ _____

State FY: 27 Amt: \$ 0

State FY: _____ Amt: \$ _____

Amount approved for the current biennium + Incremental amount requested = New total current biennium

\$ 0

\$ 177

\$ 177

Other Revision Provide explain revision below.

Part Three – Grant Description

Provide a description of the federal award.

This grant project (FAI: MN-23-10) will fund the construction of columbarium niche walls as well as landscaping, irrigation and supporting infrastructure. The project will develop 3 new columbarium niche walls which will include 1,080 new columbarium niches.

The estimated total cost of the project which VA will participate is \$1,368,100 (in dollars). This project is a carryover from the 24-25 biennium with ongoing work.

Describe the nature of the urgency for a 10-day review or describe any implications if the spending authorization for a 20-day review request is delayed.

Developed columbarium niches at the MN State Veterans Cemetery-Little Falls are needed to ensure continuity of operations as existing niches for cremated remains are being depleted. Authorization ensures that veterans and their eligible dependents have continued access to burial.

Part Four – Short and Long-Term Commitments (Dollars in Thousands)

Provide a narrative description of the short and long-term commitments.

MDVA agrees that upon completion of the project, it will provide adequate financial support and a trained workforce to maintain and operate the cemetery in accordance with National Cemetery Administration standards; operate the cemetery for the interment of veterans and eligible family members.

Maintenance of Effort (MOE)

Does the award contain a maintenance of effort requirement? Yes No

If yes, please provide the following:

FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____
FY _____	FUND _____	AppropID _____	Amount _____

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

Match requirement:

Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes No

If yes, please provide the following:

- 1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

State FY	Federal portion	Hard match	Soft match	Total project amount
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0
_____	_____	_____	_____	\$ 0

- 2. Account information:
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____
 - FY _____ FUND _____ AppropID _____

- 3. Description of the program and budget activity from where cash contributions will originate.

FTE

How many FTE(s) are needed to carry out this project/proposal? _____ **New** _____ **Existing**

Is the continuation of positions a condition of receiving the federal award? Yes No

If yes, please describe.

Indirect Costs

Are indirect costs included in the proposal? Yes No

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

Agency Contact and Email: Jeremy Olson jeremy.olson@state.mn.us

Date Submitted: 02/20/2026

MMB Contact and Email: Jack Indritz (EBO) jack.indritz@state.mn.us