

FY26 Rural Primary Care Residency Training Grant Program Frequently Asked Questions

UPDATED JULY 14, 2025

Q1. We intend to apply for a program in psychiatry. The language in 2.2 of the RFP states: “For programs in general pediatrics, general surgery, and psychiatry, training after the first year must be based in communities outside the seven-county Twin Cities metropolitan area, with rotations in rural communities.” Our psychiatry rotations for year 2 and beyond will be more than 90% outside of the 7-county metro area, with less than 10% of planned residency time taking place within the 7-county metro. Would our program be eligible under this funding opportunity with this structure?

A1. Psychiatry, general surgery, and pediatrics programs with residency training that takes place outside of the 7-county metro area more than 90% of the time and within the 7-county metro area less than 10% of the time may apply for this funding.

Please note that the intent of this grant program is to support rural residencies. As stated in RFP section 2.1, programs with a stronger rural focus, with training based in more rural communities, will receive priority among eligible applicants.

Q2. Our program is entering its third year of Planning and Development in August 2025. We have received ACGME accreditation and will be recruiting our first residents in August for a start date of July 2026. Because we are currently in Phase 1: Planning and Development, do we begin our application with Phase 1, though we will be transitioning to Phase 2: Program Sustainability, mid-grant year? Or do we only apply for Phase 2: Program Sustainability?

A2. Your program appears to meet the eligibility criteria for Phase 2: Program Sustainability funding. Programs that are eligible for Phase 2 should apply directly to Phase 2.

There may be situations in which a grantee receiving funding for Phase 1: Planning and Development may transition into Phase 2 before completing a year of Phase 1, if eligibility criteria for Phase 2 are met and transitioning at that time makes sense. In those cases, ORHPC will work with grantees individually on timelines for transitioning from Phase 1 to Phase 2.

RURAL AND UNDERSERVED CLINICAL ROTATIONS GRANT PROGRAM Q&A

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