



FY 2026 Rural Primary Care Residency Training Grants

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Program Description

- The Rural and Underserved Clinical Rotations grant program is authorized by Minnesota Statutes [Sec 144.1507](#)
- Grants to plan, implement, and sustain rural primary care residency training programs.
- Grants support costs such as planning and development, obtaining accreditation, recruiting and training residents and faculty, and improving training sites.

Program Goals and Outcomes

- Address a shortage of rural primary care residency training slots in Minnesota, which is contributing to a shortage of rural primary care physicians.
- Strengthen the rural primary care physician workforce and increase health care access for rural communities across Minnesota.
- Grant program outcomes will include:
 - An increase in the number of residency training opportunities in rural communities.
 - Introducing primary care physicians to rural communities while in residency, fostering their interest in and commitment to serving those in rural communities.
 - A stronger rural primary care physician workforce.
 - Greater access to health care in rural Minnesota communities.

Funds Available

Funding	Estimate
Estimated Amount to Grant	\$1,500,000 - \$2,000,000
Estimated Number of Awards	2-3
Estimated Maximum Award	Planning and Development: \$250,000 per year Sustaining Program: \$225,000 per resident per year
Estimated Minimum Award	N/A

- Funding is allocated through a competitive process
- No expenditures may be incurred before the program period start date AND the grant agreement is fully executed, whichever is later.

- There is no match requirement for this grant
- Project Dates:
 - **Required** Letter of Intent due to MDH: July 30, 2025
 - **Application due to MDH: September 5, 2025**
 - Grant distribution announcement: mid-October 2025
 - Grant agreements begin (estimated): March 1, 2026
- Collaboration is highly encouraged; applications will be evaluated on how well they demonstrate strong partnerships with clearly defined roles.

Eligible Applicants

- Programs, sponsors, and potential sponsors of rural primary care residency programs in Minnesota.
- Program partners such as clinical training sites are eligible applicants for program sustainability funds.
- Train, or propose to train, medical residents in:
 - A new rural residency training program,
 - A new rural residency training track within an existing residency program, or
 - A community-based ambulatory care center that primarily serves the underserved and is proposing to add a rural residency training program or track.

Eligible Applicants, continued

- Train, or propose to train, medical residents in Family medicine, General internal medicine, General pediatrics, General surgery, Geriatrics, or Psychiatry.
- Are accredited by ACGME or present a credible plan to obtain accreditation.
- Agree to document baseline number of residents, use grant funds to establish new slots or sustain slots established in 2022 or more recently, and verify number of residents each year.
- Agree to seek federal funding, when eligible, for planning and sustaining programs, understanding that federal funding may reduce or end MDH grant.

Eligible Projects

- Eligible projects will plan, implement, and sustain rural primary care residency training programs.
- A rural residency training program provides an initial year in a rural or non-rural setting; subsequent years are based in rural communities, utilizing local clinics and community hospitals, with specialty rotations in nearby regional medical centers.
- 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.
- For this grant program, “rural community” is outside 7-county metro, excluding cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.
- Applicants may receive funding for up to two project phases. Applicants will choose one of these two project phases for their initial application:
 - **Phase 1: Program Planning and Development**
 - **Phase 2: Program Sustainability**

Phase 1: Planning and Development

- 1-3 years to establish a new ACGME-accredited rural primary care residency training program or a new rural residency training track within an existing accredited primary care residency program.
- Up to \$250,000 per year for up to 3 years, for a maximum of \$750,000.
- Grantees must evaluate their proposed program's financial feasibility by the end of P&D year 1 in consultation with a GME consultant approved by MDH.
- Upon completion of P&D year 1, grantees must submit the following:
 - Attestation of financial feasibility, based on the results of the GME consultation. ORHPC will review the financial feasibility findings and must deem them acceptable to approve further grant funding.
 - Letters of support from rural residency training sites and all other partners.
- Grantees who meet all P&D year 1 requirements and wish to continue P&D will be eligible for an amendment each year to add funds to their grant in years 2 and 3, if funds are available.

Transition from Phase 1 to Phase 2

- Grantees who successfully complete the Planning and Development phase (of 1-3 years) may have funds added to their grant in following years for Phase 2: Program Sustainability.
- To demonstrate successful completion of the P&D phase, grantees must submit the following:
 - Proof of ACGME accreditation.
 - Documentation of plans to begin training the first rural resident class no later than the academic year immediately following the end of the grant period.

Phase 2: Program Sustainability

- An ongoing phase to sustain operations of an ACGME-accredited rural residency training program or a rural residency training track within an existing accredited primary care residency program.
- Up to \$225,000 per resident per year.
- To receive program sustainability grant funds, new applicants or existing grantees must submit:
 - Proof of ACGME accreditation.
 - Proof that the program established its rural residency slots in 2022 or more recently. Documentation that residents are currently being trained or will begin training in the following academic year.
 - Annual verification of the number of residents in the program.
 - An annual program budget overview showing expenditures and revenue from all sources.
 - Program evaluation data, such as graduates' practice locations and satisfaction with training.
- Grantees who meet all requirements will be eligible for an amendment each year to add funds to their grant, if funds are available. A grant agreement may be in effect for up to five years. Programs may reapply for funding through the competitive RFP process as their grant agreements end.

Annual Application for Federal Funding

- To receive grant funding, applicants and grantees must submit annual proof of application for federal funds to support planning and development and/or ongoing program operations, if funds are available and the program is eligible.
- If the program is not eligible for federal funds, they must submit documentation of ineligibility.
- Programs that receive federal funds to support their work must submit a revised budget to MDH reflecting the reduced need for state funding. The MDH grant award may be reduced or concluded based on the federal funding award.

Eligible Expenses

Eligible expenses:

- Planning related to establishing accredited rural residency training programs.
- Financial consultation services to support the financial feasibility evaluation in year one of a planning and development grant.
- Obtaining accreditation.
- Establishing new rural residency training programs.
- Recruitment, training, and retention of residents and faculty related to new program.
- Travel and lodging for new residents.
- Faculty, resident, and preceptor compensation related to new program.
- Training site improvements, fees, equipment, and supplies required for new program.
- Supporting clinical education in which trainees are part of a primary care team model.

Indirect expenses are allowed at a grantee's federally negotiated rate or up to 10% of direct costs. See RFP Part 4 for further details.

Ineligible expenses include, but are not limited to:

- Soliciting donations.
- Taxes, except sales tax on goods and services. Lobbyists, political contributions.
- Bad debts, late payment fees, finance charges, or contingency funds.
- Funding activities supported by other state grants. If an entity holds multiple state grants, they must work with MDH to ensure that costs are tracked and billed to the correct grant.

Grant Contractual Obligations

- Work may not start prior to the full execution of the grant agreement and the project start date (expected to be March 1, 2026)
- Approved grant activities and budget will be outlined in Exhibits A & B of the grant agreement
- Grantees report quarterly on financial and programmatic activities
 - January 20, April 20, July 20, October 20
- Grantees receiving \$50,000 or more have one grant monitoring visit and financial reconciliation per grant period
- Grantees receiving \$250,000 or more have one grant monitoring visit and financial reconciliation per year throughout the grant period

Review Process

- MDH determines initial eligibility
- Review committee scores applications on the criteria in RFP Attachment A:
 - Organization Background and Capacity
 - Project Narrative and Work Plan
 - Budget Narrative
- Review committee and MDH determine grant awards
- MDH conducts due diligence and past performance review prior to entering into grant agreements

LOI & Application Submission

- All letters of intent and applications will be completed and submitted via the online [ORHPC Grants Management System](#)
- Letters of Intent are **required** and are due July 30, 2025 at 4:30 pm Central Time.
- LOI is used to assess eligibility of proposed project.
- Within a week after successful LOI submission, if project is deemed eligible, you will receive an email granting you access to the full application.
- Applications are due September 5, 2025 at 4:30 pm Central Time.

Submitting Questions

- All questions regarding this RFP must be submitted via email to Health.ORHPC.WorkforceGrants@state.mn.us.
- Answers will be posted within 5 days on the [ORHPC Grants and Funding webpage \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#rpcrt\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#rpcrt).
- Please submit questions no later than 4:30 p.m. Central Time on August 15, 2025.
- The next slides show how to create a profile and begin an application in the online system.

Creating/Managing Users

Logon Page - Grant Lifecycle Man... x

grantinterface.com/Home/Logon?urlkey=mdh

m DEPARTMENT OF HEALTH

Logon Page

Email Address*

Password*

Log On Create New Account

[Forgot your Password?](#)

Welcome to the MN Department of Health's Office of Rural Health and Primary Care's online grant portal.

FOR THOSE APPLYING FOR MN HEALTH CARE LOAN FORGIVENESS OR STATE LOAN REPAYMENT PROGRAM: Please click on the "Create New Account" button to set up an account to enter into the grant portal.

ALL CURRENT USERS: Please click on the "Forgot your Password?" link to create a new password for the account that has already been set up for you.

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

Starting an Application/LOI

- On the home page of the portal, find the FY 2025 Rural Primary Care Residency Training Grant Program
- Click Apply

MN Department of Health Anna Applicant

Apply

Example Organization

ℹ If you have been provided with an Access Code, you may enter it in the box at the top of the page.

Rural Primary Care Residency Training Grant Program - FY 2026 Accepting Submissions from 06/23/2025 to 09/05/2025

Please refer to the [RFP](#) for further information about this grant program which includes information about the application process and requirements, the program statute, and award criteria.

Rural and Underserved Clinical Rotations Grant - FY26 Accepting Submissions from 06/04/2025 to 07/25/2025


Please refer to the [Request for Proposal](#) for further information about this grant program which includes information about the application process and requirements, the program statute, and award criteria.

Rural Primary Care Residency Training Grant Program - FY 2026 Accepting Submissions from 06/23/2025 to 09/05/2025

Please refer to the [RFP](#) for further information about this grant program which includes information about the application process and requirements, the program statute, and award criteria.

LOI

[Apply](#) / [Rural Primary Care Residency Training Grant Program - FY 2026](#) / [LOI](#) / [Preview](#)

 Fields with an asterisk (*) are required.

- > Instructions
- > Section 1: Organization and Applicant Information
- > Section 2: Project Information
- > Section 3: Program Narrative
- > Certification

- Three sections to complete
 - Section 1: Organization and Applicant Information
 - Section 2: Project Information
 - Section 3: Program Narrative (carried over into application)
- Refer to RFP for instructions on narrative questions
- Complete at your own pace
 - Save button vs Submit button

Application Sections

- Section 1: Organization and Applicant Information
- Section 2: Project Information
- Section 3: Organization Background and Capacity
- Section 4: Project Narrative and Work Plan
- Section 5: Budget & Budget Narrative
- Section 6: Required Attachments
- Section 7: Applicant Conflict of Interest Disclosure
- Refer to RFP for instructions on narrative questions
- Complete at your own pace: Save button vs. Submit button

- Basic information about your organization
- Important to note that applicant will be the individual to whom reports are assigned
- Collaboration is possible: can add others as collaborators in portal
- SWIFT information is very important – this is how MDH contracts
 - If unsure – contact SWIFT help desk: 651-201-8100 or swifthelpdesk.mmb@state.mn.us

Section 3. Organization Background and Capacity

- Organization Overview
- Organizational Capacity
- Collaborating Partners

Section 4. Project Narrative and Work Plan

- Project Type
- Residency Program or Track
- Program Specialty
- New Residency Slots
- Program Description
- Supporting Transition to Rural Practice
- Rural Clinical Training Sites
- Recruitment
- Community Engagement
- Program Outcomes and Evaluation
- Program Sustainability
- Work Plan

Section 5: Budget & Budget Narrative

- Provide details on expected project expenses
- Detailed year 1 budget, estimates for years 2 and 3
- For each budget item, indicate grant funding requested and amounts/sources of other funding
- Budget categories:
 - Salaries
 - Fringe
 - Travel
 - Supplies
 - Contracted Services
 - Equipment
 - Other

Application Section 6: Required Attachments

- Audited Financial Statements
- Federally Negotiated Indirect Cost Rate Agreement
- Due Diligence Form
- Proof of Accreditation
- Proof of Federal Funding Eligibility
- Proof of Application for Federal Funds

Application Section 7: Conflict of Interest

- Complete prior to submission
- Should you be aware of any conflict of interest, this may not disqualify you for funding, but requires a mitigation plan to collaborate with MDH
- Reach out with any questions regarding conflict of interest

Questions?

Thank You!

Erik Larson, MSW

Health.ORHPC.WorkforceGrants@state.mn.us

651-201-4178