



Rural Health Transformation Program: Rural Clinical Rotations Expansion Grant Program

GRANT REQUEST FOR PROPOSAL (RFP)

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Rural Health Transformation Program: Rural Clinical Rotations Expansion Grant
- **Minnesota Department of Health (MDH) Program Website:** [Rural Health Transformation Program Funding - MN Dept. of Health](#)
- **Application Deadline:** June 30, 2026 4:30 p.m. Central Time

1.2 Program Description

The federal Rural Health Transformation Program (RHTP) was created by H.R.1 (Section 71401 of Public Law 119- 21) on July 4, 2025. It is a federal initiative to help states support rural communities in improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem. The RHTP focuses on promoting innovation, strategic partnerships, infrastructure development, and workforce investment in rural communities. The federal program will grant up to \$50 billion to states over five budget periods.

The Minnesota Department of Health (MDH) was awarded approximately \$193 million by the Centers for Medicare & Medicaid Services (CMS) for the first budget period to transform the rural health system in Minnesota. Minnesota's RHTP covers a broad range of initiatives designed to advance the overarching goals of improving health outcomes and access to care for rural Minnesotans, strengthening partnerships between providers to expand service delivery in rural communities, and stabilizing rural provider financial health through strategic investments.

This Request for Proposals supports awards to eligible health professional training programs to augment existing clinical training by adding or expanding rural rotations or clinical training experiences. Rural rotations and clinical training experiences provide health professionals in training with meaningful exposure to rural settings and strengthen interest in practicing in rural communities.

Grantees working on rural clinical rotations for medical students and physician residents are required to consult with University of Minnesota GME experts, such as the Technical Assistance Center for Excellence in Rural Clinical Training (TAC). The TAC is funded by the RHTP and is designed to provide technical assistance on rural undergraduate and graduate medical education and clinical training in Minnesota.

1.3 Funding and Project Dates

Funding

Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed and the grant has reached its effective date, whichever is later.

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Funding	Estimate
Estimated Amount to Grant	\$526,550
Estimated Number of Awards	1-2
Estimated Award Maximum	\$526,550
Estimated Award Minimum	\$500,000

Future Funding

The RHTP is a five-year funding program from CMS. Future funding may be available to selected grantees in years 2-5 of Minnesota's program. This funding is dependent on CMS's award to Minnesota and the need for continued work. Current grantees will be notified of possible amendments for time and additional funds in the future.

Match Requirement

There is no match requirement for this program.

Project Dates

- **Request for Proposal published:** May 26, 2026
- **Applications due:** June 30, 2026 at 4:30 p.m. Central Time
- **Grant agreements begin (estimated):** September 1, 2026
- **Grant Agreements end:** October 30, 2030

1.4 Eligible Applicants

The following types of clinical training programs, which may be part of institutions of higher education, hospitals, or other entities located in Minnesota, are eligible to apply for this funding:

- **Advanced Practice Registered Nursing Programs**
 - Must be accredited as a master's, doctoral, or postgraduate level advanced practice registered nursing program by the Commission on Collegiate Nursing Education or by the Accreditation Commission for Education in Nursing or present a credible plan as a candidate for accreditation.
- **Dental Programs**
 - Must be a dental education program or dental residency training program currently accredited by the accrediting body or present a credible plan as a candidate for accreditation.
 - Rural rotations or clinical training experiences must take place in primary care settings such as community clinics, hospitals, or health maintenance organizations.
- **Dental Therapy Education Program or Advanced Dental Therapy Education Programs**
 - Must be approved by the Minnesota Board of Dentistry or currently accredited by the Commission on Dental Accreditation.

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- Medical Schools
 - Must be accredited by the Liaison Committee on Medical Education (LCME).
 - Rural rotations or clinical training experiences must be intended for individuals currently enrolled in a program leading to the doctor of medicine (MD) degree.
 - Rural rotations or clinical training experiences must take place in primary care settings such as community clinics, hospitals, or health maintenance organizations.
- Mental Health Professional Programs
 - Must be accredited and listed as a mental health professional program by the appropriate accrediting body for clinical social work, psychology, marriage and family therapy, or licensed professional clinical counseling, or present a credible plan as a candidate for accreditation.
 - A mental health professional is defined as an individual providing clinical services in the treatment of mental illness who meets one of the qualifications under MN Statutes [Sec. 245I.04, subdivision 2](#).
- Pharmacy Programs
 - Must be accredited as a Doctor of Pharmacy program by the Accreditation Council on Pharmacy Education.
- Physician Assistant Programs
 - Must be accredited as a physician assistant program by the Accreditation Review Commission on Education for the Physician Assistant or present a credible plan as a candidate for accreditation.
- Physician Residency Training Programs
 - Must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or appropriate accrediting body or present a credible plan as a candidate for accreditation.
 - Rural rotations or clinical training experiences must take place in primary care settings such as community clinics, hospitals, or health maintenance organizations.

All applicants must be able to demonstrate applicable membership and compliance with their corresponding accrediting bodies.

Grant funds are not transferable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Collaboration

Applicants will be required to submit letters from clinical training sites demonstrating the sites' commitment to partnering with the applicant organization on the rural rotations or clinical training experiences. If letters of collaboration are not available at the time of application, awarded grantees will have until the end of budget period 1 to submit their letters.

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1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to Grants.ruraltransformation.mdh@state.mn.us. Answers will be posted within seven business days at [Rural Health Transformation Program Funding - MN Dept. of Health](#).

Please submit questions no later than 4:30 p.m. Central Time on June 16, 2026.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

RFP Information Meeting

An informational meeting about this Request for Proposals will take place on [June 9, 2026 at 2:00 p.m. \(Teams\)](#). A link will also be provided at [Rural Health Transformation Program Funding - MN Dept. of Health](#).

All prospective applicants are strongly encouraged to attend. Materials from the informational meeting, including slides and questions and answers, will be posted at [Rural Health Transformation Program Funding - MN Dept. of Health](#) within seven business days following the meeting.

RFP Part 2: Program Details

2.1 Priorities

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. [The Policy 08-02 on Rating Criteria for Competitive Grant Review \(PDF\)](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

This grant will serve:

- Rural communities by strengthening Minnesota’s healthcare workforce and improving access to healthcare.
- Eligible health professional education programs and health professionals in training by expanding rural clinical training opportunities.

Grant outcomes will include:

- An increase in the number of clinical training opportunities in rural Minnesota communities.
- An increase in the number and percentage of graduates from clinical training programs practicing in rural Minnesota communities.
- Greater access to primary care, including mental healthcare, in rural communities.

2.2 Eligible Projects

Eligible projects will increase rural clinical training capacity by adding or expanding clinical rotations or clinical training experiences in rural communities.

- For the RHTP, “rural communities” are defined by the [U.S. Department of Agriculture’s Rural-Urban Commuting Areas \(RUCA\) classification codes 4-10](#). A [Rural Urban Commuting Area 4-10 by Zip Code reference table \(Excel\)](#) of Minnesota communities considered rural by this definition can be found on the [Office of Rural Health and Primary Care Funding webpage](#).
- Proposals to add clinical rotations or clinical training experiences in rural communities must describe the new training sites and the number of training slots added.
- Proposals to expand existing clinical rotations or clinical training experiences in rural communities must describe how the program will be expanded: new training sites and/or additional training slots.

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- For physician and dentist training, the rural clinical rotations or clinical training experiences must take place in primary care settings such as community clinics, hospitals, or health maintenance organizations.

Successful proposals will demonstrate the following:

- Strong partnerships with clinical sites.
 - Applicants must submit letters from clinical training sites demonstrating the sites' commitment to partnering with the applicant organization on the rural rotations or clinical training experiences. If letters of commitment are not available at the time of application, awarded grantees will have until the end of budget period 1 to submit their letters.
- Ongoing commitment to clinical training in rural communities. This may include:
 - A history of clinical training in rural communities.
 - Evidence of planning and groundwork related to the proposed clinical training completed prior to submitting the application.
 - Concrete plans for sustaining the clinical training in future years.
- Meaningful contributions to the healthcare workforce in rural communities. This may be demonstrated by:
 - Number and percentage of program graduates practicing in rural communities.
 - Any qualitative or quantitative data on rural clinical rotation quality, experience, learnings.
 - Other relevant data.

Grants may be extended for up to five years, if funding is available and grantees meet annual requirements. Grantees that meet requirements will be eligible for an amendment each year to add funds and extend the time period of their grants. Annual funding amounts may vary, depending on Minnesota's award from CMS.

Grantees seeking an annual amendment of their grant should demonstrate the following:

- Strong enrollment numbers.
- Fulfillment of program objectives.
- Successful evaluation results, including from partner clinical sites.
- Progress toward sustainability plan, including securing other funding sources.
- Timely invoicing and appropriate spend-down of funds.
- Detailed and timely progress reports.
- Fulfillment of all other grant requirements.

Eligible Expenses

Please pay careful attention to the fact that RHTP funds may not be used to supplant or duplicate existing funding sources (for example, using RHTP funds to pay for clinical trainees already receiving support through state-funded clinical training grant programs).

Eligible expenses include:

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- Costs associated with establishing or expanding rural clinical rotations and clinical training experiences
- Recruitment and training of trainees and faculty (note that recruitment bonuses are not eligible)
- Connecting trainees with appropriate clinical training sites
- Travel and lodging for trainees (lodging for trainees may only be provided for up to six months)
- Faculty, trainee, and preceptor salaries or other financial support (note that retention bonuses are not eligible)
- Program evaluation
- Training site improvements, fees, equipment, and supplies
- Administrative costs, both direct and indirect, not to exceed 6% of your total budget (see the Administrative Costs section in RFP Part 4: Application Guidance for examples of administrative costs)

Note: Trainees who receive direct support or a certificate, credential, or degree with RHTP funding must commit to a 5-year service commitment in rural Minnesota. Grantees will provide the names and contact information of individuals trained to MDH for service commitment tracking.

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Rural Health Transformation Program ineligible expenses outlined in [Attachment B](#)
- Recruitment or retention bonuses
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or Tribal law, such as vocational rehabilitation or education services.
- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

2.3 Estimated Timeline

Minnesota's overall target for rural clinical rotations across RHTP grant-funded programs is 20 new trainees per year in budget periods 2-5.

- Budget Period 1: Grant Agreement execution date through October 30, 2026 (grantees will be able to spend budget period 1 funds through September 30, 2027; work plans and budgets may reflect that time period)
 - Plan infrastructure, identify clinical sites, and recruit faculty
 - Develop curriculum
 - Plan for trainee recruitment

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- Budget Period 2: October 31, 2026 – October 30, 2027:
 - Execute agreements between academic and clinical site partners
 - First cohort of new trainees joins program and rotations begin by September 1, 2027
 - Collect trainee and supervisor/preceptor feedback; use feedback to refine and modify learning experience and supports needed
 - Disseminate MDH's rural intent to practice survey at the end of every cohort and report results to MDH
 - If applicable, share learnings with UMN TAC to be included in the rural clinical training handbook
 - Continue recruitment for next cohort of trainees
 - Begin developing sustainability plan
- Budget Period 3: October 31, 2027 – October 30, 2028:
 - New cohort of trainees joins program
 - Continue to collect learner and supervisor/preceptor feedback; use feedback to refine and modify learning experience and supports needed
 - Disseminate MDH's rural intent to practice survey at the end of every cohort and report results to MDH
 - If applicable, share learnings with UMN TAC to be included in the rural clinical training handbook
 - Continue recruitment for next cohort of trainees
 - Continue developing sustainability plan
- Budget Period 4: October 31, 2028 – October 30, 2029:
 - New cohort of trainees joins program
 - Continue to collect learner and supervisor/preceptor feedback; use feedback to refine and modify learning experience and supports needed
 - Disseminate MDH's rural intent to practice survey at the end of every cohort and report results to MDH
 - If applicable, share learnings with UMN TAC to be included in the rural clinical training handbook
 - Continue recruitment for next cohort of trainees
 - Finalize and begin implementing sustainability plan
- Budget Period 5: October 31, 2029 – October 30, 2030:
 - New cohort of trainees joins program; transition to sustainable funding streams
 - Continue to collect learner and supervisor/preceptor feedback; use feedback to refine and modify learning experience and supports needed
 - Disseminate MDH's rural intent to practice survey at the end of every cohort and report results to MDH
 - If applicable, share learnings with UMN TAC to be included in the rural clinical training handbook
 - Continue recruitment for next cohort of trainees
 - Implement sustainability plan

2.4 Required Data Collection

The RHTP has strict reporting requirements with which MDH and subrecipients must comply. Note that for the RHTP, “rural communities” are defined by the [U.S. Department of Agriculture’s Rural-Urban Commuting Areas \(RUCA\) classification codes 4-10](#). A [Rural Urban Commuting Area 4-10 by Zip Code reference table \(Excel\)](#) of Minnesota communities considered rural by this definition can be found on the [Office of Rural Health and Primary Care Funding webpage](#). The following data will be collected as baseline data and on a regular reporting period regarding each activity:

Baseline Data

- How many healthcare trainees began a training program at proposed training sites in 2025?
 - Indicate type of trainee and site name
- How many healthcare trainees completed a training program at proposed training sites in 2025?
 - Indicate type of trainee and site name
- How many sites hosted a healthcare trainee in 2025? Name the sites and types of training at each site.

Regular Programmatic Reporting

- How many RHTP-funded healthcare trainees began their training program during this reporting period?
 - Indicate the training program and specialty rotation type
 - Indicate if the training program is undergraduate medical education (UME) or graduate medical education (GME)
- How many RHTP-funded healthcare trainees completed their training program during this reporting period?
 - Indicate the training program completed for each trainee
- How many rural locations hosted healthcare trainees during this reporting period?
 - If multiple site locations, indicate the locations and number of trainees by training type at each location

2.5 Grant Management Responsibilities

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. The grantee is expected to

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read the grant agreement, sign, and comply with all conditions of the grant agreement. Grantee should provide a copy of the grant agreement to all grantee staff working on the grant.

No work on grant activities can begin until a fully executed grant agreement is in place.

A sample grant agreement is linked on MDH's website: [Grant Resources - MN Dept. of Health](#). Applicants should be aware of the terms and conditions of the standard grant agreement in preparing their applications. Much of the language reflected in the sample agreement is required by statute. If an applicant takes exception to any of the terms, conditions or language in the sample grant agreement, the applicant must indicate those exceptions, in writing, in their application in response to this RFP. Certain exceptions may result in an application being disqualified from further review and evaluation. Only those exceptions indicated in an application will be available for discussion or negotiation.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all of the terms in the grant agreement have been met.

RHTP progress reports will be submitted bimonthly:

- August 20
- October 20
- December 20
- February 20
- April 20
- June 20

Grant Monitoring

[Minn. Stat. § 16B.97](#) and [Policy 08-10 on Grant Monitoring \(PDF\)](#) require the following:

- One monitoring visit during the grant period on all state grants over \$50,000
- Annual monitoring visits during the grant period on all grants over \$250,000
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000

Technical Assistance

MDH staff will be available to provide technical assistance as needed to all grant recipients. This includes topics such as progress reporting, reimbursement processing, community engagement, and addressing project implementation challenges. Please direct all questions related to this grant to your grant manager, once assigned, or the Rural Health Transformation Grants Team at Grants.ruraltransformation.mdh@state.mn.us.

Grant Payments

Per [State Policy 08-08 on Grant Payments \(PDF\)](#), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

A reimbursement request (invoice) form will be provided to grantees prior to first reporting period. Grantees will submit supporting documentation with each financial report; supporting documentation must provide proof of expenses incurred and paid. MDH will provide guidance and training to grantees on financial reporting.

RHTP financial reports will be submitted bimonthly:

- August 20
- October 20
- December 20
- February 20
- April 20
- June 20

2.6 Grant Provisions

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees to comply with applicable state and federal laws prohibiting discrimination.

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA) ([Minn. Stat. § 363A](#); See e.g. [Minn. Stat. § 363A.02](#)). The MHRA is enforced by the [Minnesota Department of Human Rights](#). Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified.

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The grantee agrees not to discriminate in public accommodations because of race, color, creed, religion, national origin, sex, gender identity, sexual orientation, and disability.

The grantee agrees not to discriminate in public services because of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status with regard to public assistance.

The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. [Minn. Rules, part 5000.3550](#).

Audits

Per [Minn. Stat. § 16B.98, subd. 8](#), the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per [Minn. Stat. § 16B.98](#) and the [Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making." \(PDF\)](#).

Applicants must complete [Applicant Conflict of Interest Disclosure form \(PDF\)](#) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- a grantee or applicant is unable or potentially unable to render impartial assistance or advice
- a grantee's or applicant's objectivity in performing the grant work is or might be otherwise impaired
- a grantee or applicant has an unfair competitive advantage

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Individual conflicts of interest occur when:

- an applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence
- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

In cases where a conflict of interest is perceived, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

Non-Transferability

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with [Minn. Stat. § 13.599](#), all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in [Minn. Stat. § 13.37](#), subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. ([Minn. Stat. § 13.599](#), subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by [Minn. Stat. § 13.37](#), the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and

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- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the [Minnesota Government Data Practices Act, Ch. 13 MN Statutes](#) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

2.7 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing content specialists with knowledge of rural issues and rural healthcare. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure

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that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria and Weight

The review committee will review each applicant on a 100-point scale, with 15 additional priority points available. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

[Attachment A](#) outlines the evaluation criteria in detail.

- Organization Background and Capacity (30 points)
- Project Narrative and Work Plan (60 points)
- Budget Narrative (10 points)

Grantee Past Performance and Due Diligence Review Process

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires states to conduct a pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of \$50,000 and higher to a potential applicant in order to comply with [Policy 08-06 on Preaward Risk Assessment \(PDF\)](#).

Notification

MDH anticipates notifying all applicants via email of funding decisions via email by early September 2026.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications **must** be received by MDH no later than 4:30 p.m. Central Time on June 30, 2026.

Late applications will not be accepted. The [ORHPC Online Grants Portal](#) will send an automated email to the user who submitted the application to confirm the submission of your application. Additionally, the application status will change from “Draft” to “Submitted” on the Applicant Dashboard and record the date the application was submitted. If the application is still in draft status by the application deadline, you will no longer be able to edit or submit the application. If you do not receive an automated email confirming submission or encounter any other issues with the online application submission, please contact us promptly at Grants.ruraltransformation.mdh@state.mn.us.

If you encounter any issues with the online application submission, please contact us promptly at Grants.ruraltransformation.mdh@state.mn.us. We encourage you to submit in advance of the deadline to allow time to address any technical issues.

3.2 Application Submission Instructions

ORHPC requires application submissions to be made through an online [ORHPC Online Grants Portal](#). Please reference the [ORHPC Grant Guide \(PDF\)](#) for information on account creation, password recovery, application creation, and collaboration.

Read RFP Part 4: Application Guidance within this RFP document for instructions on how to address the application questions in the [ORHPC Online Grants Portal](#).

If you have any questions, please contact us at: Grants.ruraltransformation.mdh@state.mn.us.

3.3 Application Instructions

You must complete all required fields in the online application form in order for your application to be considered complete.

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as

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well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

All costs incurred in responding to this RFP will be borne by the applicant.

RFP Part 4: Application Guidance

Section 1. Organization and Applicant Information

Basic information about the applicant entity is requested, including legal and business name, address, and tax identification information for contracting purposes. This project is funded with federal dollars. Applicants must provide their [Unique Entity Identifier \(UEI\) Name and Number](#).

Section 2. Project Information

Contact Overview

This section requests contact information for the organization, including the Authorized Organization Representative (AOR). This person is often the CEO of the organization and must have the authority to enter a contract with the State. An additional program contact is also advised.

Section 3. Organization Background and Capacity

Program Type

Indicate the type(s) of existing programs your grant will augment with rural clinical rotations or clinical training experiences (select all that apply): Advanced Practice Registered Nursing, Dental, Dental Therapy/Advanced Dental Therapy, Medical School, Mental Health Professional, Pharmacy, Physician Assistant, Physician Residency.

Organization Overview

Provide a brief overview of your organization's history, location, and administrative structure. Provide an overview of your existing clinical training program(s), including the number and types of faculty. How many trainees are currently enrolled, and how many have been trained in the past? Describe any unique characteristics or circumstances pertaining to your organization.

Graduates Practicing in Rural Areas

Provide data on the number and percentage of program graduates from the past 5 years (or the period for which data are available) who are practicing in rural Minnesota communities. "Rural communities" are defined by the [U.S. Department of Agriculture's Rural-Urban Commuting Areas \(RUCA\) classification codes 4-10](#). A [Rural Urban Commuting Area 4-10 by Zip Code reference table \(Excel\)](#) of Minnesota communities considered rural by this definition can be found on the [Office of Rural Health and Primary Care Funding webpage](#).

Commitment to Rural Training

Describe your program’s past and current experience administering clinical rotations or training experiences in rural communities. Describe the planning you have done and steps you have taken related to the proposed clinical rotation or training experience.

Collaborating Partners

Provide a brief overview of each entity collaborating with your organization on this program and their role in the program. How long have you collaborated with these partners, and what kinds of past projects have you worked on together?

You will need to submit letters of commitment from your clinical training site partners (see the Required Attachments section, below). If clinical training sites are not confirmed at the time of application, awarded grantees will have until the end of budget period 1 to submit their letters.

Baseline Data

- How many healthcare trainees began a training program at proposed training sites in 2025?
 - Indicate type of trainee and site name
- How many healthcare trainees completed a training program at proposed training sites in 2025?
 - Indicate type of trainee and site name
- How many sites hosted a healthcare trainee in 2025? Name the sites and types of training at each site.

Section 4: Project Narrative and Work Plan

Adding or Expanding

Indicate whether you propose to add a new or expand an existing rural clinical rotation or clinical training experience.

Statement of Need

Describe why your proposed clinical rotation or training experience is needed. If proposing an expansion, explain why the additional training slots and/or sites are needed. Include information from employers, current and prospective trainees, and any other stakeholders.

Number of Trainees

How many trainees will participate in your new clinical rotation or training experience? If you are expanding an existing program, how many additional trainees will be served by the expansion compared to the number currently served?

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Proposed Program

Describe your proposed clinical rotations or training experiences. What will trainees do and learn, and who will supervise and teach them? Describe the populations trainees will serve. How long will the clinical rotation or training experience be? Will trainees receive a credential, certificate, or other designation upon completion of the training experience? If proposing to expand an existing program, clearly indicate how the program will be expanded: new training sites and/or additional training slots. Indicate how many new training slots will be available at each site.

Clinical Training Site(s)

Provide information about the potential or newly established/expanded rotation or clinical training site(s).

- What type of setting is each site?
 - Indicate whether each site is a primary care setting, such as a community clinic, hospital, or health maintenance organization.
- Provide the geographic location of each site.
- Confirm that each site is in an eligible rural community.
- Indicate the number of current and new training slots at each site expected for each year of the 5-year grant.

Team-based Primary Care

Describe how your proposed program incorporates team-based primary care.

Recruitment and Retention

Describe how your proposed program will recruit and retain trainees.

Program Outcomes

How will your program increase access to primary care and/or mental health services for rural communities, now and in the future?

Program Evaluation

Describe the expected results of your program and how you plan to track, evaluate, and report those results. Include a plan to collect evaluation data from partner clinical sites.

Program Sustainability

Describe your plan for maintaining your program after the grant period ends and ensuring that it continues to operate effectively and efficiently.

Challenges and Support

Discuss challenges you anticipate in implementing your program or sustaining it beyond the grant period. In addition to challenges specific to your program, please discuss barriers to clinical rotations and training experiences in rural communities in general.

What types of support, such as policy actions or more tailored or flexible funding, would help to overcome these specific and overall challenges?

What steps will your organization and partners take to overcome your anticipated challenges?

Administrative Costs

Describe your anticipated administrative costs associated with implementing RHTP, including both **direct and indirect** expenses. Please note that your administrative costs **may not exceed 6% of your total budget** in budget period 1. Administrative cost limits are subject to change to ensure that the entire program stays under the CMS cap on administrative costs.

Costs generally considered administrative include, but are not limited to:

- Staff time for personnel (such as administrative professionals or executive directors) who support RHTP work but are not directly involved in implementation/delivery of activities.
- Costs related to reporting to MDH, such as staff or contractor time to complete and submit reports.
 - Note that program evaluation activities that are integral to implementing and continually improving your program, including collecting and using data to implement your activities, will generally be considered programmatic costs, not administrative costs. But costs associated with reporting data to MDH are administrative.
- Costs associated with grant compliance activities, such as setting up budgets and tracking expenditures, and establishing and carrying out procedures for internal controls.
- Accounting, audits, and similar activities.
- Indirect costs: Costs that support the entire organization and its various programs and operations, such as rent and utilities for the organization's office space.

In your work plan and budget, please provide sufficient detail to justify to MDH and CMS why costs that you have not categorized as administrative are directly related to implementing/delivering activities and thus are programmatic rather than administrative costs.

Work Plan

Provide a work plan for key project activities/tasks. Refer to [2.3 Estimated Timeline](#) when proposing activities. For each activity, indicate the title/position of each person who will be involved and the expected timeline. Your work plan should include evaluation and reporting activities.

Section 5: Budget and Budget Narrative

Provide a detailed justification for each of the estimated expenses to successfully meet the goals of the proposed project.

Note: If you are proposing an expansion, your budget should reflect the costs associated with that expansion (the additional training slots and/or sites), not the costs of operating the entire program.

Review all ineligible expenses in [Attachment B](#).

Please provide sufficient detail to justify to MDH and CMS why costs that you have not categorized as administrative are directly related to implementing/delivering activities and thus are programmatic rather than administrative costs.

When submitting your application and each financial report throughout the grant period, your organization will certify that:

- RHTP funds will not be used for any activities that are currently funded, or planned to be funded, by other sources.
- RHTP funds will not be used to provide the same services to the same beneficiaries as other funding sources or programs.

Identify any other funding sources being used for activities related to the RHTP activities you have proposed. For example, if you are proposing an expansion of an existing program, indicate the funding source for the current program. In all cases, make clear in your application which costs do not have another existing or planned funding source and thus may be covered by RHTP funds.

Budget Line Items

- **Salaries:** This category includes the salary costs of personnel who work directly on the implementation/delivery of RHTP activities. Personnel must be employees who are paid a salary or wage directly from the applicant organization. Salaries can be calculated and described in the Budget Narrative as an hourly wage with total hours estimated to be spent on the project, or an annual salary with the estimated percentage of the total FTE.
 - Note that staff time for RHTP administrative tasks, such as reporting to MDH, should be included in the Administrative Costs category.
 - The CMS annual salary cap for this funding is \$225,700 for executive-level staff (those with a PhD, MD, or similar degree) and \$197,500 for non-executive-level staff. The annual salary cap is the maximum amount that can be billed to RHTP annually for an individual's salary. The annual salary cap is subject to change.
 - All salaries and hourly rates must be reasonable and justifiable.
- **Fringe:** This category includes the share of payroll tax, health insurance costs, Medicare/Medicaid, etc. for employees billed to this grant under the Salaries category. If the applicant has expenses in this category, they should explain how they were calculated in the Budget Narrative. Fringe is often calculated as a percentage of salary. Example: \$50,000 x 25% fringe = \$12,500.

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- **Equipment:** This category includes equipment purchased for implementation/delivery of RHTP activities. Equipment has a unit cost of \$10,000 or more. Items below \$10,000 are considered supplies.
- **Supplies:** This category includes supplies purchased for implementation/delivery of RHTP activities.
- **Travel:** This category includes travel expenses necessary to implement/deliver RHTP activities.
- **Contracted Services:** This category includes expenses for individuals or organizations the applicant contracts with to implement/deliver RHTP activities. Note that the annual salary cap (see the Salaries line, above) applies to contractors as well.
- **Other expenses:** If costs do not fit into another category and must be placed in this general category, please include a detailed description of the expenses as they relate to the direct operation of the program.
- **Administrative Costs:** This category includes all anticipated administrative costs – both direct and indirect expenses – associated with implementing RHTP. Please note that your administrative costs may not exceed 6% of your total budget. The costs listed here should match your response to the Administrative Costs question in an earlier section of your application.

Section 6: Required Application Attachments

Audited Financial Statements

Please upload a copy of the most recent independent audit into the online application. If the audit encompasses multiple entities within a system or umbrella organization, please provide additional financial information, such as an income statement, specific to the applicant entity.

Due Diligence

Please complete the [Due Diligence Form \(PDF\)](#) and attach to the online application form. Community Health Boards and Tribal Nations do not need to submit this form as part of their application.

Proof of Accreditation

Provide current accreditation documentation or a credible plan as a candidate for accreditation.

Section 7: Optional Attachments

Letters of Commitment from Clinical Sites

Attach a letter of commitment from each clinical training site indicating their commitment to partnering with the applicant organization on the rural clinical rotations or training experiences. Letters should indicate how many trainee slots the site will host. Letters should describe any collaboration to date between the clinical site and the applicant organization, either in preparation for this program or on past projects. *If letters of commitment are not available at*

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the time of application, awarded grantees will have until the end of budget period 1 to submit their letters.

Section 8: Applicant Conflict of Interest Disclosure

Applicants will complete the [Applicant Conflict of Interest Disclosure form \(PDF\)](#) in the online application.

Certification

Applicants will certify the following:

I certify that the information contained herein is true and accurate to the best of my knowledge and that I am authorized to submit this application on behalf of the organization.

By submitting this application, I certify that:

- RHTP funds will not be used for any activities that are currently funded, or planned to be funded, by other sources, and
- RHTP funds will not be used to provide the same services to the same beneficiaries as other funding sources or programs.

RFP Part 5: Attachments

- Attachment A: Application Evaluation Criteria
- Attachment B: Rural Health Transformation Program Ineligible Expenses

Attachment A: Application Evaluation Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required, but may help ensure applications address the criteria evaluators will use to score applications.

The following scoring system will be applied:

Rating (0-10)	Rating (0-5)	Description
9-10	5	Excellent: Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses.
7-9	4	Very Good: Substantial response; meets in all aspects and in some cases exceeds the minimum requirements; good probability of success; no significant weaknesses.
5-6	3	Good: Generally meets minimum requirements; probability of success; significant weaknesses, but correctable.
3-4	2	Marginal: Lack of essential information; low probability for success; significant weaknesses, but correctable.
1-2	1	Unsatisfactory: Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.
0	0	Blank or did not answer: Applicant did not answer the question or offered no response.

Organization Background and Capacity (30 points available)

- Organization overview provides a clear picture of the organization and its existing clinical training programs. (5 points available)
- High number and/or percentage of program graduates practice in rural MN communities. (5 points available)
- Program has strong experience administering clinical rotations or training experiences in rural areas. (5 points available)
- Applicant has undertaken significant planning and steps related to proposed rotation or training experience. (5 points available)
- Applicant has strong partnerships, as demonstrated by letters of commitment and past collaboration. Partners have clearly defined roles in project. (10 points available)

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Project Narrative and Work Plan (60 points available)

- Application clearly articulates the need for program or expansion, including information from employers, current and prospective trainees, and other stakeholders. (5 points available)
- Clinical rotations or experiences are clearly described: what trainees will do and learn, who will supervise and teach them, populations served, length of the experience, any resulting credential, and other details of the program. (10 points available)
- Grant-funded program will result in a meaningful increase in number of trainees and/or clinical training sites. (5 points available)
- Clinical training sites are clearly described. (5 points available)
- Program incorporates a strong model of team-based primary care. (5 points available)
- Applicant describes a clear plan for recruiting and retaining trainees. (5 points available)
- Program has a strong likelihood of increasing access to primary care and/or mental health services for rural communities, both now and in the future. (5 points available)
- Applicant clearly describes expected results and methods to track, evaluate, and report those results. (5 points available)
- Applicant describes a sound plan for sustaining their program beyond the grant period and ensuring that it continues to operate effectively and efficiently. (5 points available)
- Applicant thoughtfully considers specific and overall challenges and supports needed. Applicant presents feasible steps to overcome challenges. (5 points available)
- Work plan is clear and feasible and will achieve grant program outcomes. (5 points available)

Budget Narrative (10 points available)

The criteria to be used in determining the scoring corresponds to the budget and budget narrative.

- Proposed costs in the budget are clear, with enough detail to understand why they are included. (5 points available)
- Proposed expenses seem reasonable and align with the goals and requirements of this program. (5 points available)

Attachment B: Rural Health Transformation Program Ineligible Expenses

Ineligible expenses for all RHTP activities include but are not limited to:

- Supplanting existing state, local, Tribal, or private funding of infrastructure or services, such as staff salaries.
- Using RHTP funds for any project or initiative that is currently funded (or planned to be funded) by other sources. Using RHTP funds to pay for the same activities or provide the same services to the same beneficiaries as other funding sources or programs.
 - All grant-funded activities must be either entirely new or expansions of existing activities. When expanding a program or initiative, grantees may only apply RHTP funds to costs associated with the new population and/or new activities. The costs of the original program must continue to be funded by their current funding sources.
 - For example, if adding a new remote monitoring service to an existing tele-diabetes education program, eligible expenses might include purchasing new continuous glucose monitoring devices and supplies for the new remote monitoring service, and procuring upgraded software that enables secure continuous glucose monitoring data integration, if the cost difference is directly attributable to the upgraded and necessary functionality. Ineligible expenses would include, for example, paying the salaries of existing educators already providing tele-diabetes education, covering the cost of existing software, and replacing office equipment used by the existing staff.
 - Another example is expanding an existing chronic disease management program to three additional rural counties. Eligible expenses might include hiring and training new community health workers to serve residents of the three additional counties and purchasing new supplies and educational materials for the additional counties. If existing staff work in the newly added counties as well as previously served counties, only their work in the newly added counties would be eligible for RHTP reimbursement. Ineligible expenses would include, for example, any expense currently or previously covered by any other funding source in the counties previously served.
- Costs incurred prior to the execution of your grant agreement.
- Administrative costs, including direct and indirect costs, exceeding the 6% limit for Budget Period 1. Note that this limit is subject to change.
- Payment for direct healthcare services is unallowable.
 - This includes, but is not limited to, replacing payment for clinical services that could be reimbursed by insurance or another form of health coverage. This also includes payments for clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules.
- Clinician salaries or wage supports may be allowable expenses only if directly related to RHTP. RHTP funds may not pay clinicians, clinicians in training, or other employees for work they are already doing. As with all salaries, only the portion dedicated to RHTP

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work may be paid with RHTP funds. These conditions apply to the salaries of faculty and preceptors who are clinicians teaching in rural residencies, rural rotations, and other health professional training programs. These conditions also apply to stipends or salaries for residents, rotators, and other health professionals in training.

- Salary payments exceeding the annual salary cap. The annual salary cap for this funding is \$225,700 for executive-level staff (those with a PhD, MD, or similar degree) and \$197,500 for non-executive-level staff. The annual salary cap is the maximum amount that can be billed to RHTP annually for an individual's salary. The annual salary cap is subject to change. All salaries and hourly rates must be reasonable and justifiable.
- Paying for patient transportation is generally unallowable.
- Meals, unless in limited circumstances such as:
 - Subjects and patients under study
 - Where specifically approved as part of the project or program activity, such as in programs providing children's services
 - As part of a per diem or subsistence allowance provided in conjunction with allowable travel
- Long-term housing for students/trainees. Housing may be provided for up to six months for rural clinical rotations or short-term training programs. This means that RHTP funds may only be used to support housing costs incurred during a rotation or training program of fewer than six months.
- Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost. Funds also may not be used to supplant funding for in-process or planned construction projects or directing funding towards new construction builds. Funds may not be used for demolition.
 - Funds may be used for minor renovations or alterations if they are clearly linked to program goals and receive MDH and CMS prior approval. For example, minor renovations to repurpose a hotel for short-term trainee housing or a commercial building for a healthcare training facility may be eligible.
 - Examples of minor renovations or alterations include, but are not limited to, installing or relocating interior walls and partitions; upgrading lighting to more energy-efficient systems; replacing vents and thermostats for better climate control; installing automatic door openers to enhance accessibility; and converting private offices to a more open office layout.
 - Minnesota's RHTP award has an overall cap on infrastructure and capital expenditures. Review of grantee requests for prior approval of minor renovations or alterations will take into account the cap on this type of spending.
- Meeting matching requirements for any other funding source.
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or Tribal law, such as vocational rehabilitation or education services.

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- Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law.
- Broadband infrastructure.
- Ongoing operating expenses with no path to sustainability. RHTP funds are intended to support transformational investments.
- Goods or services not allocable to the project.
- Solicitating donations.
- Taxes, except sales tax on goods and services.
- Lobbyists, political contributions.
- Bad debts, late payment fees, finance charges, or contingency funds.
- The cost of independent research and development, including their proportionate share of indirect costs. See 2 CFR 300.477
- Purchase of covered telecommunications and video surveillance equipment (See 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs
- There are strict limitations on funding the replacement of an Electronic Medical Record (EMR) system if a previous HITECH-certified EMR system is already in place as of September 1, 2025.
- Activities prohibited under 2 CFR 200.450 and the HHS Grants Policy Statement, including but not limited to:
 - Payments related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature, local legislature or legislative body, including but not limited to paying the salary or expenses of any grant recipient or agency acting for such recipient for such activity
 - Lobbying, but recipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying
- None of the funding shall be used for an expenditure that is attributable to an intergovernmental transfer, certified public expenditure, or any other expenditure to finance the non-federal share of expenditures required under any provision of law.
- SSA Section 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.

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Link References

- [Rural Health Transformation Program Funding - MN Dept. of Health \(https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/grants.html\)](https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/grants.html)
- [Sec. 2451.04, subdivision 2 \(https://www.revisor.mn.gov/statutes/cite/2451.04\)](https://www.revisor.mn.gov/statutes/cite/2451.04)
- [The Policy 08-02 on Rating Criteria for Competitive Grant Review \(PDF\) \(https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf\)](https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf)
- [U.S. Department of Agriculture’s Rural-Urban Commuting Areas \(RUCA\) classification codes 4-10 \(https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes\)](https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes)
- [Rural Urban Commuting Area 4-10 by Zip Code reference table \(Excel\) \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/mnruc.xlsx\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/mnruc.xlsx)
- [Office of Rural Health and Primary Care Funding webpage \(https://www.health.state.mn.us/facilities/ruralhealth/funding/index.html\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/index.html)
- [Grant Resources - MN Dept. of Health \(https://www.health.state.mn.us/about/grants/resources.html\)](https://www.health.state.mn.us/about/grants/resources.html)
- [Minn. Stat. § 16B.97 \(https://www.revisor.mn.gov/statutes/?id=16B.97\)](https://www.revisor.mn.gov/statutes/?id=16B.97)
- [Policy 08-10 on Grant Monitoring \(PDF\) \(https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf\)](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf)
- [State Policy 08-08 on Grant Payments \(PDF\) \(https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf\)](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf)
- [Minn. Stat. § 363A \(https://www.revisor.mn.gov/statutes/cite/363A\)](https://www.revisor.mn.gov/statutes/cite/363A)
- [Minn. Stat. § 363A.02 \(https://www.revisor.mn.gov/statutes/cite/363A.02\)](https://www.revisor.mn.gov/statutes/cite/363A.02)
- [Minnesota Department of Human Rights \(https://mn.gov/mdhr/\)](https://mn.gov/mdhr/)
- [Minn. Rules, part 5000.3550 \(https://www.revisor.mn.gov/rules/5000.3550/\)](https://www.revisor.mn.gov/rules/5000.3550/)
- [Minn. Stat. § 16B.98, subd. 8 \(https://www.revisor.mn.gov/statutes/?id=16B.98\)](https://www.revisor.mn.gov/statutes/?id=16B.98)
- [Office of Grants Management’s Policy 08-01, “Conflict of Interest Policy for State Grant-Making.” \(PDF\) \(https://mn.gov/admin/assets/OGM%20Policy%2008-01%20Conflict%20of%20Interest%20Policy%20for%20State%20Grant-Making%20V_2_tcm36-744371.pdf\)](https://mn.gov/admin/assets/OGM%20Policy%2008-01%20Conflict%20of%20Interest%20Policy%20for%20State%20Grant-Making%20V_2_tcm36-744371.pdf)
- [Applicant Conflict of Interest Disclosure form \(PDF\) \(https://www.health.state.mn.us/about/grants/coiapplicant.pdf\)](https://www.health.state.mn.us/about/grants/coiapplicant.pdf)
- [Minn. Stat. § 13.599 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599)

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- [Minn. Stat. § 13.37 \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/13.37)
- [Minnesota Government Data Practices Act, Ch. 13 MN Statutes \(https://www.revisor.mn.gov/statutes/cite/13/full\)](https://www.revisor.mn.gov/statutes/cite/13/full)
- [Policy 08-06 on Preaward Risk Assessment \(PDF\) \(https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Revision%20Version%202.1%20-%20Effective%20Date%20July%201%202025_tcm36-695460.pdf\)](https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Revision%20Version%202.1%20-%20Effective%20Date%20July%201%202025_tcm36-695460.pdf)
- [ORHPC Online Grants Portal \(https://www.grantinterface.com/Home/Logon?urlkey=mdh\)](https://www.grantinterface.com/Home/Logon?urlkey=mdh)
- [ORHPC Grant Guide \(PDF\) \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf)
- [Unique Entity Identifier \(UEI\) Name and Number \(https://sam.gov/entity-registration\)](https://sam.gov/entity-registration)
- [Due Diligence Form \(PDF\) \(https://www.health.state.mn.us/about/grants/duediligence.pdf\)](https://www.health.state.mn.us/about/grants/duediligence.pdf)