



MINNESOTA
RURAL HEALTH TRANSFORMATION

Physician Rural Residency Training Program

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Tribal-State Relations Acknowledgement Statement

The State of Minnesota is home to 11 federally recognized Indian Tribes with elected Tribal government officials. The State of Minnesota acknowledges and supports the unique political status of Tribal Nations across Minnesota and their absolute right to existence, self-governance, and self-determination. This unique relationship with federally recognized Indian Tribes is cemented by the Constitution of the United States, treaties, statutes, case law, and agreements. The State of Minnesota and Tribal governments across Minnesota significantly benefit from working together, learning from one another, and partnering where possible.

Minnesota Department of Health recognizes, values, and celebrates the vibrant and unique relationships between the 11 Tribal Nations and the State of Minnesota. Partnerships formed through government-to-government relationships with these Tribes will effectively address health disparities and lead to better health outcomes for all of Minnesota.

In our Rural Health Transformation Program work, we demonstrate our commitment to Tribal-State relations by partnering with the MDH Office of American Indian Health and Tribal Relations to seek input from Tribal Nations as we develop and implement our program, including engaging Tribes on matters of data sovereignty and program evaluation.

Overall RHTP Grant Outcomes

- Improving health outcomes for rural Minnesotans with or at risk of developing cardiovascular disease, diabetes, and chronic kidney disease (cardiometabolic disease).
- Building education pathways and promoting training opportunities in rural communities to sustainably expand the health care workforce in rural Minnesota.
- Expanding health care access in rural communities by creating new access points for community-based screenings, preventive care, and chronic disease management through technology-enabled care delivery, mobile care, and increased use of community-based frontline workers.
- Strengthening partnerships between providers to enable delivery of expanded services in rural areas through shared learning, collaborative approaches, and advanced technology interventions.
- Strengthening and stabilizing rural provider financial health through strategic investments in technology, data infrastructure, and collaborative mechanisms needed to address unique needs of rural providers.

Program Description

This Request for Proposals invites applications for two types of grants:

1. **Feasibility Assessment Grants:** Grants to conduct a feasibility assessment for organizations considering establishing or expanding rural physician residency training programs in Minnesota.
2. **Planning and Development Grants:** Grants to plan and develop new or expanded rural physician residency programs in high-need specialties (family medicine, general internal medicine, general pediatrics, general surgery, obstetrics, geriatrics, and psychiatry) in Minnesota that will be sustained long-term through stable funding mechanisms, such as Medicare, Medicaid, and other public or private funding sources.

Funds Available

Funding	Estimate
Estimated Amount to Grant	\$1,500,000
Estimated Number of Awards	5-8
Estimated Award Maximum	<ul style="list-style-type: none">• Up to \$100,000 may be awarded for a one-year feasibility assessment grant• Up to \$350,000 may be awarded per year for a planning and development grant, with a maximum award of \$1,000,000 over three years
Estimated Award Minimum	\$50,000

- Funding is allocated through a competitive process.
- No expenditures are to be incurred prior to the grant contract's full execution.

Eligible Entities

Eligible applicants are programs, sponsors, and potential sponsors of rural residency programs located in Minnesota.

Eligible programs must train, or propose to train, medical residents in the following priority specialties:

- Family medicine, General internal medicine, General pediatrics, General surgery, Geriatrics, Obstetrics, or Psychiatry.

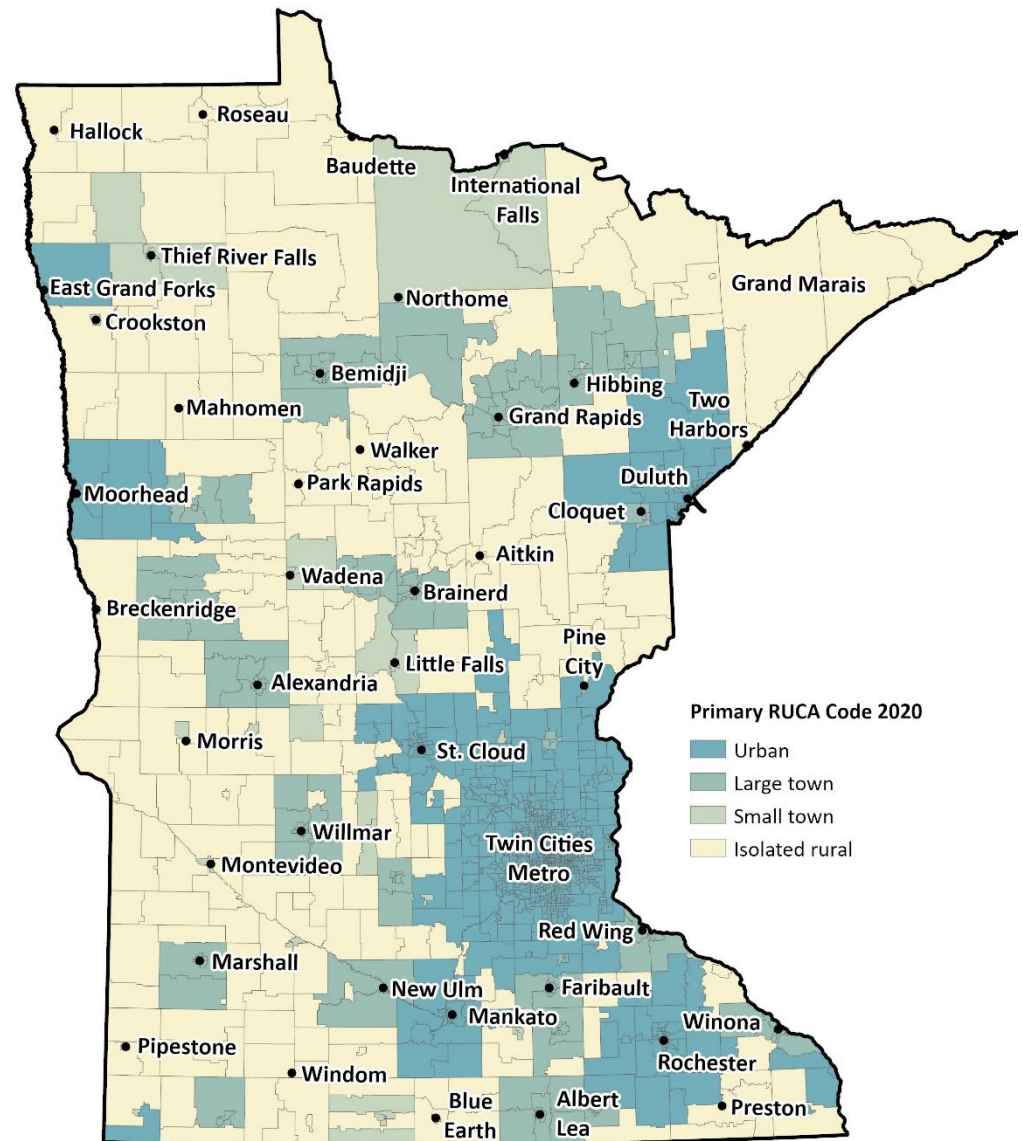
Eligible programs must train, or propose to train, medical residents in:

- A new rural residency training program, or
- 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 Entities Continued

- A rural residency training program means: A program that provides an initial year of training in an accredited residency program in a rural or urban area of Minnesota. The subsequent years of the program are based in rural communities, using 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 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](#).

Rural-Urban Commuting Areas (RUCAs) - 2020 Census Tract



Sources: (1) USDA, Economic Research Service 2020 Rural-Urban Commuting Area Codes data product; (2) U.S. Department of Commerce, Bureau of the Census, 2025 TIGER/Line MN census tract file; (3) U.S. Department of Commerce, Bureau of the Census, 2022 TIGER/Line MN place; (4) MN Department of Transportation, 1947 Boundaries of Minnesota

Minnesota Office of Rural Health and Primary Care
May 6, 2026

Eligible Projects- Feasibility Assessment Grants

- A feasibility assessment grant will allow the grantee to evaluate the feasibility of establishing a new ACGME-accredited rural residency training program or a new rural residency training track within an existing accredited primary care program.
- Up to \$100,000 for one year
- At the end of the feasibility phase, grantees must submit the results of a feasibility assessment demonstrating that they have conducted preliminary assessments of the following components of a rural residency training program in consultation with the TAC or other University of Minnesota GME experts:
 - GME expertise, including accreditation requirements, and any knowledge gaps
 - Roles of the sponsoring institution and partners
 - Training sites and number of residency slots
 - Faculty interest and commitment
 - Curriculum development
 - Capacity to house and train residents
 - Recruitment of residents
 - Financial feasibility, including clinical revenue and sustainability
 - Other governance, academic, clinical, and financial considerations as advised by the TAC or other GME experts
- Grantees that successfully complete the feasibility assessment phase are encouraged to consider applying for a planning and development grant via the competitive application process.

Eligible Projects- Planning and Development Grants

- A planning and development grant will allow the grantee to establish a new ACGME accredited rural residency training program or a new rural residency training track within an existing accredited primary care program.
- Up to \$350,000 per year for one to three years, with a maximum cumulative award of \$1,000,000 over 3 years.
- Upon completion of the **first year** of a planning and development grant, grantees must submit the following (unless already submitted during a feasibility grant):
 - Attestation of the financial feasibility and viability of the rural residency training program or track, including projected revenue and expenses for all sites, based on the results of consultation with the TAC or other GME experts. The MDH Office of Rural Health and Primary Care (ORHPC) will review the financial feasibility findings and must deem them acceptable to approve further grant funding.
 - Letters of support from key partners, such as rural residency clinical training sites.
- Grantees that meet all requirements and wish to continue planning and development will be eligible for an amendment each year to add funds and extend the time period of their planning and development grants for a total of up to three years, if funds are available.

Planning and Development Grants Continued

- At the end of a planning and development grant, grantees must submit the following:
 - Proof of accreditation by the Accreditation Council for Graduate Medical Education (ACGME).
 - 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.
- Note about Sustainability: This grant program does **not** provide funding to sustain residency programs.

This grant will Serve:

- Rural communities by strengthening Minnesota's healthcare workforce and improving access to healthcare.
- Eligible programs and prospective residents by expanding clinical training opportunities.

Grant outcomes will include:

- Supporting the planning and development of rural residency programs to augment the state's rural clinical training capacity.

Data Reporting:

How is your organization engaging the community while setting up the new residency program?

How many healthcare trainees are expected to begin their training program after the rural physician residency is established?

Eligible Expenses

- Conducting an initial feasibility assessment.
- Planning, including faculty and staff salaries for planning time, related to establishing an accredited rural residency training program or track.
- Obtaining ACGME accreditation.
- Establishing a new rural residency training program or track
- Recruitment and training of faculty, and recruitment of residents, related to the new rural residency training program or track (note that recruitment bonuses are not eligible).
- Travel for prospective faculty and residents.
- Training site improvements, fees, equipment, and supplies required for a new rural residency training program or track.
- 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)

Ineligible Expenses

- Rural Health Transformation Program ineligible expenses outlined in Attachment B
- Supplanting existing funding of infrastructure or services, such as staff salaries
- 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

Budget Periods

- Budget Period 1: Grant Agreement Execution Date (estimated September 2026) – 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)

- Budget Period 2: October 31, 2026 – October 30, 2027
- Budget Period 3: October 31, 2027 – October 30, 2028
- Budget Period 4: October 31, 2028 – October 30, 2029
- Budget Period 5: October 31, 2029 – October 30, 2030

Grant agreements are expected to run through Oct 30, 2030, if MN continues to receive RHTP funding. Each year MDH may amend the grant agreement to adjust funds based on that year's CMS award to MN.

Spending RHTP Funds

- Funds should be fully spent in each budget period
- If a grantee demonstrates a compelling need, they may be allowed to continue spending for up to 11 months beyond the budget period (through Sep 30, the end of the following federal fiscal year)
- However, CMS will evaluate MN's spending and progress toward our goals and metrics at the end of each budget period
- Our results during the budget period will determine whether MN receives an RHTP award for the next budget period and the amount of that award

Grant Contractual Obligations

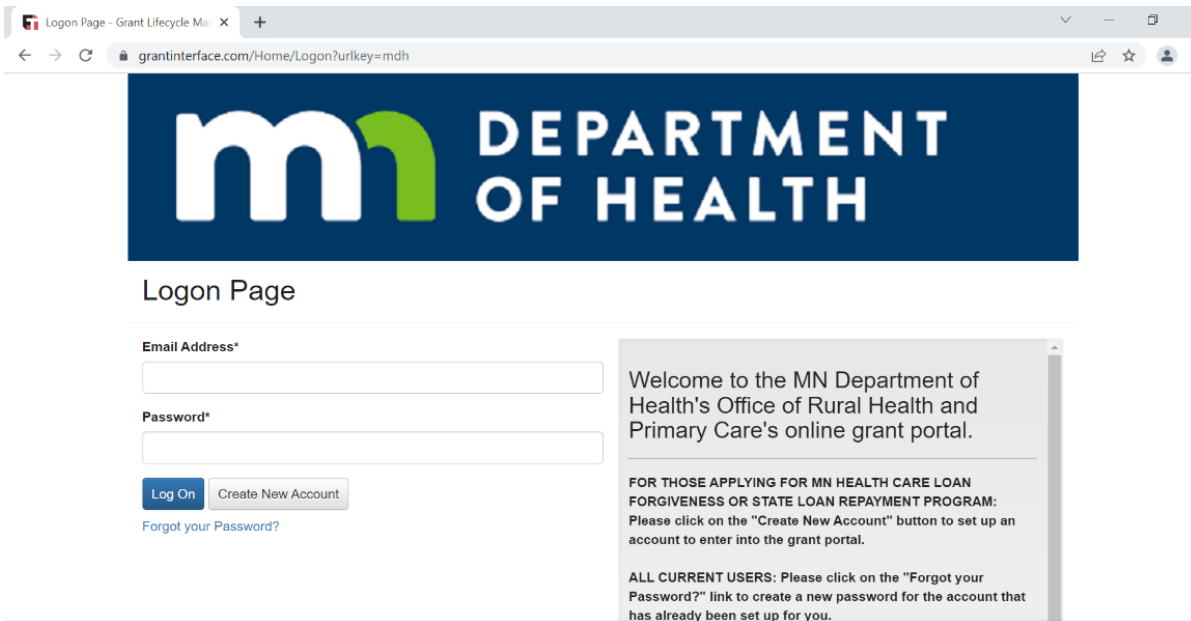
- Work may not start prior to the full execution of agreement and the first day of the contract period (whichever is later)
- Grant activities approved for payment are outlined in Exhibits A & B of the contract
- Grantees must report on financial and programmatic activities
- Progress and financial reports will be submitted bimonthly: August 20, October 20, December 20, February 20, April 20, June 20
- MDH will provide further guidance on outcomes, metrics, and reporting and will invite collaboration from grantees. Evaluation metrics may evolve based on grantee contributions, program findings, and CMS requirements
- Grantees will have one grant monitoring visit and financial reconciliation per grant period

Review Process

- Initial eligibility is determined
- External evaluators review grants individually and score on the following criteria
 - Organization Background and Capacity – 30 points
 - Project Narrative and Work Plan – 60 points
 - Budget and Budget Narrative – 10 points
- Prior to contracting, due diligence and past performance review are conducted


Application Instructions & Important Dates

- Applications must be submitted through the [ORHPC Online Grants Portal](#)
- Applications open: May 26, 2026
- Deadline for questions: June 16, 2026
- Applications deadline: June 30, 2026 at 4:30 p.m. Central Time



- 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

Application Sections

 Fields with an asterisk (*) are required.

- > Application Instructions
- > Section 1: Organization and Applicant Information
- > Section 2: Project Information
- > Section 3: Narrative
- > Section 4: Timeline and Work Plan
- > Section 5: Budget and Budget Narrative
- > Section 6: Attachments
- > Section 7: Applicant Conflict of Interest
- > Certification

- 7 sections to complete
- Refer to RFP for instructions on narrative questions
- Complete at your own pace
 - Save button vs Submit button

Application Overview

- Sections 1 & 2. Organization and Applicant Information, Project Information
 - 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
 - Applicants must provide their Unique Entity Identifier (UEI) Name and Number (<https://sam.gov/entity-registration>).
- Section 3. Organization Background and Capacity
 - Organization Overview
 - Organizational Capacity
 - Project Type
 - Residency Program or Track
 - Program Specialty
 - Collaborating Partners

Application Overview Continued

- Section 4. Project Narrative and Work Plan
 - Program Description
 - Administrative Costs
 - Work Plan

Application Overview Continued

- Section 5. Planning and Development Grants (Feasibility Applicants Skip)
 - New Residency Slots
 - Rural Clinical Training Sites
 - Proportion of Training in Rural Areas
 - Community Engagement
 - Program Sustainability
- Section 6. Budget and Budget Narrative
- Section 7. Required Application Attachments
 - Audited Financial Statements
 - Due Diligence
- Section 8. Applicant Conflict of Interest Disclosure
- Certification
 - 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

Registering for Grant Related Systems

- Office of Rural Health and Primary Care online grants portal
(<https://www.grantinterface.com/Home/Logon?urlkey=mdh>)
 - Creating accounts and other steps, including adding collaborators, are found online
 - ORHPC Grant Guide, August 2022 (PDF)
(<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf>)
- SWIFT Vendor Resources
 - SWIFT Vendor Resources / Minnesota Management and Budget (MMB)
(<https://mn.gov/mmb/accounting/swift/vendor-resources/>)
 - SWIFT Supplier Portal Homepage (<https://guest.supplier.systems.state.mn.us>)
 - Vendor Reference Guides / Minnesota Management and Budget (MMB)
(<https://mn.gov/mmb/accounting/swift/vendor-resources/vendor-reference-guides/>)
- SAM.gov
 - Unique Entity ID Entity Registration | SAM.gov (<https://sam.gov/entity-registration>)

Questions

Thank You!

Office of Rural Health and Primary Care RHTP Team

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