



MINNESOTA
RURAL HEALTH TRANSFORMATION

Healthcare Workforce Retention Program

June 2, 2026

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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 RFP seeks proposals to understand systemic factors leading to provider/clinician burnout; develop, pilot and scale responsive solutions to decrease burnout; and link the solutions to improved working conditions to improvements in provider retention and patient experience and/or outcomes.
- Successful proposals will
 - Demonstrate an understanding of the distinct conditions in which rural providers work
 - Provide a detailed plan to assess and measure key determinants of healthcare worker burnout/dissatisfaction with clear description of the tools that will be used, such as validated surveys and/or qualitative assessments;
 - Include a plan for conducting analysis of the data gathered throughout the pilot; and how the data will be shared with participating organizations
 - Develop and pilot evidence-based or promising practices to decrease burnout and improve work conditions. These may include optimizing workflows, aligning systems and processes to fit clinician needs, and/or strengthening care delivery processes to support long-term retention in rural areas
 - Measure and evaluate the impact of the interventions on improvements in working conditions, and where possible, link to improved patient experience and/or healthcare outcomes
 - Provide a plan on how results of the healthcare worker retention pilot will be reported to the Minnesota Department of health along with how the interventions can be expanded and implemented in other rural healthcare organizations.

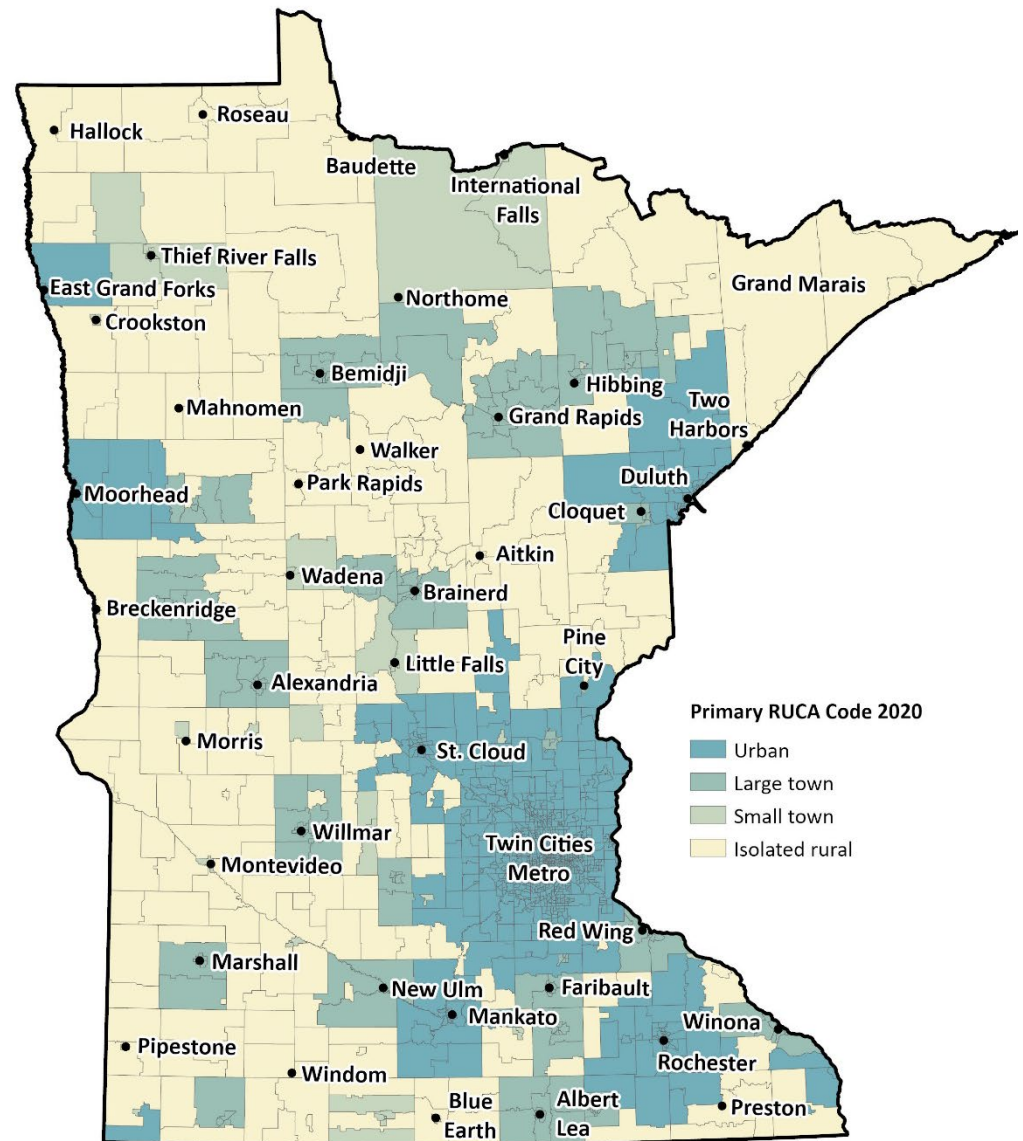
Program Description Continued

- Grantees will provide services for up to 10 rural healthcare organizations each year. Applicants will describe the selection process for those partner sites. Participating rural healthcare organizations should be committed to addressing clinical workplace burnout.

Eligible Entities

- Located in Minnesota with a demonstrable knowledge of Minnesota's rural health systems.
- Applicants should have a proven track record of developing and executing evidence-based workplace-related burnout mitigation and healthcare workforce retention efforts.
- Applicants will be selected based on their ability to complete proposed projects and evidence of experience in the proposed subject matter.

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

Funds Available

Funding	Estimate
Estimated Amount to Grant	\$183,000
Estimated Number of Awards	1
Estimated Award Maximum	\$183,000
Estimated Award Minimum	\$150,000

No expenditures are to be incurred prior to the grant contract's full execution

Outcomes & Priorities

- This grant will serve:
 - Physicians
 - Advanced Practice Providers, including Physician Assistants and Advanced Practice
 - Registered Nurses
 - Registered Nurses
 - Licensed Practical Nurses
 - Mental and behavioral health professionals and practitioners
 - Allied health and frontline worker professionals
 - Clinical and operational staff critical to care delivery
- Grant outcomes:
 - An improved understanding of the drivers of work dissatisfaction for rural healthcare providers
 - Improved working conditions for rural healthcare providers
 - Increased provider satisfaction/reduced burnout
 - Retention of healthcare providers in their organizations

- Eligible Expenses

- Personnel time to conduct eligible projects
- Travel to rural sites
- Reasonable costs related to interventions
- 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
- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

Data Reporting:

What is the job satisfaction level of participants at each site, pre-intervention?

What is the job satisfaction level of participants at each site, post-intervention?

Budget Periods

- Budget Period 1: Grant Agreement Execution Date (estimated August 2026) – October 30, 2026
- 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 add 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

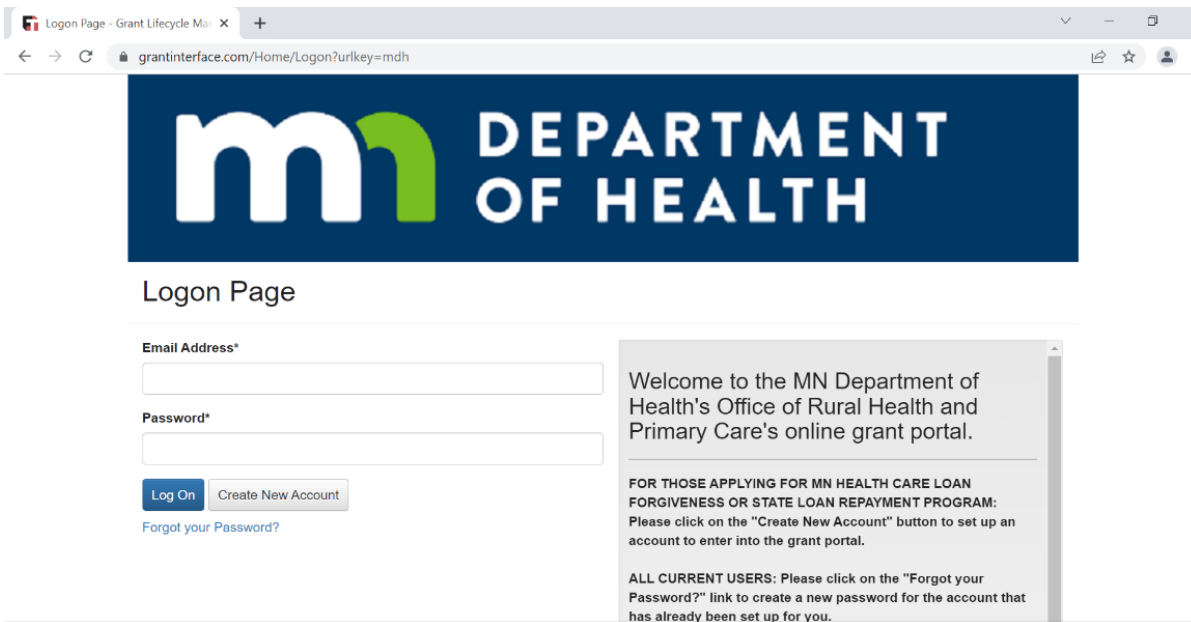
- Work may not start prior to the full execution of agreement and the first day of the contract period
- Grant activities approved for payment are outlined in Exhibits A & B of the contract
- Grantees must report on financial and programmatic activities
- Progress and financial reports will be submitted 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
 - Problem Statement – 30 points
 - Methods – 35 points
 - Work Plan – 20 points
 - Budget and Budget Narrative – 15 points
- Prior to contracting, due diligence and past performance review are conducted


Application Instructions & Important Dates

- Applications open: May 11, 2026
- Deadline for questions: June 15, 2026
- Applications deadline: June 22, 2026 at 4:30 p.m. Central Time
- Applications must be submitted through the [ORHPC Online Grants Portal](#)



- 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

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

Application Overview

- Organization and Applicant Information
- Contact Overview
- Narrative
 - Organization Overview
 - Project Summary
 - Problem Statement
 - Project Methods
 - Organizational Capacity
 - Key Personnel Biographical Sketch(es)
 - Administrative Costs

Application Overview Continued

- Timeline and Work Plan
 - Refer to Estimated Timeline
- Budget & Budget Narrative
 - Detailed justification including itemized budget line items
- Required Application Attachments
 - Audited Financial Statements
 - Due Diligence
- Conflict of Interest
- 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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