



Rural Health Transformation Program: Physician Rural Residency Training Program

GRANT REQUEST FOR PROPOSAL (RFP)

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Rural Health Transformation Program: Physician Rural Residency Training Program
- **Minnesota Department of Health (MDH) Program Website:** [Rural Health Transformation Program Funding - MN Dept. of Health](#)
- **Application Deadline:** June 30, 2026 at 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 state governments 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.

Rural Minnesotans continue to face longstanding challenges with health outcomes and access to healthcare compared to their urban counterparts, in part due to persistent rural healthcare workforce shortages. The majority of the state's licensed physicians work in urban areas, leading to a shortage of physicians in rural areas. Developing clinical training programs in areas where providers are needed is a proven policy intervention to address rural healthcare workforce shortages. Undergoing longitudinal clinical training in rural areas is the strongest predictor of choosing to practice in rural settings next to having rural roots.

Through these start-up grants, Minnesota aims to increase the number and size of rural residency programs to grow the rural physician workforce and meet the healthcare needs of rural residents.

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

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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.

Grantees are not required to participate in RHTP feasibility assessment grants in order to apply for RHTP planning and development grants for rural residency programs. However, planning and development grant applicants will be required to demonstrate thorough governance, academic, clinical, and financial planning efforts.

Grantees are required to consult with University of Minnesota graduate medical education (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.

- 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

Funding	Budget Period 1 Estimate
Estimated Amount to Grant	\$1,500,000
Estimated Number of Awards	5-8
Estimated Award Maximum	\$350,000
Estimated Award Minimum	\$50,000

Future Funding

The RHTP is a five-year funding program from CMS. Award minimums and maximums are for budget period 1. 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:** August 31, 2029

1.4 Eligible Applicants

Eligible applicants are programs, sponsors, and potential sponsors of rural residency programs located in Minnesota. Eligible programs must meet the following criteria:

1. 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.

For the purposes of this grant program, 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](#).

A “community-based ambulatory care center that primarily serves the underserved” means a federally qualified health center, a community mental health center, a rural health clinic, a health center operated by the Indian Health Service, a Tribal Nation or Tribal organization, an urban American Indian organization, or an entity receiving funds under Title X of the Public Health Service Act.

2. Train, or propose to train, medical residents in the following priority specialties:
 - Family medicine,
 - General internal medicine,
 - General pediatrics,
 - General surgery,

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- Geriatrics,
- Obstetrics, or
- Psychiatry.

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

Collaboration is highly encouraged and is a factor in scoring applications. Applicants will be asked to provide an overview of any collaborating partners.

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 11, 2026 at 10:00 a.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 programs and prospective residents by expanding clinical training opportunities.

Grant outcomes include:

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

2.2 Eligible Projects

Feasibility Assessment Grants

- Up to \$100,000 for one year
- 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.
- At the end of the feasibility phase, grantees must demonstrate 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

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- At the end of the feasibility phase, grantees must submit the results of the feasibility assessment, based on the consultation with 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.

Planning and Development Grants

- Up to \$350,000 per year for one to three years, with a maximum award of \$1,000,000 over three years
- 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.
- Programs that receive funding from another source, such as Health Resources and Services Administration (HRSA) Rural Residency Planning and Development funding, to support planning and development must submit a revised budget to MDH reflecting the reduced need for RHTP funding. The RHTP grant award may be reduced or concluded based on the other funding received.
- Within the first year of a planning and development grant, grantees must demonstrate that they have evaluated the financial feasibility of their proposed program or track in consultation with the TAC or other University of Minnesota GME experts.
- Grantees must also demonstrate that they have established partnerships as required for implementation of the residency training program or track, such as partnerships with rural residency clinical training sites.
- 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.
- 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.

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Residency programs planned and developed using these grants may apply for CMS [Indirect Medical Education \(IME\)](#) and [Direct Graduate Medical Education \(DGME\)](#) funding for sustainability. Residency programs may be eligible to apply for the state's [Rural Primary Care Residency Training Grant Program](#). Programs are also encouraged to consider private funding to support residency programs.

Eligible Expenses

Please pay careful attention to the fact that RHTP funds may not be used to supplant or duplicate existing funding sources.

- 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

Ineligible expenses include but are not limited to:

- 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

2.3 Estimated Timeline

Feasibility grants are for one year, and planning and development grants are for one to three years. Minnesota's RHTP is a five-year grant program overall, and grants may begin and end at various points within these RHTP budget periods. Initial grants will begin in budget period 1.

RHTP Budget Periods

- Budget Period 1: Grant Agreement execution date – 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

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 on a regular reporting period regarding each activity:

Regular Programmatic 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?

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 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.

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

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 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.

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
- 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. Applications will be reviewed by a committee of content specialists with knowledge of rural GME 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 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 application using a standardized scoring system to determine the extent to which the application meets the evaluation criteria.

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

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 \(PDF\)](#).

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Notification

MDH anticipates notifying all applicants via email of funding decisions 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

Organization Overview

Provide a brief overview of your organization's history, location, and administrative structure. Describe any unique characteristics or circumstances pertaining to your organization.

Organizational Capacity

Provide an overview of your organization's existing residency training program(s), if any, and other experience with graduate medical education. Include the number and types of faculty and current and recent trainees. If applicable, describe your organization's track record of developing residency programs. Provide any other relevant information about your organization's capacity to develop a rural residency training program.

Project Type

Indicate the type of grant you intend to seek: 1) Feasibility Assessment or 2) Planning and Development. *Applicants that select a Planning and Development Grant will answer the additional questions outlined in Section 5. Applicants that select a Feasibility Assessment Grant will skip to Section 6.*

Residency Program or Track

Indicate whether you are exploring a rural residency training program or a rural track within an existing program.

Program Specialty

Indicate the eligible specialty: Family Medicine, General Internal Medicine, General Pediatrics, General Surgery, Geriatrics, Obstetrics, or Psychiatry.

Collaborating Partners

If partners are already identified, provide a brief overview of each entity collaborating with your organization on this program and their role in the program, including the ACGME sponsoring institution and clinical training sites.

Section 4: Project Narrative and Work Plan

Program Description

Describe any aspects of your program or track that you have planned or envisioned to date, such as key aspects of the training and any unique characteristics. How will your program incorporate team-based primary care?

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.

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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

List key project activities for year one. For planning and development grants, list key activities for years two and three; the work plan for years two and three may be less detailed than the plan for year one. For each activity, indicate the title/position of each person who will be involved, the expected outcomes, and the expected timeline.

Section 5: Planning and Development Grants

Complete the following additional questions if you are applying for a planning and development grant.

New Residency Slots

How many new rural residency program slots do you propose to develop? How many new rural residency program slots have you developed since 2022? Indicate the baseline number of residents in your program prior to developing these new slots.

Rural Clinical Training Sites

Provide information about each rural clinical training site that has been identified to date. What type of setting is each site? Indicate which sites are local clinics, community hospitals, and regional medical centers.

Provide the geographic location of each site. Confirm that each site is in an eligible rural community. "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](#).

Proportion of Training in Rural Areas

Indicate where the first year of your residency training will take place: in the seven-county Twin Cities metropolitan area; in a rural community; or in one of the following Greater Minnesota cities: Duluth, Mankato, Moorhead, Rochester, St. Cloud.

Indicate where the subsequent years of your residency training will take place: in a rural community; or in one of the following Greater Minnesota cities: Duluth, Mankato, Moorhead, Rochester, St. Cloud.

Provide additional information for context as necessary.

Community Engagement

How will your program engage a range of partners from rural communities to inform the development of your program and the training of your residents?

Program Sustainability

Describe any current plans for sustaining your residency program or track beyond the RHTP planning and development grant period.

Section 6: Budget and Budget Narrative

Provide a detailed justification for each of the expenses to successfully meet the goals of the proposed RHTP activity.

See the list of 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.

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- 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.
- 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 7: 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.

Section 8: Conflict of Interest

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.

FEASIBILITY ASSESSMENT GRANTS (50-POINT SCALE)

Organization Background and Capacity (20 points available)

- Organization overview provides a clear picture of the organization. (5 points available)
- Organization has strong experience with and capacity to develop and administer a rural residency program. (10 points available)
- Application includes collaborating partnerships. (5 points available)

Project Narrative and Work Plan (20 points available)

- Program description provides a clear picture of the program as planned or envisioned to date, including key aspects of training and unique characteristics. (10 points available)

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- Work plan is clear and feasible, includes all required components, and will achieve grant program outcomes. (10 points available)

Budget Narrative (10 points available)

- 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)

PLANNING AND DEVELOPMENT GRANTS (100-POINT SCALE)

Organization Background and Capacity (25 points available)

- Organization overview provides a clear picture of the organization. (5 points available)
- Organization has strong experience with and capacity to develop and administer a rural residency program. (10 points available)
- Application includes strong partnerships with clearly defined roles. (10 points available)

Project Narrative and Work Plan (55 points available)

- Program description provides a clear picture of the program as planned or envisioned to date, including key aspects of training and unique characteristics. (10 points available)
- Program incorporates a strong model of team-based primary care. (5 points available)
- Work plan is clear and feasible, includes all required components, and will achieve grant program outcomes. (10 points available)
- Clinical training sites are clearly described, including type of setting and geographic location in rural communities. (5 points available)
- Application includes clear information about the proportion of training in rural areas. (5 points)
- Applicant has clear, promising plans for engaging a range of partners from rural communities to inform program development and training of residents. (10 points available)
- Applicant describes a sound plan for sustaining their program beyond the grant period. (10 points available)

Budget Narrative (20 points available)

- Proposed costs in the budget are clear, with enough detail to understand why they are included. (10 points available)
- Proposed expenses seem reasonable and align with the goals and requirements of this program. (10 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.

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)
- [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 \(Excel\) \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/mnrucaxlsx\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/mnrucaxlsx)
- [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)
- [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)
- [Indirect Medical Education \(IME\) \(https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/indirect-medical-education-ime\)](https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/indirect-medical-education-ime)
- [Direct Graduate Medical Education \(DGME\) \(https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/direct-graduate-medical-education-dgme\)](https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/direct-graduate-medical-education-dgme)
- [Rural Primary Care Residency Training Grant Program \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#rpcrt\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#rpcrt)
- [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/)

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- [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.” \(PDF\) \(https://mn.gov/admin/assets/OGM%20Policy%2008-01%20Conflict%20of%20Interest%20Policy%20for%20State%20Grant-Making%20V%202%20tcm36-744371.pdf\)](https://mn.gov/admin/assets/OGM%20Policy%2008-01%20Conflict%20of%20Interest%20Policy%20for%20State%20Grant-Making%20V%202%20tcm36-744371.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)
- [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 \(PDF\) \(https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Revision%20Version%202.1%20-%20Effective%20Date%20July%201%202025%20tcm36-695460.pdf\)](https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Revision%20Version%202.1%20-%20Effective%20Date%20July%201%202025%20tcm36-695460.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)