Application materials for the Primary Care Residency Grant Program will be posted on the Office of Rural Health & Primary Care (ORHPC) website on or about August 1, 2019. Attached is the program’s Grant Application Guidelines. Applications are due September 27, 2019. The website address for application forms and instructions is:

https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#pcres

08/01/2019

To obtain this information in a different format, call: 651-201-3856. Printed on recycled paper.
# 2020 Primary Care Residency Grant Program

## Grant Application Guidelines

### Table of Contents

2020 Primary Care Residency Grant Program ................................................................. 1  
RFP Part 1: Overview ........................................................................................................ 3  
  1.1 General Information ................................................................................................. 3  
  1.2 Program Description ............................................................................................... 3  
  1.3 Funding and Project Dates ...................................................................................... 3  
  1.4 Eligible Applicants ................................................................................................. 4  
  1.5 Questions and Answers .......................................................................................... 5  
RFP Part 2: Program Details ............................................................................................ 6  
  2.1 Priorities ................................................................................................................ 6  
  2.2 Eligible Projects ..................................................................................................... 7  
  2.3 Grant Management Responsibilities ..................................................................... 8  
  2.4 Grant Provisions .................................................................................................. 9  
  2.5 Review and Selection Process ............................................................................. 11  
RFP Part 3: Application and Submission Instructions ................................................ 13  
  3.1 Application Deadline ............................................................................................. 13  
  3.2 Application Submission Instructions .................................................................. 13  
  3.3 Application Instructions ...................................................................................... 13  
RFP Part 4: Attachments ............................................................................................... 17  
  Attachment A: Application Evaluation Criteria ....................................................... 18
RFP Part 1: Overview

1.1 General Information

- **Announcement Title**: FY 2020 Primary Care Residency Grant Program Request for Proposals
- **Minnesota Department of Health (MDH) Program Website**: https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#pcres
- **Application Deadline**: September 27, 2019

1.2 Program Description

In 2015, the Minnesota Legislature enacted Minnesota Statutes Section 144.1506 authorizing the Commissioner of Health to award grants to support new Primary Care Residency positions. The grant program assists existing or proposed Primary Care Residency programs in Minnesota by funding costs associated with creating new residency programs, and training eligible residents in newly created slots. Funds will be awarded after a competitive review process.

1.3 Funding and Project Dates

**Funding**

**Total Available Funding**

The Minnesota Legislature has appropriated $1,500,000 in grant funds for fiscal year 2020.

**Distribution of Funding**

Eligible primary care residency programs may receive up to $75,000 for planning projects, and up to $300,000 per new primary care residency slot, over three years. Over the three-year contract, the maximum award for each new slot will be $150,000 in year 1, $100,000 in year 2, and $50,000 in year 3. For eligible residency programs longer than three years, training grants may be awarded for the duration of the residency, not exceeding an average of $100,000 per residency slot per year.

Eligible applicants must agree to maintain an expanded number of residents and verify the number each year in order to continue to receive funds.

Eligible applicants may apply for funding for more than one new residency slot, but due to the competitive nature of the grant, may not receive funding for all new slots.

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.

For selected grantees, the anticipated date of the contract is December 1, 2019, and the first available quarterly invoice may be submitted March 1, 2020.
2020 PRIMARY CARE RESIDENCY GRANT PROGRAM
GRANT APPLICATION GUIDELINES

<table>
<thead>
<tr>
<th>Funding</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Amount to Grant</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>Estimated Number of Awards</td>
<td>5-8</td>
</tr>
<tr>
<td>Estimated Award Maximum</td>
<td>$300,000 per resident</td>
</tr>
<tr>
<td>Estimated Award Minimum</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Project Dates

Application due to MDH: REVISED September 27, 2019
Grant distribution announcement: Approx. REVISED October 25, 2019
Grant Agreements begin (est.): December 1, 2019

1.4 Eligible Applicants

Eligible applicants are programs, sponsors and potential sponsors of primary care residency positions that fulfill all of the following criteria:

- Are located in Minnesota; and
- Train, or propose to train medical residents in the following primary care specialties:
  - Family medicine,
  - General internal medicine,
  - General pediatrics,
  - Psychiatry (including child psychiatry fellowships),
  - General surgery, or
  - Geriatric fellowship; and
- Train, or propose to train medical residents primarily within Minnesota; and
- Can demonstrate current accreditation and compliance with the Institutional and Program Requirements for Graduate Medical Education in the specialties listed above of the Accreditation Council for Graduate Medical Education (ACGME), or submit a credible plan to obtain accreditation
- Propose to create one or more new primary care residency slots; and
- Can demonstrate that an application to expand primary care residency slots is for the creation of a new slot:
  - Applicants that currently conduct resident training must define and justify a baseline number of residents in the eligible specialty, and commit to maintaining the baseline for the upcoming three years; and
  - Applicants must agree to maintain the total number of residents including the established baseline number and the new resident(s) to be supported with grant funding.
- Eligible applicants must agree to maintain an expanded number of residents and verify the number each year in order to continue to receive funds.
Eligible projects must establish a new primary care residency program, or for existing residency programs, create and maintain at least one new primary care residency slot (or position).

**Note:** Primary Care Residency Programs are invited, but not required, to support residency training for immigrant international Medical Graduates through the Primary Care Residency Grant Program.

Immigrant International Medical Graduates (IIMG) reside in Minnesota for at least two years, and are certified by the Educational Commission for Foreign Medical Graduates (ECFMG) and are committed to providing primary care in a rural or underserved area in Minnesota post residency.

Questions about Immigrant International Medical Graduates can be directed to Yende Anderson at yende.anderson@state.mn.us or 651-201-5988.

### 1.5 Questions and Answers

All questions regarding this RFP must be submitted by email or phone to paia.vang@state.mn.us or 651-201-3856.

If MDH determines questions and answers should be published, all answers will be posted within five business days at https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#pcres.

Please submit questions no later than 12:00 p.m. Central Time, on August 30, 2019.

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 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 on Rating Criteria for Competitive Grant Review establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities. How applicants propose to use grant funds to address health equity will factor into the competitive grant selection.

Grant Program Priorities

Projections by the Association of American Medical Colleges indicate a shortage of 90,000 physicians nationwide by 2020. Physician shortage will have the greatest impact on primary care physicians according to the Annals of Family Medicine. Although population growth and an aging population are contributing to these shortages, the decreasing number of medical residencies for primary care physicians will ultimately have the greatest impact on physician shortage.

Healthcare systems were once able to rely on health care revenue dollars to alleviate the costs associated with providing medical residencies. Changes in reimbursement for care provided have decreased the amount of monies available for training costs, making it financially difficult for healthcare systems to continue to offer residencies.

Minnesota Statutes Section 144.1506 was enacted to address, in part, the medical residency shortage by awarding grants to support new Primary Care Residency positions/slots, or new Primary Care Residency programs. This grant program assists existing or proposed Primary Care Residency programs in Minnesota by funding costs associated with creating new residency programs, and training eligible residents in newly created slots. Funds will be awarded after a competitive review process.

This grant will serve:

The Primary Care Residency Grant program will serve all Minnesotans in need of health care by ensuring the state is increasing the number of primary care physicians in each of the eligible primary care provider fields recognized in Minnesota Statutes Section 144.1506:

- Family medicine;
- General internal medicine;
- General pediatrics;
- Psychiatry (including child psychiatry fellowships);
- Geriatrics (geriatrics fellowships are eligible for support); and/or
- General surgery
Per state statute, creating or expanding new Primary Care Residency slots for the above mentioned primary care specialties is expected to increase healthcare access for populations which may include those based on age, race/ethnicity, gender, income, geography, education, sexual orientation, physical and/or mental disabilities, and military/veteran status.

Grant outcomes will include:

- Sustainability of Minnesota’s pool of primary care physicians resulting from the creation of new primary care residency slots and primary care residency programs that, once created, are required to be maintained throughout the entire three-year grant period and beyond.
- Introducing primary care physicians to underserved populations while in residency, thereby fostering their interest in, and commitment to serving those most in need.

**Other Competitive Priorities**
Priority will be given to applications that clearly define and address how their program will focus on creating or expanding residency slots in the primary care residency fields recognized by Minnesota Statutes Section 144.1506.

### 2.2 Eligible Projects

Grant funds may be used for:

- Planning related to establishing an accredited primary care residency program;
- Obtaining accreditation by the Accreditation Council for Graduate Medical Education or another national body that accredits residency programs;
- Recruitment, training and retention of new primary care residents;
- Travel and lodging for new primary care residents;
- Salary and fringe of new primary care residents, as well as faculty and preceptors related to training new primary care residents;
- Training site improvements, fees, equipment, and supplies required for new primary care residents; and/or
- Support for clinical education in which primary care residents are part of a primary care team model.

**Ineligible Expenses**

Ineligible expenses include but are not limited to:

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Supplanting existing program funds;
- Administrative costs not directly related to resident training, or obtaining accreditation
2.3 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. Once the grant agreement is signed, the grantee is expected to read and comply with all conditions of the grant agreement.

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

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.

The reporting schedule will be in accordance with the State of Minnesota’s policy requiring at least an annual written progress report, or a quarterly minimum.

Grant Monitoring

Minn. Stat. §16B.97 and Policy on Grant Monitoring 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

The monitoring schedule will be in keeping with Minn. Stat. §16B.97 and Policy on Grant Monitoring guidelines.

Technical Assistance

Consultation and guidance in completing the application process is available upon request. MDH will provide all forms and templates for invoices and progress reports. MDH is also available to provide technical assistance for grantees. It is the grantee’s responsibility to meet all obligations in the contract, and to notify MDH and request approval for any changes to these obligations. For assistance, contact Paia Vang, Office of Rural Health and Primary Care, at 651-201-3856, toll free from Greater Minnesota at 1-800-366-5424 or at paia.vang@state.mn.us.
Grant Payments

Per State Policy on Grant Payments, 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.

The invoicing and payment schedule will be:

Payments will be distributed quarterly, upon receipt of a progress report that includes certifying the number of residents under contract, an invoice, and an expenditure report.

For selected grantees, the anticipated date of the contract is December 1, 2019, and the first available quarterly invoice may be submitted March 1, 2020.

2.4 Grant Provisions

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 Conflict of Interest Policy for State Grant-Making.

Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work contemplated by this RFP. The list must provide the name of the entity, the relationship, and a discussion of the conflict. Submit the list as an attachment to the application. If an applicant does not submit a list of conflicts of interest, MDH will assume that no conflicts of interest exist for that applicant.

Organizational conflicts of interest occur when:

- a grantee or applicant is unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties
- a grantee’s or applicant’s objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties

In cases where a conflict of interest is suspected, 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.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minnesota Statute Section 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 Minnesota Statute Section 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 (Minnesota Statutes chapter 13) 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.

**Audits**

Per Minn. Stat. §16B.98 Subdivision 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.

**Affirmative Action and Non-Discrimination Requirements for all Grantees**

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. Minn. Stat. §363A.02. 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. Minnesota Rules, part 5000.3500

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.

### 2.5 Review and Selection Process

**Review Process**

Funding will be allocated through a competitive process with review by a committee representing content specialists with medical residency program knowledge. 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 be reviewing each applicant on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring factors and weight that applications will be judged are based on:

- **40 points: Program Description:**
  - Is the program description complete?
  - Does the description adequately explain the program’s administrative structure, organizational structure, and budget?
  - Does the description provide sufficient information about the program’s emphasis and rotation sites?
  - Does the program address health equity and/or serve underserved populations?

- **30 points: Description of the Number of Residents:**
  - Is the description complete?
  - Does the description adequately define the baseline number of residents for the upcoming three years?
  - Has the applicant demonstrated the capability to maintain additional residents?

- **10 points: Sustainability:**
  - Is there sufficient evidence that the new resident(s) supported by grant funds will be sustained after the grant period?

- **20 points: Proposed budget and proposed use of funds:**
  - Is the proposed budget clear?
  - Does the budget narrative give adequate detail in how funds will be accounted for and spent?
  - Is the budget reasonable?

**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 financial review prior to a grant award made of $25,000 and higher to a nonprofit organization, in order to comply with Policy on the Financial Review of Nongovernmental Organizations

**Notification**

MDH anticipates notifying all applicants via email of funding decisions by (est.) October 25, 2019.
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 September 27, 2019. (If applications are mailed, they must be received by MDH by the deadline).

Late applications will not be accepted. It is the applicant’s sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer or technology problems.

3.2 Application Submission Instructions

Applications must be submitted by mail or email to:

Mailing Address: Minnesota Department of Health/ORHPC
Attn: Paia Vang
P.O. Box 64882
St. Paul MN 55164-0882

Email: paia.vang@state.mn.us

Contact: Paia Vang
Workforce Grants Administrator
Office of Rural Health & Primary Care (ORHPC)
Minnesota Department of Health (MDH)
(651) 201-3856

3.3 Application Instructions

You must submit the following in order for the application to be considered complete. The following outline and instructions should be used to prepare the grant application, and be submitted in the prescribed order.

Proposals must be typewritten, double-spaced, and all pages consecutively numbered. If additional documentation (other than requested herein) is submitted, it should be relevant to the specific scope of the grant.

All applications must include the following Required Forms and Documents and will be awarded points based on the descriptions provided therein:

- **Grant Application Form.** Applicants are required to complete and submit this form. Complete all items

- **Due Diligence Review and Financial Questionnaire.** All applicants are required to complete and submit this form. This form is required from all applicants for funding over $25,000 and is available on the Office of Rural Health and Primary Care website.
• **Program Financial Statement.** Applicants must include the most current financial statement of the program. This can be a recent 990 form, an audit, a balance sheet, or an income statement that at the least shows annual revenue and expenses. Attached financial documents must be specific to the residency program, not documentation of a larger organization.

• **Proof of Accreditation** (attach only relevant documentation). Applications must include documentation of current accreditation from ACGME for education programs, or a detailed plan to obtain accreditation.

• **Program Description (10 page maximum).** Write a summary of the existing or proposed Primary Care Residency program, to include the following:
  
  o Description of the program’s history, location, staff and faculty, administrative structure, organizational partnerships, and budget;
  o Description of the program’s focus or emphasis while training residents, including any current or planned training and rotation sites, cultural competencies, primary care team-based training, populations served – including underserved populations, and unique characteristics;
  o Description of existing recruitment and selection efforts, resident match outcomes from recent years, graduation rates, and plans to fill all available residency slots;
  o Description of plans for sustaining the new resident(s) beyond the grant period;
  o Statement of need for state grant funds. Applicants are encouraged to submit information about their program costs, other funding sources and other information on the need for state support. Applicants are encouraged to address how they could move forward with less than the maximums allowed; awards may be made for reduced amounts, especially if more applications are received than can be funded at their full requests.
  o For programs with training periods less than three years, for example, Geriatric Fellowship programs, include a description of the length of the training. If selected for grant funding, the length of the contract will reflect the length of the training program, and the maximum award will not exceed $100,000 per year.

• **Description of the Number of Future Residents** (5 page maximum). *Planning proposals are not required to complete this step.** Applications for new residency slots must complete and attach this step. In order to verify a primary care slot is new to the program, applicants must:
  
  o Define, justify, and certify a baseline number of residents for the upcoming three years, by year. Include a detailed description of the number of residents and graduates in the previous five years, or maximum year’s available if fewer than five years, and include a clear description of any recent reductions in the number of residents or any existing plans to add residents. Over the three years of the grant, the baseline number of residents cannot decrease.
  o Completeness of information and data defining the baseline number will be assessed closely in the review process.
State the number of additional slots above the baseline number to be supported and maintained using grant funds.

Include a description of the program’s ACGME capacity to train new residents, or a plan to obtain adequate capacity.

Include a description of plans to maintain additional slots after the grant period. Include any relevant research or analysis of the future demand for additional physicians from the program’s focus or specialty.

Grant Budget

- **Grant Budget Form**: Required from all applicants. The budget form should include funding requested for all years of the grant.

- **Grant Budget Justification Narrative** (3 pages max) Applicants must attach a narrative describing the detail of the proposed grant budget, with sufficient detail for each requested year of the grant. Also, include detail of any non-state funds that will be used to maintain the new resident(s) during the grant period. For each of the cost items on the budget form for which grant funds are requested, provide a rationale and details regarding how the budgeted cost items were calculated, by year. Label this concise narrative “Budget Justification” and follow the order of the budget form in your narrative.

  - **Salary**: Describe all salaries to be paid to residents, faculty, and/or preceptors using grant funds. Include a description of the proportion of salary to be paid using grant funds for each individual.

  - **Fringe**: Describe all fringe benefits to be paid to residents, faculty, and/or preceptors using grant funds. Include a description of the proportion of fringe to be paid using grant funds for each individual.

  - **Personnel**: Describe all grant funds used to pay for program (administrative) staff. Include a description of all salary and fringe to be paid out of grant funds.

  - **Travel and Lodging**: Include a detailed description of the proposed travel and/or lodging for new residents as it relates to the direct operation of the program. Provide the number of miles planned for program activities as well as the rate of reimbursement per mile to be paid from grant funds.

  - **Supplies**: Include a description of any supplies necessary for the operation of the primary care residency program.

  - **Contracted Services**: Include any grant funding to be used for consultant fees, or any costs associated with training sites on this line.

  - **Equipment and Capital Improvements**: Include any grant funding to be used to purchase equipment, or to make capital improvements.

  - **Other Expenses**: Whenever possible, include proposed expenditures in the categories listed above. If it is necessary to include expenditures in this general category, include a detailed description of the activities as they relate to the direct operation of the program. If possible, include a separate line-item budget and budget narrative.
You must submit the following in order for the application to be considered complete:

**Required Forms and Documents:**

- Grant Application Form
- Due Diligence Review and Financial Questionnaire
- Grant Budget Form

Above forms are available at: [https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#pcres](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#pcres)

- **Program Financial Statement**
  - Attach financial documentation specific to the residency program
- **Proof of Accreditation**
  - Attach documentation of current accreditation from ACGME for education programs, or a plan to obtain accreditation
- **Program Description** (10 pages max)
  - Attach a description of the program’s history, structure, emphasis, and recent outcomes
- **Description of the Number of Residents** (5 pages max)
  - Attach documentation of the number of residents to be sustained throughout the grant period
- **Grant Budget Justification Narrative** (3 pages max)
  - Attach this narrative detailing the individual lines of the budget

**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 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: Attachments

- Attachments must be typewritten, double-spaced, consecutively numbered, and saved in standard office software such as Microsoft Word. All submitted documentation needs to be relevant to the specific scope of the grant.
- Attachments provided by applicants must include all required forms and documents and named accordingly.

The following required forms are available at:
https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#pcres
  - 2020 Primary Care Residency Grant Application Form
  - Suggested Budget Form
  - Due Diligence Review & Financial Questionnaire/Accounting System and Financial Capability Questionnaire
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.

[Links to templates]

2020 PCREGP Review Criteria Template
2020 PCREGP Score Sheet Template