



Rural Health Transformation Program: Rural Clinical Fellowship for Advanced Practice Providers and Other Clinicians

GRANT REQUEST FOR PROPOSAL (RFP)

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Rural Health Transformation Program: Rural Clinical Fellowship for Advanced Practice Providers and Other Clinicians
- **Minnesota Department of Health (MDH) Program Website:** [Rural Health Transformation Program Funding - MN Dept. of Health](#)
- **Application Deadline:** Jul 31, 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 states support rural communities in improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem. The RHTP focuses on promoting innovation, strategic partnerships, infrastructure development, and workforce investment in rural communities. The federal program will grant up to \$50 billion to states over five budget periods.

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

This RFP supports the development of rural clinical fellowship programs to prepare and train advanced practice providers, behavioral healthcare professionals, and oral healthcare professionals to deliver comprehensive rural clinical care. Proposed programs should be advanced, rural-focused, community-based, supervised post-graduate clinical training and didactics that complement prior academic experiences and address gaps in clinical skills to prepare providers to manage the health needs of rural Minnesotans.

Fellowships are expected to vary in duration, focus, and format based on the needs of different provider types. All programs must offer a structured learning environment providing mentored clinical education and didactics. Fellowships may be 12-18 months long. For example, a rural clinical Nurse Practitioner fellowship may be structured to meet two days per month for a 12-month fellowship.

Proposed fellowships must:

- Train clinicians who are currently practicing or intend to practice in rural primary care, including oral health, behavioral health, maternal health, and other areas of primary care practice
- Strengthen clinical competencies

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- Cultivate knowledge, skills, and cultural competence related to rural practice, solidifying providers’ rural professional identities
- Include interprofessional learning and practice
- Provide mentorship
- Increase clinicians’ ability to handle ethical issues that arise when practicing in rural communities
- Strengthen rural workforce wellness and resiliency
- Increase clinicians’ overall readiness to deliver comprehensive care to rural Minnesotans

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.

Funding	Estimate
Estimated Amount to Grant (year 1)	\$330,000
Estimated Number of Awards	1-2
Estimated Award Maximum	\$330,000
Estimated Award Minimum	\$100,000

Future Funding

The RHTP is a five-year funding program from CMS. Future funding may be available to selected grantees in years 2-5 of Minnesota's program. This funding is dependent on work available and CMS’s award to Minnesota. 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:** June 22, 2026
- **Applications due:** July 31, 2026 at 4:30 p.m. Central Time
- **Grant agreements begin (estimated):** September 15, 2026
- **Grant Agreements end:** August 31, 2029

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1.4 Eligible Applicants

Eligible applicants include:

- Accredited clinical training programs within accredited institutions of higher education in Minnesota. Eligible training programs include:
 - Advanced Practiced Registered Nursing
 - Certified Nurse Midwifery
 - Dental Therapy and Advanced Dental Therapy
 - Mental health professional training programs in Alcohol and Drug Counseling, Counseling, Marriage and Family Therapy, Psychology, and Social Work
 - Physician Assistant

- Clinical practice settings located in rural Minnesota communities, including:
 - Certified Community Behavioral Health Clinics (CCBHCs)
 - Community Mental Health Centers (CMHCs)
 - Federally Qualified Health Centers (FQHCs)
 - Health systems
 - Hospitals
 - Long-term care facilities
 - Other clinics
 - Private clinical practices
 - Tribal clinical settings

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](#).

- All applications must include a formal collaboration between 1) at least one eligible, accredited clinical training program within an accredited institution of higher education in Minnesota and 2) at least one eligible clinical practice setting in RUCAs 4-10 in Minnesota. The partnership may be established or in development. Either partner may serve as the primary applicant.

- Fellowships are post-graduate training programs through which licensed clinicians are provided additional didactic and supervised clinical experiences to enhance their rural practice readiness. Grantee organizations must allow trainees and healthcare entities to participate in their programming regardless of system affiliation. For the purposes of this grant, fellows may include the following:
 - Advanced Practice Registered Nurses
 - Certified Nurse Midwives
 - Dental Therapists and Advanced Dental Therapists
 - Licensed Alcohol and Drug Counselors

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- Licensed Independent Clinical Social Workers
- Licensed Marriage and Family Therapists
- Licensed Professional Clinical Counselors
- Licensed Psychologists
- Physician Assistants

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

All applications must include a formal collaboration between 1) at least one eligible, accredited clinical training program within an accredited institution of higher education and 2) at least one eligible rural clinical practice setting. The partnership may be established or in development. Either partner may serve as the primary applicant. Applications will be evaluated on how well they demonstrate strong partnerships through letters of commitment, which will describe any collaboration to date between the applicant and the partner organization, in preparation for this program and/or on past projects.

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 July 17, 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 [July 1, 2026 at 11:00 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.

Rural Minnesotans continue to face longstanding healthcare access disparities compared to their urban counterparts. Rural clinicians consistently fill gaps in care due to the absence of specialists in rural areas as they care for Minnesotans with comorbidities and chronic health conditions. Rural healthcare practice involves a high degree of clinical autonomy and a broad and multidisciplinary clinical knowledge base. Rural-centered clinical proficiency and readiness is critical for clinicians to effectively serve rural patients and for their retention in the rural healthcare workforce.

This grant will serve rural communities by strengthening Minnesota's healthcare workforce and improving access to comprehensive healthcare.

Grant outcomes will include:

- Strengthened provider clinical competency, resiliency, and readiness to serve rural patients
- Integrated, multidisciplinary primary care training, including behavioral health, maternal health, and oral health training
- Increased access to and retention of highly trained, rural-ready primary care providers serving in rural areas
- Creation of sustainable models for future workforce investments

Competitive Priority

Proposals demonstrating strong, established partnerships will receive funding priority.

2.2 Eligible Projects

Eligible projects include planning and implementing a new fellowship or expanding an existing fellowship. Expansion of an existing fellowship may include increasing the number of fellows trained and/or adding rural clinical training sites.

For new fellowship programs, the first year may be dedicated to planning; implementation should begin in the second year. Projects to expand an existing fellowship may also include

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planning, but should focus primarily on implementation. All projects should include planning for sustainability beyond RHTP funding.

Grantees are strongly encouraged to seek accreditation for their fellowships if applicable.

Eligible activities include, but are not limited to:

- Conducting a needs assessment or gap analysis for rural clinical training needs
- Identifying additional academic/clinical partners and strengthening partnerships
- Establishing an advisory committee to guide fellowship development and implementation
- Developing program objectives, governance structures and policies
- Developing or enhancing the training curriculum (content on, for example, rural primary care, complex care, upstream drivers of health, and value-based payment systems), educational experiences, and workshops
- Recruiting and orienting faculty and preceptors/mentors
- Recruiting and enrolling fellows
- Providing integrated, multidisciplinary primary care training to fellows, including behavioral health, maternal health, and/or oral health training
 - Didactic training may be offered in a hybrid format, with in-person and virtual learning
- Connecting fellows with mentors in areas of interest within rural primary care
- Pursuing accreditation of the fellowship program
- Expanding the fellowship program by increasing the number of fellows trained and/or adding rural clinical training sites
- Collecting feedback from participants (fellows, faculty, preceptors/mentors) to adapt and improve future programming
- Tracking and reporting data to MDH on training completion, clinical training host sites, and other required measures
- Planning to sustain the program beyond RHTP support (note that fundraising is not an eligible expense)

Eligible Expenses

- Planning and implementation costs related to establishing or expanding rural clinical fellowship programs for advanced practice providers and other eligible clinicians
- Recruitment and training of fellows, faculty, and preceptors/mentors. Note that recruitment bonuses are not an eligible expense.
- Compensation for fellows, faculty, and preceptors/mentors
 - 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 work – such as time spent planning, delivering training, and mentoring – may be paid with RHTP funds. Payment for direct

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healthcare services is unallowable (see ineligible expenses, below and in [Attachment B](#)). These conditions apply to salaries or stipends for fellows, faculty, and preceptors/mentors.

- Travel and/or short-term housing support for fellows
- Training site improvements, equipment, and supplies (including journal or library subscription fees) required for new rural training programs
 - Construction is not an eligible expense. Minor alterations or renovations may be eligible. See [Attachment B](#) for details.
 - All equipment must be approved by MDH and CMS prior to purchase
- Administrative costs, both direct and indirect, not to exceed 6% of your total budget (see the Administrative Costs section in RFP Part 4: Application Guidance for examples of administrative costs)

Note: Fellows who receive direct support (such as a stipend, housing support, or childcare support) or a certificate or credential with RHTP funding must commit to working in rural Minnesota for five years. MDH will work with programs to determine when the service commitment applies. MDH will work directly with individual trainees to track service commitment completion.

Ineligible Expenses

Ineligible expenses, but are not limited to:

- Continuing Medical Education and Continuing Education Unit courses. The fellowship must be structured, longitudinal training—not one-off educational opportunities.
- Rural Health Transformation Program ineligible expenses outlined in [Attachment B](#).
- Payment for direct healthcare services. 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.
- 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

- Budget Period 1: Grant Agreement execution – October 30, 2026:
 - Develop program staffing plan, including faculty and governance structure
 - Continue establishment and expansion of academic/clinical partnerships
 - Recruit and orient faculty and preceptors/mentors
 - Confirm clinical training sites

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- Develop competency framework and curriculum
- Conduct fellowship accreditation consultation, if applicable
- Market fellowship to potential candidates and begin recruitment of fellows
- Report to MDH on progress milestones and outcomes as required
- **Budget Period 2: October 31, 2026 – October 30, 2027:**
 - Continue progress toward fellowship accreditation, if applicable
 - Continue establishment and expansion of academic/clinical partnerships
 - Continue orienting faculty and preceptors/mentors
 - Finalize curriculum
 - Recruit fellows and begin training
 - Begin to develop sustainability plan
 - Report to MDH on progress milestones and outcomes as required
 - Target outcomes: Grantees meet enrollment targets based on approved work plans
- **Budget Period 3: October 31, 2027 – October 30, 2028:**
 - Continue progress toward fellowship accreditation, if applicable
 - Graduate first cohort of fellows
 - Recruit and begin training next cohort
 - Evaluate participant and host site experience
 - Identify and implement improvements to recruitment, curriculum, and program delivery
 - Continue sustainability planning
 - Report to MDH on progress milestones and outcomes as required
 - Target Outcome: Grantees meet enrollment targets based on approved work plans
- **Budget Period 4: October 31, 2028 – October 30, 2029:**
 - Continue progress toward fellowship accreditation, if applicable
 - Graduate next cohort of fellows
 - Recruit and begin training next cohort
 - Evaluate participant and host site experience
 - Continue identifying and implementing improvements to recruitment, curriculum, and program delivery
 - Begin to implement sustainability plan
 - Support fellows who have not yet completed their program to ensure they have a program completion plan
 - Report to MDH on progress milestones and outcomes as required
 - Target Outcome: Grantees meet targets for successful fellowship completions based on work plans.
- **Budget Period 5: October 31, 2029 – October 30, 2030:**
 - Sustainability plan fully implemented
 - Graduate next cohort of fellows
 - Recruit and begin training next cohort, supported by sustainability plans (non-RHTP funding sources)
 - Evaluate participant and host site experience

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- Support fellows who have not yet completed their program to ensure they have a program completion plan
- Report to MDH on progress milestones and outcomes as required
- Target Outcome: Grantees meet targets for successful fellowship completions based on work plans.

2.4 Required Data Collection

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

Regular Programmatic Reporting

- How many RHTP-funded healthcare trainees began their training program during this reporting period?
 - Indicate the training program
- How many RHTP-funded healthcare trainees completed their training program during this reporting period?
 - Indicate the training program completed
- How many rural locations hosted healthcare trainees during this reporting period?
 - If multiple locations, indicate the locations and the number of trainees by training type at each.

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 can be found on [MDH Grant Resources](#). 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

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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.

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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, for example, [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,

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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.

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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.

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

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

2.7 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing content specialists with knowledge of rural clinical training. 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 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

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

- Organization Background and Capacity (25 points)
- Project Narrative and Work Plan (65 points)
- Budget Narrative (10 points)

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Grantee Past Performance and Due Diligence Review Process

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

Notification

MDH anticipates notifying all applicants via email of funding decisions via by mid-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 July 31, 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

Training Program(s)

If your organization, the primary applicant, is an eligible accredited clinical training program within an accredited institution of higher education in Minnesota, indicate the type of program.

If your organization is partnering with at least one eligible clinical training program, indicate the type(s) of program with which you are collaborating.

- Advanced Practiced Registered Nursing
- Certified Nurse Midwifery
- Dental Therapy and Advanced Dental Therapy
- Mental health professional training programs in Alcohol and Drug Counseling, Counseling, Marriage and Family Therapy, Psychology, and Social Work
- Physician Assistant

Clinical Practice Setting(s)

If your organization, the primary applicant, is an eligible clinical practice setting located in a rural Minnesota community (RUCA 4-10), indicate the type of setting.

If your organization is partnering with at least one eligible rural clinical practice setting, indicate the type(s) of setting with which you are collaborating.

- Community Mental Health Center (CMHC)
- Certified Community Behavioral Health Clinic (CCBHC)

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- Federally Qualified Health Center (FQHC)
- Health system
- Hospital
- Long-term care facility
- Other clinic
- Private clinical practice
- Tribal clinical setting

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

Describe your organization's capacity to successfully administer a rural clinical fellowship for advanced practice providers and other eligible clinicians. Provide an overview of your existing clinical training programs or those of your collaborating partners.

Starting or Expanding Program

Indicate whether you are starting up a new fellowship program or expanding an existing fellowship program.

Type(s) of Fellows

Indicate the clinicians who will be trained in your fellowship (check all that apply):

- Advanced Practice Registered Nurses
- Certified Nurse Midwives
- Dental Therapists and Advanced Dental Therapists
- Licensed Alcohol and Drug Counselors
- Licensed Independent Clinical Social Workers
- Licensed Marriage and Family Therapists
- Licensed Professional Clinical Counselors
- Licensed Psychologists
- Physician Assistants

Collaborating Partners

Provide a brief overview of each entity collaborating with your organization on this program and their role in the program.

Section 4: Project Narrative and Work Plan

New Fellows

How many new fellows do you propose to train? If you are expanding an existing fellowship, indicate the baseline number of trainees in your program prior to developing any new slots.

Clinical Training Sites

Describe the clinical training sites, including the type of setting, geographic location, and other key features. If you are expanding an existing fellowship, indicate which clinical training sites are new, if any.

Program Description

Describe your fellowship as it has been planned so far, or the planned expansion.

- Describe the planning activities you will undertake. Will you engage an advisory committee?
- How long will the fellowship be (between 12 and 18 months)? How often will fellows meet, and in what formats?
- Describe the didactic portion of your fellowship. Highlight key areas of focus and training components.
- How will your program provide interprofessional, multidisciplinary primary care training to fellows, including behavioral health, maternal health, and/or oral health training?
- How will your program strengthen fellows' clinical competencies?

Supporting Rural Practice

How will your program support fellows in gaining knowledge, skills, and cultural competence related to rural practice? How will your program increase clinicians' ability to handle ethical issues that arise when practicing in rural communities? How will your program strengthen providers' resiliency?

Mentorship

How will your program provide structured mentorship to fellows? How will you connect fellows with other mentorship opportunities in their areas of interest within primary care?

Recruitment

Describe how your program will recruit and retain fellows who are currently practicing or intend to practice in rural primary care.

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Accreditation

Describe your plans to seek accreditation for your fellowship program by a recognized, professional accrediting organization. If your fellowship is already accredited, include documentation of accreditation in the attachment section, below. If accreditation is not available for your fellowship program, explain why.

Program Outcomes and Evaluation

Describe the expected outcomes of your program and how you plan to track, evaluate, and report those results. Please include plans to collect data on fellowship graduates' practice locations and satisfaction with the training they received, particularly how it prepared them for rural practice.

Program Sustainability

Describe your plan for sustaining your fellowship, including new fellowship slot(s) and/or new clinical training sites, beyond the grant period.

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 Budget Period 1 (from your grant execution date through October 30, 2026) and the extended spending period for Budget Period 1 funds through September 30, 2027. List key project activities for Budget Periods 2 and 3. The work plan for Budget Periods 2 and 3 may be somewhat 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. If your program is not already accredited and accreditation is available, your work plan should include steps to obtain accreditation. Your work plan should also include required evaluation and reporting activities.

Section 5: Budget & 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.

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- Note that staff time for RHTP administrative tasks, such as reporting to MDH, should be included in the Administrative Costs category.
- The CMS annual salary cap for this funding is \$225,700 for executive-level staff (those with a PhD, MD, or similar degree) and \$197,500 for non-executive-level staff. The annual salary cap is the maximum amount that can be billed to RHTP annually for an individual's salary. The annual salary cap is subject to change.
- All salaries and hourly rates must be reasonable and justifiable.
- Fringe: This category includes the share of payroll tax, health insurance costs, Medicare/Medicaid, etc. for employees billed to this grant under the Salaries category. If the applicant has expenses in this category, they should explain how they were calculated in the Budget Narrative. Fringe is often calculated as a percentage of salary. Example: \$50,000 x 25% fringe = \$12,500.
- Equipment: This category includes equipment purchased for implementation/delivery of RHTP activities. Equipment has a unit cost of \$10,000 or more. Items below \$10,000 are considered supplies.
- Supplies: This category includes supplies purchased for implementation/delivery of RHTP activities.
- Travel: This category includes travel expenses necessary to implement/deliver RHTP activities.
- Contracted Services: This category includes expenses for individuals or organizations the applicant contracts with to implement/deliver RHTP activities. Note that the annual salary cap (see the Salaries line, above) applies to contractors as well.
- Other expenses: If costs do not fit into another category and must be placed in this general category, please include a detailed description of the expenses as they relate to the direct operation of the program.
- Administrative Costs: This category includes all anticipated administrative costs – both direct and indirect expenses – associated with implementing RHTP. Please note that your administrative costs may not exceed 6% of your total budget. The costs listed here should match your response to the Administrative Costs question in an earlier section of your application.

Section 6: Required Application Attachments

Audited Financial Statements

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

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Due Diligence

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

Proof of Accreditation

Provide documentation of current accreditation for the clinical training program that is the applicant or partnering with the applicant. If your fellowship program is already accredited, provide documentation for that accreditation as well.

Letter(s) of Commitment

Attach a letter of commitment from each collaborating organization indicating their commitment to partnering with the applicant organization on the fellowship. If the applicant is an accredited clinical training program, the letter(s) of commitment should be from at least one rural clinical practice site (in a RUCA 4-10). If the applicant is a rural clinical practice site (in a RUCA 4-10), the letter(s) of commitment should be from at least one accredited clinical training program. Letters should describe any collaboration to date between the applicant and the partner organization, in preparation for this program and/or on past projects.

Section 7: 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.

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RFP Part 5: Attachments

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

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Attachment A: Application Evaluation Criteria

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

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

The following scoring system will be applied:

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

Organization Background and Capacity (25 points available)

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

Project Narrative and Work Plan (65 points available)

- Fellowship will train a meaningful number of new fellows. (5 points available)
- Clinical training sites are clearly described. (5 points available)

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- Program description provides a clear picture of the program, including planning activities, length and format, didactic portion, and clinical training. (10 points available)
- Applicant describes a strong model of providing interprofessional, multidisciplinary primary care training to fellows. (5 points available)
- Program describes effective ways of supporting fellows in gaining knowledge, skills, and cultural competence related to rural practice; increasing their ability to handle ethical issues in rural practice; and strengthening their resiliency. (10 points available)
- Program provides structured mentorship and additional mentorship opportunities in areas of primary care interest. (5 points available)
- Applicant describes a clear plan for recruiting and retaining fellows who are currently practicing or intend to practice in rural primary care. (5 points available)
- Applicant clearly describes expected outcomes and methods to track, evaluate, and report those results, including plans to collect data on program graduates' practice locations and satisfaction with the training they received. (5 points available)
- Applicant describes a sound plan for sustaining their program beyond the grant period. (5 points available)
- 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)

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

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

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

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

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Link References

- [Rural Health Transformation Program Funding - MN Dept. of Health \(https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/grants.html\)](https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/grants.html)
- [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)
- [July 1, 2026 at 11:00 a.m. \(Teams\) https://teams.microsoft.com/meet/292450566209446?p=6DWd4JM5IO2akWRvfA](https://teams.microsoft.com/meet/292450566209446?p=6DWd4JM5IO2akWRvfA)
- [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)
- [MDH Grant Resources \(https://www.health.mn.gov/about/grants/resources.html\)](https://www.health.mn.gov/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)
- [Minnesota Human Rights Act \(MHRA\), Minn. Stat. § 363A \(https://www.revisor.mn.gov/statutes/cite/363A\)](https://www.revisor.mn.gov/statutes/cite/363A)
- [Minn. Stat. § 363A.02 \(https://www.revisor.mn.gov/statutes/cite/363A.02\)](https://www.revisor.mn.gov/statutes/cite/363A.02)
- [Minnesota Department of Human Rights \(https://mn.gov/mdhr/\)](https://mn.gov/mdhr/)
- [Minn. Rules, part 5000.3550 \(https://www.revisor.mn.gov/rules/5000.3550/\)](https://www.revisor.mn.gov/rules/5000.3550/)
- [Minn. Stat. § 16B.98, subd. 8 \(https://www.revisor.mn.gov/statutes/?id=16B.98\)](https://www.revisor.mn.gov/statutes/?id=16B.98)
- [Minn. Stat. § 16B.98 \(https://www.revisor.mn.gov/statutes/?id=16B.98\)](https://www.revisor.mn.gov/statutes/?id=16B.98)
- [Office of Grants Management’s Policy 08-01, “Conflict of Interest Policy for State Grant-Making.” \(PDF\) \(https://mn.gov/admin/assets/OGM%20Policy%2008-01%20Conflict%20of%20Interest%20Policy%20for%20State%20Grant-Making%20V_2_tcm36-744371.pdf\)](https://mn.gov/admin/assets/OGM%20Policy%2008-01%20Conflict%20of%20Interest%20Policy%20for%20State%20Grant-Making%20V_2_tcm36-744371.pdf)

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- [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 Preadward Risk Assessment \(PDF\)](https://mn.gov/admin/government/grants/policies-statutes-formshttps://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Revision%20Version%202.1%20-%20Effective%20Date%20July%201%202025_tcm36-695460.pdf)
(https://mn.gov/admin/government/grants/policies-statutes-formshttps://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Revision%20Version%202.1%20-%20Effective%20Date%20July%201%202025_tcm36-695460.pdf)
- [ORHPC Online Grants Portal](https://www.grantinterface.com/Home/Logon?urlkey=mdh)
(<https://www.grantinterface.com/Home/Logon?urlkey=mdh>)
- [ORHPC Grant Guide \(PDF\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf)
(<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf>)
- [Unique Entity Identifier \(UEI\) Name and Number](https://sam.gov/entity-registration) (<https://sam.gov/entity-registration>)
- [Due Diligence Form \(PDF\)](https://www.health.state.mn.us/about/grants/duediligence.pdf)
(<https://www.health.state.mn.us/about/grants/duediligence.pdf>)
- [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>)