



**MINNESOTA**  
**RURAL HEALTH TRANSFORMATION**

Rural Clinical Fellowship for  
Advanced Practice Providers and Other Clinicians

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# Tribal-State Relations Acknowledgement Statement

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

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

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

# Overall RHTP Grant Outcomes

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

# Program Description

- This RFP 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 may vary in duration, focus, and format based on needs (12-18 months long)
  - Example: meet two days per month for 12-month fellowship

# Program Description Continued

- 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
  - 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

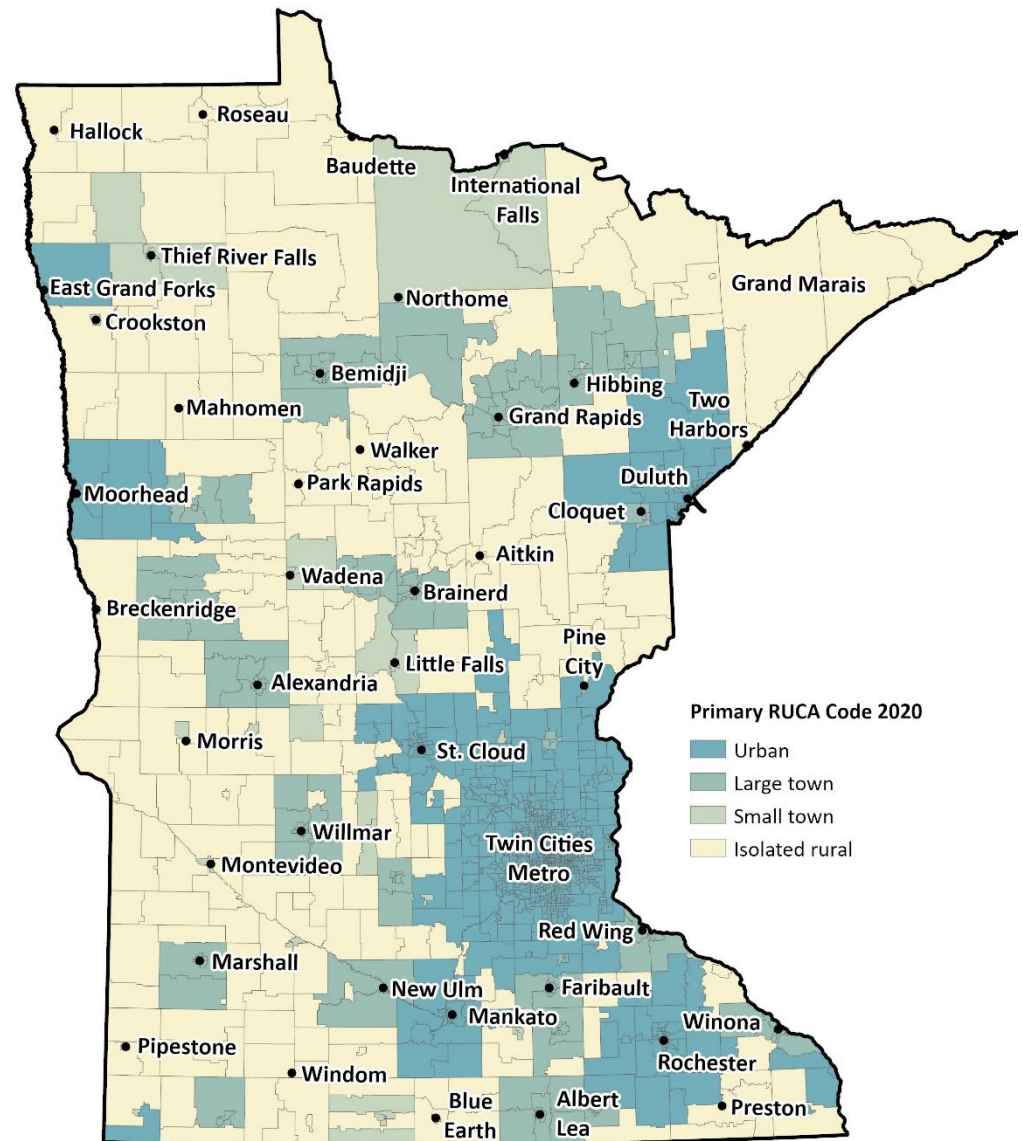
# Eligible Entities

- Accredited clinical training programs within accredited institutions of higher education in MN
  - Advanced Practice Registered Nursing
  - Certified Nurse Midwifery
  - Dental Therapy and Advanced Dental Therapy
  - Mental health professional training programs
    - LADC
    - MFT
    - Psychology
    - SW
  - Physician Assistant
- Clinical Practice Settings located in rural Minnesota:
  - Certified Community Behavioral health Clinics
  - Community Mental Health Centers
  - Federally Qualified Health Centers
  - Health systems
  - Hospitals
  - Long-term care facilities
  - Other Clinics
  - Private clinical practices
  - Tribal clinical settings

# Proposal Requirements

- All applications must propose formal collaboration between at least one accredited clinical training program within an accredited educational program and at least one eligible clinical practice setting in rural Minnesota.
  - Either may be 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.

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



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

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

# Funds Available

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

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

# Outcomes & Priorities

- This grant will serve rural communities by strengthen the workforce and improving access to comprehensive healthcare
- Grant outcomes:
  - 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
- Proposals demonstrating strong, established partnerships will receive funding priority

# Eligible Projects

- Planning and implementing a new fellowship or expanding an existing fellowship
  - Expansion may include increasing the number of fellows trained or adding rural clinical sites
- Seeking accreditation for fellowships, if applicable
- Needs assessments
- Identifying additional partners
- Establishing advisory groups to guide development and implementation
- Develop program objectives, governance, and policies
- Develop or enhancing training curriculum
- Recruiting and orienting faculty and preceptors/mentors
- Recruiting fellows
- Providing integrated, multidisciplinary training
- Connecting fellows with mentors
- Collecting feedback and data for program improvement
- Sustainability planning and implementation

- Eligible Expenses

- Planning and implementation costs
- Compensation for fellows, faculty and preceptors/mentors related to RHTP programming only
- Travel and/or short-term housing supports for fellows
- Training site improvements, equipment, and supplies
- Administrative costs, both direct and indirect, not to exceed 6% of your total budget.
  - (see the Administrative Costs section in RFP Part 4: Application Guidance for examples of administrative costs)

- Ineligible Expenses

- CME and CEU Courses
  - Must be structured longitudinal training
- Payment for direct healthcare services
- Construction
- Rural Health Transformation Program ineligible expenses outlined in Attachment B
- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

# Service Commitment

- 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.

## Data Reporting:

How many RHTP-funded healthcare trainees began their training program during this reporting period?

How many RHTP-funded healthcare trainees completed their training program during this reporting period?

How many rural locations hosted healthcare trainees during this reporting period?

# Budget Periods

- Budget Period 1: Grant Agreement Execution Date (estimated August 2026) – October 30, 2026
- Budget Period 2: October 31, 2026 – October 30, 2027
- Budget Period 3: October 31, 2027 – October 30, 2028
- Budget Period 4: October 31, 2028 – October 30, 2029
- Budget Period 5: October 31, 2029 – October 30, 2030
- Grant agreements are expected to run through Oct 30, 2030, if MN continues to receive RHTP funding. Each year MDH may amend the grant agreement to add funds based on that year's CMS award to MN.

# Spending RHTP Funds

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

# Grant Contractual Obligations

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

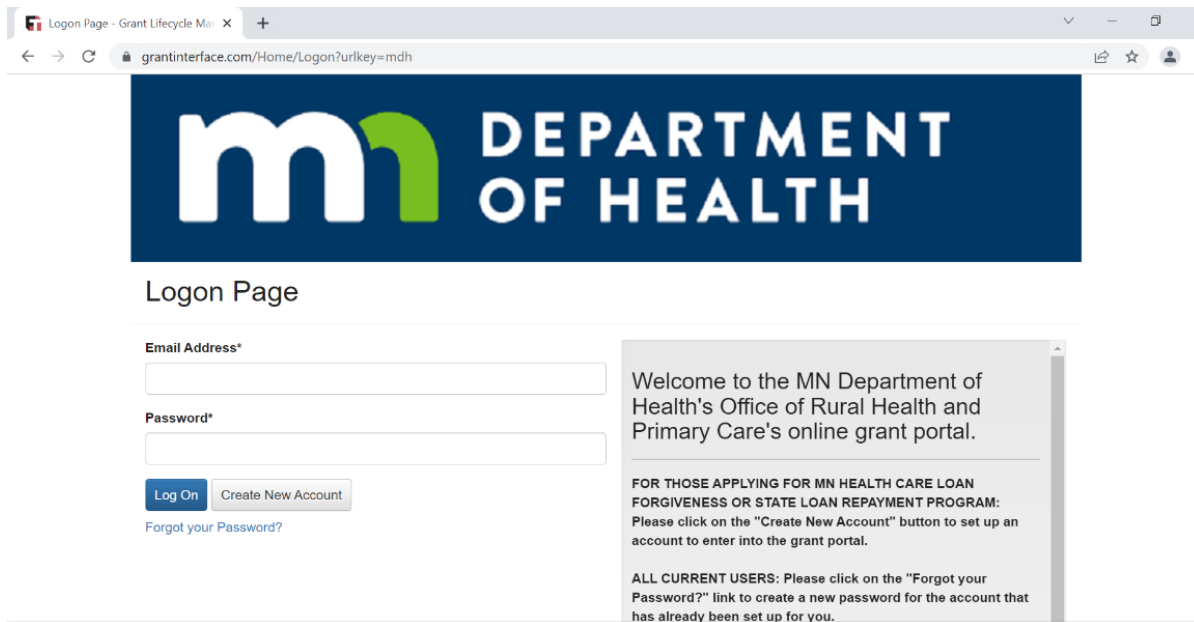
# Review Process

- Initial eligibility is determined
- External evaluators review grants individually and score on the following criteria
  - Organization Background and Capacity– 25 points
  - Project Narrative and Workplan – 65 points
  - Budget and Budget Narrative – 10 points
- Prior to contracting, due diligence and past performance review are conducted

# Application Instructions & Important Dates

- Applications open: June 22, 2026
- Deadline for questions: July 17, 2026
- Applications deadline: July 31, 2026 at 4:30 p.m. Central Time
- Applications must be submitted through the [ORHPC Online Grants Portal](#)

# Application Logon



The screenshot shows a web browser window with the URL `grantinterface.com/Home/Logon?urlkey=mdh`. The page features the MN Department of Health logo at the top. Below the logo, the text "Logon Page" is displayed. The login form includes two input fields: "Email Address\*" and "Password\*", each with a corresponding asterisk indicating a required field. Below these fields are two buttons: "Log On" and "Create New Account". A link for "Forgot your Password?" is located below the "Log On" button. To the right of the form, a grey box contains the following text: "Welcome to the MN Department of Health's Office of Rural Health and Primary Care's online grant portal." Below this, a section for "FOR THOSE APPLYING FOR MN HEALTH CARE LOAN FORGIVENESS OR STATE LOAN REPAYMENT PROGRAM:" instructs users to click "Create New Account" to set up an account. A final section for "ALL CURRENT USERS:" instructs users to click "Forgot your Password?" to create a new password for an existing account.

- Existing Users: log in or use the forgot password button
- New Users: verify your organization has or doesn't have a profile & create profile(s)
- If you are unsure of organization's status, reach out to MDH

# Application Sections

Fields with an asterisk (\*) are required.

> Application Instructions

> Section 1: Organization and Applicant Information

> Section 2: Project Information

> Section 3: Organization Background and Capacity

> Section 4: Project Narrative and Work Plan

> Section 5: Budget and Budget Narrative

> Section 6: Required Attachments

> Section 7: Applicant Conflict of Interest

> Certification

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

# Application Overview

- Organization and Applicant Information
- Contact Overview
- Organization Background and Capacity
  - Training Program
  - Clinical Practice Settings
  - Organization Overview
  - Organizational Capacity
  - Starting or Expanding Program
  - Type of Fellows
  - Collaborating Partners

# Application Overview Continued

- Project Narrative and Work Plan
  - New Fellows
  - Clinical Training Sites
  - Program Description
  - Supporting Rural Practice
  - Mentorship
- Recruitment
- Accreditation
- Program Outcomes and Evaluation
- Program Sustainability
- Administrative Costs
- Work Plan

# Application Overview Continued

- Budget & Budget Narrative
  - Detailed justification including itemized budget line items
- Required Application Attachments
  - Audited Financial Statements
  - Due Diligence
- Conflict of Interest
- Certification
  - RHTP funds will not be used for any activities that are currently funded, or planned to be funded, by other sources
  - RHTP funds will not be used to provide the same services to the same beneficiaries as other funding sources or programs

# Registering for Grant Related Systems

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

# Questions

# Thank You!

**Office of Rural Health and Primary Care RHTP Team**

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