



MINNESOTA
RURAL HEALTH TRANSFORMATION

Rural Clinical Rotations Expansion Grant Program

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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 Request for Proposals supports awards to eligible health professional training programs to augment existing clinical training by adding or expanding rural rotations or clinical training experiences. Rural rotations and clinical training experiences provide health professionals in training with meaningful exposure to rural settings and strengthen interest in practicing in rural communities.
- Successful proposals will demonstrate the following:
 - Strong partnerships with clinical sites - Applicants must submit letters from clinical training sites demonstrating the sites' commitment to partnering with the applicant organization on the rural rotations or clinical training experiences. If letters of commitment are not available at the time of application, awarded grantees will have until the end of budget period 1 to submit their letters.
 - Ongoing commitment to clinical training in rural communities - A history of clinical training in rural communities, evidence of planning and groundwork related to the proposed clinical training completed prior to submitting the application, and concrete plans for sustaining the clinical training in future years.
 - Meaningful contributions to the healthcare workforce in rural communities. Number and percentage of program graduates practicing in rural communities, any qualitative or quantitative data on rural clinical rotation quality, experience, learnings, other relevant data.

Funds Available

Funding	Estimate
Estimated Amount to Grant	\$526,550
Estimated Number of Awards	1
Estimated Award Maximum	\$526,550
Estimated Award Minimum	\$500,000

Funding is allocated through a competitive process.

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

Eligible Entities

The following types of clinical training programs, which may be part of institutions of higher education, hospitals, or other entities located in Minnesota, are eligible to apply:

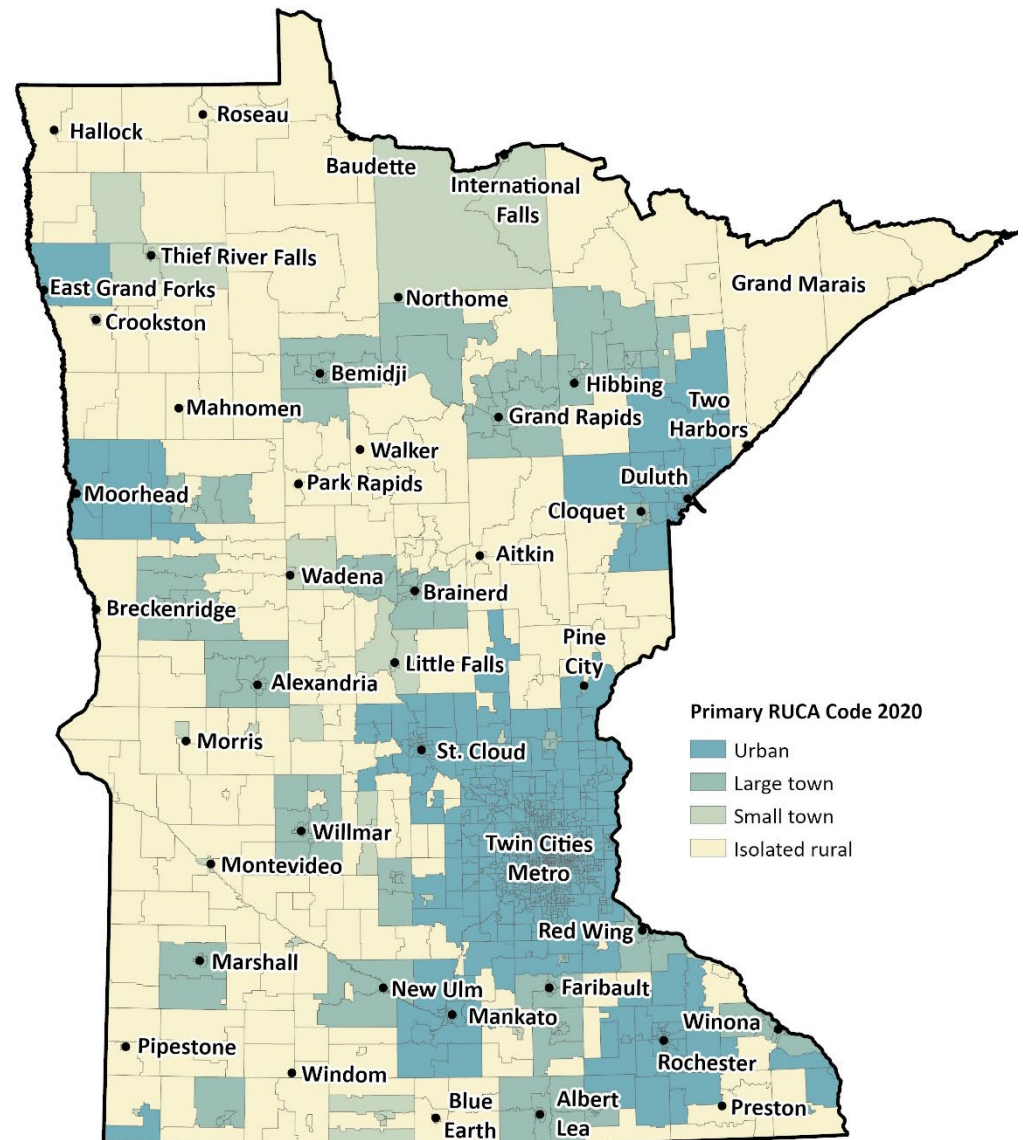
- Advanced Practice Registered Nursing Programs
- Dental Programs
- Dental Therapy Education Program or Advanced Dental Therapy Education Programs
- Medical Schools
- Mental Health Professional Programs
- Pharmacy Programs
- Physician Assistant Programs
- Physician Residency Training Programs

See section 1.4 of the RFP for details on required accreditation or candidacy for accreditation.

Eligible Projects

- Eligible projects will increase rural clinical training capacity by adding or expanding clinical rotations or clinical training experiences in rural communities.
 - Proposals to add clinical rotations or clinical training experiences in rural communities must describe the new training sites and the number of training slots added.
 - Proposals to expand existing clinical rotations or clinical training experiences in rural communities must describe how the program will be expanded: new training sites and/or additional training slots.
- 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.

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

Outcomes & Priorities

This grant will Serve:

- Rural communities by strengthening Minnesota's healthcare workforce and improving access to healthcare.
- Eligible health professional education programs and health professionals in training by expanding rural clinical training opportunities.

Grant outcomes will include:

- An increase in the number of clinical training opportunities in rural Minnesota communities.
- An increase in the number and percentage of graduates from clinical training programs practicing in rural Minnesota communities.
- Greater access to primary care, including mental healthcare, in rural communities.

Data Reporting:

How do you define a rotation/training program. Multi-site or single site? This will determine how you report.

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?

Eligible Expenses

- Costs associated with establishing or expanding rural clinical rotations and clinical training experiences
- Recruitment and training of trainees and faculty (note that recruitment bonuses are not eligible)
- Connecting trainees with appropriate clinical training sites
- Travel and lodging for trainees (lodging for trainees may only be provided for up to six months)
- Faculty, trainee, and preceptor salaries or other financial support (note that retention bonuses are not eligible)
- Program evaluation
- Training site improvements, fees, 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)

Note: Trainees who receive direct support or a certificate, credential, or degree with RHTP funding must commit to a 5-year service commitment in rural Minnesota. Grantees will provide the names and contact information of individuals trained to MDH for service commitment tracking.

Ineligible Expenses

- Rural Health Transformation Program ineligible expenses outlined in Attachment B
- Recruitment or retention bonuses
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or Tribal law, such as vocational rehabilitation or education services.
- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

Budget Periods

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

(grantees will be able to spend budget period 1 funds through September 30, 2027; work plans and budgets may reflect that time period)

- Budget Period 2: October 31, 2026 – October 30, 2027
- Budget Period 3: October 31, 2027 – October 30, 2028
- Budget Period 4: October 31, 2028 – October 30, 2029
- Budget Period 5: October 31, 2029 – October 30, 2030

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 adjust 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

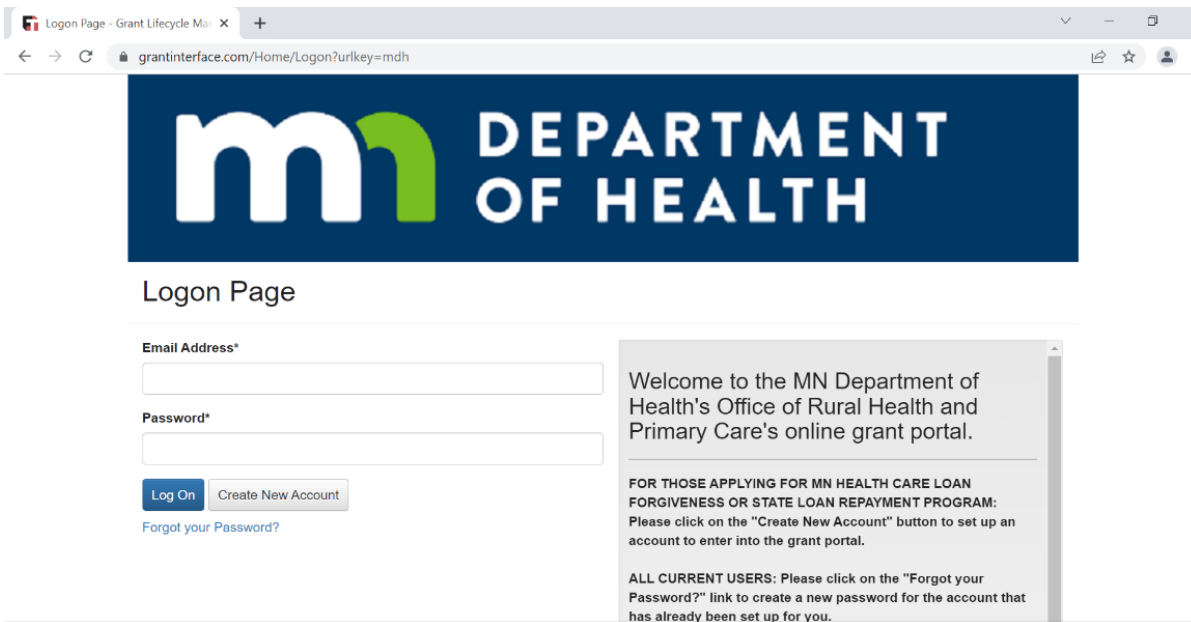
- Work may not start prior to the full execution of agreement and the first day of the contract period (whichever is later)
- Grant activities approved for payment are outlined in Exhibits A & B of the contract
- Grantees must report on financial and programmatic activities
- Progress and financial reports 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 – 30 points
 - Project Narrative and Work Plan – 60 points
 - Budget and Budget Narrative – 10 points
- Prior to contracting, due diligence and past performance review are conducted


Application Instructions & Important Dates

- Applications must be submitted through the [ORHPC Online Grants Portal](https://www.grantinterface.com/Home/Logon?urlkey=mdh) (<https://www.grantinterface.com/Home/Logon?urlkey=mdh>)
- Applications open: May 26, 2026
- Deadline for questions: June 15, 2026
- Applications deadline: June 30, 2026 at 4:30 p.m. Central Time



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

Application Sections

 Fields with an asterisk (*) are required.

> Application Instructions

> Section 1: Organization and Applicant Information

> Section 2: Project Information

> Section 3: Narrative

> Section 4: Timeline and Work Plan

> Section 5: Budget and Budget Narrative

> Section 6: Attachments

> Section 7: Applicant Conflict of Interest

> Certification

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

Application Overview

- Sections 1 & 2. Organization and Applicant Information, Project Information
 - Basic information about your organization
 - Important to note that applicant will be the individual to whom reports are assigned
 - Collaboration is possible: can add others as collaborators in portal
 - SWIFT information is very important – this is how MDH contracts
 - If unsure – contact SWIFT help desk: 651-201-8100 or swifthelpdesk.mmb@state.mn.us
 - Applicants must provide their Unique Entity Identifier (UEI) Name and Number (<https://sam.gov/entity-registration>).
- Section 3. Organization Background and Capacity
 - Program Type
 - Organization Overview
 - Graduates Practicing in Rural Areas
 - Commitment to Rural Training
 - Collaborating Partners
 - Letters of commitment are required from clinical site partners by the end of budget period 1 at the latest
 - Baseline Data about your training program

Application Overview Continued

- Section 4. Project Narrative and Work Plan
 - Adding or Expanding
 - Statement of Need
 - Number of Trainees
 - Proposed Program – Define your rotation(s)
 - Clinical Training Site(s)
 - Team-Based Primary Care
 - Recruitment and Retention
 - Program Outcomes
 - Program Evaluation
 - Program Sustainability
 - Challenges and Support
 - Administrative Costs
 - Work Plan

Application Overview Continued

- Section 5. Budget and Budget Narrative
 - Detailed justification including itemized budget line items
- Section 6. Required Application Attachments
 - Audited Financial Statements
 - Due Diligence
 - Proof of Accreditation
- Section 7. Optional Attachments
 - Letters of Commitment from Clinical Sites
- Section 8. Applicant Conflict of Interest Disclosure
- Section 9. 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](#)
 - 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)
(<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/)
(<https://mn.gov/mmb/accounting/swift/vendor-resources/>)
 - [SWIFT Supplier Portal Homepage](https://guest.supplier.systems.state.mn.us) (<https://guest.supplier.systems.state.mn.us>)
 - [Vendor Reference Guides / Minnesota Management and Budget \(MMB\)](https://mn.gov/mmb/accounting/swift/vendor-resources/vendor-reference-guides/)
(<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) (<https://sam.gov/entity-registration>)

Questions

Thank You!

Office of Rural Health and Primary Care RHTP Team

grants.ruraltransformation.mdh@state.mn.us

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- [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 \(Excel\) \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/mnruc.xlsx\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/mnruc.xlsx)
 - [Office of Rural Health and Primary Care Funding \(https://www.health.state.mn.us/facilities/ruralhealth/funding/index.html\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/index.html)