State of Minnesota

Minnesota Department of Health

REQUEST FOR PROPOSAL

Rural Health Transformation Program Technical Assistance for
Rural Health Care Entities in Support of Community & Clinical Linkages

SWIFT Event 2000018473

Date Posted: July 6, 2026

- Responses must be received not later than 4:30 p.m., Central Time, August 7, 2026
- Late responses will not be considered
- As of July 1, 2025, certain terms are unenforceable in state contracts. See Session Laws, 2025 Regular Session, Chapter 39, Article 2, Sec. 45.

Minnesota's Commitment to Diversity and Inclusion

The State of Minnesota is committed to diversity and inclusion in its public procurement process. The goal is to ensure that those providing goods and services to the State are representative of our Minnesota communities and include businesses owned by minorities, women, veterans, and those with substantial physical disabilities. Creating broader opportunities for historically under-represented groups provides for additional options and greater competition in the marketplace, creates stronger relationships and engagement within our communities, and fosters economic development and equality.

To further this commitment, the Department of Administration operates a program for Minnesota-based small businesses owned by minorities, women, veterans, and those with substantial physical disabilities. For additional information on this program, or to determine eligibility, please call 651.201.2402 or go to the Office of Equity in Procurement home page, at https://mn.gov/admin/business/vendor-info/oep/.

SPECIAL NOTICE: This is a request for proposal. It does not obligate the State of Minnesota to award a contract or complete the proposed program, and the State reserves the right to cancel this solicitation if it is considered in its best interest.

This Request for Proposal is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $193,090,618.14 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

This Solicitation requires proposals to be submitted through the SWIFT Supplier Portal. Please note the security changes below that may impact responders from submitting a timely response. SWIFT SUPPLIER PORTAL SECURITY CHANGES

There are new security measures that the Minnesota Management and Budget implemented on October 16, 2022. It is a new multi-factor authentication (MFA) to enhance the security of the State of Minnesota Supplier Portal. MFA is an authentication method that requires bidders and suppliers provide two verification factors to log into the SWIFT Supplier Portal. The goal of MFA is to create a layered defense that makes it more difficult for unauthorized system access to occur.

For information about these changes, please refer to the SWIFT Supplier Portal Multi-Factor Authentication FAQ document.

If you have not done so already, please make sure to log into the SWIFT Supplier Portal as soon as possible to get this authentication set up early so there are no issues when submitting a response to an RFP.

You are strongly encouraged to set your MFA during business hours of 8:00 A.M. to 4:00 P.M., Central Time, Monday through Friday. You may experience delay setting your MFA after hours.

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SECTION 1 – INSTRUCTIONS TO RESPONDERS

Steps for Completing Your Response	Follow the steps below to complete your response to this Solicitation: Step 1: Read the solicitation documents and ask questions, if any Step 2: Write your response Step 3: Submit your response
Incomplete Submittals	A response must be submitted along with any required additional documents. Incomplete responses that materially deviate from the required format and content may be rejected.

STEP 1 – READ THE SOLICITATION DOCUMENT & ASK QUESTIONS, IF ANY

How to Ask Questions	The contact person for questions is: Larry Anenson Minnesota Department of Health rural.transformation.mdh@state.mn.us Questions should be emailed to the contact by July 27, 2026. Other personnel are not authorized to answer questions regarding this Solicitation.

STEP 2 – WRITE YOUR RESPONSE

The Response Content section is in this link to Section 4. Prepare a written response and supply all requested content. Responses should address the requested information and documents detailed in Section 4. DO NOT INCLUDE Non-Public/Trade Secret data (as defined in this link to Minn. Stat. § 13.37).

Review, sign, and include the Responder Declarations with your response.

STEP 3 –SUBMIT YOUR RESPONSE

Where to Send Your Response	All responses to this solicitation (termed an "Event" within SWIFT) must be submitted through SWIFT using the Supplier portal (https://mn.gov/supplier). Training and documentation on how to submit your response is available through the Supplier portal link above. Fax, e-mail, and printed responses will not be accepted or considered. All costs incurred in responding to this solicitation will be borne by the responder. **Late responses will not be considered.** Responses received after End Date above will not be considered, even if errors or delays were caused by issues outside of responders' control. If you need assistance please contact the SWIFT Vendor Assistance Helpline at 651-201-8100, Option 1, and then Option 1. By submitting a response, your company is making a binding legal offer for the period of time set forth below in Section 6, Conditions of Offer.

SECTION 2 – SUMMARY OF SCOPE

1. **Procurement Overview and Goals.**

Procurement Summary.

The Minnesota Department of Health seeks qualified vendors to provide statewide technical assistance (TA) to rural healthcare providers participating in the Rural Health Transformation Program (RHTP). Technical assistance may ultimately support up to approximately 125 rural health care organizations statewide, including hospitals, clinics, and other rural health care partners participating in RHTP initiatives. The selected vendor(s) will support implementation of activities in the Community-Based Preventive Care and Chronic Disease Management and Sustain Access to Services to Keep Care Closer to Home areas. Vendors located in Minnesota are preferred, but vendors outside Minnesota are eligible. Additional vendor qualifications are listed below in item 3.

TA may be provided in a variety of formats including consulting, training, strategic planning, and accessing supportive tools to aid implementation of RHTP activities.

Background.

The 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 health care access, quality, and outcomes by transforming the health care 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 roughly $193 million for the first budget period to transform the rural health system in Minnesota. RHTP funding in Minnesota will primarily support:

- Rural Hospitals
- Rural Tribal Nations
- Rural Federally Qualified Health Centers (FQHCs)
- Rural Certified Community Behavioral Health Clinics (CCBHCs) and Community Mental Health Centers (CMHCs)

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, sustainably expanding the rural health care workforce, strengthening partnerships between providers to expand service delivery in rural communities, and stabilizing rural provider financial health through strategic investments.

MDH requests proposals for the design and implementation of TA to support Minnesota's RHTP implementation specific to strengthening clinical and community linkages, improving chronic disease management and prevention, expanding access to community-based services (including via mobile health units), and implementing frontline workforce models in rural communities.

TA provided through this contract must be available statewide to rural hospitals, rural Tribal Nations, rural FQHCs, rural CCBHCs and CMHCs, health care-focused community-based organizations, and others as applicable. All eligible entities are outlined on Rural Health Transformation Program Funding - MN Dept. of Health. These rural providers will have the opportunity to apply for RHTP funding and must use their awarded RHTP funds on Minnesota's RHTP initiatives, which are described in brief on page 7 of Minnesota's RHTP Program Narrative (PDF). The RHTP Program Narrative also outlines Minnesota's RHTP goals. See the notices of grant opportunity

for rural hospitals, rural Tribal Nations, rural FQHCs, and rural CCBHCs/CMHCs for more details on their activities and the evaluation metrics they will report on.

Procurement Goals.

The purpose of this contract is to provide TA to rural health care providers seeking guidance and support related to their RHTP-funded projects. The TA will focus on how health care providers can achieve Minnesota's RHTP goals through their projects, with an emphasis on connections between health care and community. TA is a critical strategy to ensure that RHTP-funded organizations have the capacity, tools, and support needed to successfully implement transformation efforts and achieve measurable improvements.

Examples of Possible Work and Expertise

Responders are invited to demonstrate TA knowledge and expertise in multiple areas, though they are not required to provide TA proposals for all areas outlined in the following examples of possible work and expertise. The TA provided has an overall goal of weaving together the work RHTP participants are doing on various activities, reflected in their activity-specific work plans, to enact transformative change. It is possible the TA may also overlap with the implementation of other RHTP initiatives beyond those named here, to ensure a cohesive program approach.

Example activities for **Initiative: Community-Based Preventive Care and Chronic Disease Management / Activity: Chronic Disease Prevention and Management**:

Provide TA to the rural health care providers receiving RHTP funds in the following areas:

1. Implementing best practices in health system processes to optimize screening, diagnosis, and management of cardiometabolic conditions (also known as Cardiovascular-Kidney-Metabolic syndrome, or CKM), including standardization of Electronic Health Record (EHR) functions to increase screening for chronic kidney disease, diabetes, and cardiovascular conditions. Implementing data technologies and team-based approaches to identify patients for screening, counseling, referral and follow-up.
2. Implementing best practices in health system processes to optimize referrals into treatment and self-management support services after positive diagnosis for cancer.
3. Implementing best practices for bidirectional referrals for community-clinical linkages to promote referrals for needs related to social drivers of health, enrollment in evidence-based lifestyle programming, and community resources.
4. Informing and supporting implementation of, referral to, and sustainability of evidenced-based community-led programs for disease prevention and management, including support and development of community care hub models.
5. Increasing participation in clinic-based lifestyle programming, such as Diabetes Self-Management Education and Support (DSMES).
6. Implementing clinic processes for bidirectional remote self-monitoring with clinical support for self-measured blood pressure and continuous glucose monitoring to allow communication between patient and provider and optimize management of chronic conditions.
7. Optimizing implementation of multidisciplinary care teams (such as nurses, care coordinators, dieticians, pharmacists, community health workers, and others) to support effective care and management for patients with cardiometabolic conditions.
8. Optimizing telehealth resources to allow for specialty care screening and management not offered at clinic location: nephrology, endocrinology, cardiology, nutrition, DSMES services, or others.
9. Optimizing implementation of cardiac rehabilitation, stroke rehabilitation, and other rehabilitation service models to provide care close to home post-event or procedure.

Example activities for **Initiative: Sustain Access to Services to Keep Care Closer to Home / Activity: Implement or Expand Models that Integrate Frontline Staffing into Care Settings**:

Provide TA to the rural health care providers receiving RHTP funds in the following areas:

1. Increasing organizational readiness to successfully employ and integrate frontline workers such as Community Health Workers, Community Health Representatives, Community Paramedics, doulas, and peer support specialists by using evidence-based and promising practice models, assessing current capacity, and preparing for effective program design, implementation, and integration into care teams.
2. Supporting the implementation of evidence-based and effective frontline worker program models by incorporating best practices for frontline worker roles, defined workflows, supervision, structured documentation systems, and team-based care structures that support consistent practice and model fidelity.
3. Optimizing implementation of billing and reimbursement systems for frontline worker services, including development of documentation workflows, payor engagement processes, and organizational systems that enable sustainable financing through reimbursement and braided funding strategies.
4. Building organizational capacity to collect, use, and report frontline worker program data to support program improvement, demonstrate impact, meet funder reporting requirements, and inform statewide measurement and reporting systems.
5. Increasing use of data and internal dashboards to support frontline worker program management and improvement, enabling organizations to monitor program performance, demonstrate impact, and inform leadership decision-making.
6. Expanding understanding and support for frontline worker roles and value within organizations by supporting development of materials, messaging, and partnership strategies that strengthen understanding of scope, impact, and funding needs.
7. Strengthening regional networks of frontline worker employers and supervisors to foster peer learning, shared problem-solving, and collaboration that supports workforce sustainability across settings.
8. Creating scalable tools and resources that can be used by organizations statewide to assess readiness, implement evidence-based and promising practice frontline worker models, and sustain programs over time.
9. Supporting implementation, staffing, and workflows of telehealth access points and providing local care with mobile units.

Example activities for **Initiative: Sustain Access to Services to Keep Care Closer to Home / Activity: Provide Local Care Delivery with Mobile Units for Physical or Oral Health**:

Provide TA to the rural health care providers receiving RHTP funds in the following areas:

1. Strategic planning on mobile health unit program design and needs assessment to identify target populations, service gaps and demands, care delivery locations, and routes.
2. Vehicle and equipment procurement, including vehicle selection and outfitting. Clinical set-up within the vehicles given space constraints.
3. Building out regulatory and compliance activities such as licensing and credentialing, including collaborative practice agreements for dental hygienists and dental therapists; Health Insurance Portability and Accountability Act (HIPAA) considerations for mobile data handling; and billing and cost reporting requirements.
4. Supporting the development of care coordination and referral networks to build linkages between traditional clinical partners, community organizations, and the mobile units.

2. **Tasks and Deliverables.**

The recipient(s) will use funds to provide TA to rural Minnesota health care organizations and Tribal Nations participating in the RHTP. To advance Minnesota's RHTP work, collaborative work among all grantees and contractors will take place. The recipient(s) will collaborate with other RHTP-funded TA vendors to achieve RHTP goals.

Minnesota seeks the following tasks and deliverables under this RFP:

- Provide coordinated and cohesive TA. TA should be provided in both virtual and in-person formats for up to 125 grantees. TA should be available to grantees at minimum once per month per organization.
- Within the first 3 months of contracting, develop a plan for one-to-one TA provision, collaborative networking and TA opportunities among TA recipients, written TA materials, and other modalities of support as needed.
- Within the first 6 months of contracting, implement the plan for one-to-one TA provision, collaborative networking and TA opportunities among TA recipients, written TA materials, and other modalities of support as needed.
- Identify existing tools, readiness assessments, policies, procedures, guidelines, and best practices to support implementation. As approved by MDH and as needed, research new and promising practices to inform implementation of RHTP work and support the development of TA plans.
- Develop materials and provide TA as needed to support organizations with understanding and implementing culturally relevant guidelines, models, policies, procedures, and tools.
- Provide bimonthly (every other month) summaries to MDH of the TA requests by organization and the solutions or strategies applied. Highlight successes and potential areas of risk among TA recipients.
- Provide an annual report on work completed and relevant progress.
- Engage in regular (quarterly) collaborative partnership with other TA vendors and MDH to achieve the overall RHTP TA and transformation goals.
- Collaborate with MDH on development of reportable metrics and outcomes relevant to the proposed project.
- Participate in regular (monthly, more often as needed) meetings with MDH staff.

3. **Desired Vendor Qualifications.**

- Vendors located in Minnesota are preferred, but vendors outside Minnesota are eligible.
- Vendors may be not-for-profit or for-profit entities.
- Demonstrated familiarity with the Minnesota Rural Health Transformation Program, its goals, initiatives, and eligible activities.
- Demonstrated experience working successfully with rural hospitals, rural Tribal Nations, rural FQHCs, and rural CCBHCs/CMHCs.
- Demonstrated, extensive experience providing in-depth, high-quality education, training, and resource development to support rural health care.
- Demonstrated ability to lead peer learning and community of practice opportunities.
- Demonstrated capacity to provide coordinated technical assistance across multiple rural health care organizations and geographic regions of Minnesota.
- Demonstrated ability to complete proposed projects and evidence of subject matter expertise and experience as relevant to the initiatives included in the proposed scope of work, such as:
    - Knowledge of and experience with implementation of best practice guidelines for chronic disease screening, prevention, and management, especially for cardiovascular disease, stroke, diabetes, and chronic kidney disease.
    - Demonstrated knowledge of frontline worker models for community paramedics, community health workers, community health representatives, doulas, and peer support specialists, including but not limited to federal and state statutes, scope of practice laws, billing codes, regulatory and payor guidance, readiness assessments, workflow integration and organizational change, implementation and sustainability planning, and culturally relevant and responsive care.

- Demonstrated knowledge of mobile care delivery, including scope of practice, billing codes, regulator and payor guidance, readiness assessments, workflow integration and organizational change, implementation and sustainability planning, and culturally relevant and responsive care.

4. **Other Important Background Information**

- MDH welcomes responses from individual firms or responses involving multiple organizations, provided that one responder submits the response and other collaborative partners subcontract with the lead organization.
- MDH may contract with one or more firms as a result of this procurement.
- As part of their response to this solicitation, responders must disclose any potential conflicts of interest related to any affiliations with specific vendors or services or with any potential RHTP grantees or submit a statement declaring that no conflicts of interest are present. All vendors selected for this solicitation should be neutral in their approach. Your conflict of interest disclosure should include any companies in which your firm has a financial stake or could gain benefit from an affiliation.

SECTION 3 – PROPOSAL INSTRUCTIONS AND ADDITIONAL INFORMATION

1. **Anticipated Contract Term.**

The term of this contract is anticipated to be from August 2026 to October 2028. The contract may be extended until October 2030, in increments as determined by the State, through a duly executed amendment.

2. **Question and Answer Instructions.**

All questions should be submitted no later than the date and time listed in Section 1, Instructions to Responders. The State is not obligated to answer questions submitted after the question due date and time.

Only personnel listed above are authorized to discuss this solicitation with responders. Contact regarding this solicitation with any personnel not listed above could result in disqualification. This provision is not intended to prevent responders from seeking guidance from state procurement assistance programs regarding general procurement questions.

If a Responder discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in the solicitation, please immediately notify the contact person detailed above in writing of such error and request modification or clarification of the document.

3. **Additional Tasks or Activities.**

Responders are encouraged to propose additional tasks, activities, or goods above and beyond the scope of what is requested in this solicitation if they clearly align with RHTP goals and will substantially improve the results of this procurement and the overall impact of this program. Any costs associated with these additional tasks, activities, or goods should be clearly marked and separated from costs associated with the tasks, activities, or goods specifically requested under this solicitation. Because cost is a factor in the evaluation of responses to this solicitation, failure to separate costs for additional tasks, activities, or goods may result in those costs being included in a responder's cost proposal and result in a lower cost score for that proposal.

SECTION 4 – PROPOSAL CONTENT

The Work Plan, Methodology, Qualifications and Experience, and Work Sample shall not exceed 20 pages per proposed technical assistance area of expertise. If responder is providing more than one area of expertise and TA on more than one activity (Chronic Disease Prevention and Management, Implement or Expand Models that Integrate Frontline Staffing into Care Settings, and/or Provide Local Care Delivery with Mobile Units for Physical or Oral Health), responder should break out each activity / area of expertise with separate work plans, methodologies, and cost details.

Please provide the following information for each area of expertise and proposed technical assistance topic area:

- Expressed Understanding of Project Goals and Objectives. Responder should demonstrate understanding of rural needs and alignment with goals of the RHTP and demonstrate a through understanding of the proposed RHTP initiatives. Responder identifies how Minnesota's RHTP goals are connected to the healthcare needs of rural Minnesota.

- Work Plan. Responder should provide a description of the deliverables to be provided by the Responder along with a detailed work plan that identifies the major tasks to be accomplished and can be used as a scheduling and managing tool, as well as the basis for invoicing. This document should NOT list cost detail. If cost detail is included in this document, the State may disqualify the proposal as non-responsive.

  Responder should provide a statement of the objectives, goals, and tasks to show or demonstrate the Responder's view and understanding of the nature of the contract, and what makes the Responder uniquely suited for this work.

- Methodology. Responder should include information about how the proposed approach will incorporate RHTP initiatives, activities, and goals; which activities will be included as the focus of the TA; and how Responder will ensure the approach is comprehensive across RHTP activities.

  Responder should outline the planned approach to TA, areas of expertise TA is being provided in, the method for outreach to potential TA recipients, a process to triage TA requests, and a process to identify unmet TA needs. Responders should demonstrate familiarity with providing TA to a large number of small, rural organizations.

  Responder should describe potential challenges they may encounter and proposed strategies to address those challenges.

  Responders should describe how they will partner with the State in their TA approach and how their approach will allow the State and its subgrantees to meet RHTP goals. Responders should provide an approach to project management and communication with MDH throughout the duration of their contract.

- Qualifications and Experience. Responder should provide an outline of their organization's background, qualifications, and experience, including examples of similar work completed by the Responder, as well as a list of personnel who will conduct the project, detailing their education, training, and relevant work experience. In addition, Responders should describe their understanding of the project goals and objectives and explain how their organization's qualifications, experience, expertise, and proposed staffing approach position them to successfully achieve those goals. Responders should clearly demonstrate how their qualifications, experience, and expertise align with the Desired Vendor Qualifications outlined in Section 2.3.

- Work Sample. Responder should provide a Work Sample that reflects the quality of the deliverables they will provide to the State. Work Samples are ideally very similar to the services being requested in this RFP.

- Cost Detail. Complete and submit Attachment C, "Cost Detail," attached to this solicitation. Cost detail must be submitted as a separate document from the technical response. Do not include any cost information in the technical proposal.

  Responders must provide separate cost estimates for each required deliverable identified in Section 2.2, Tasks and Deliverables. Cost estimates should be based on the entire initial contract period and include the estimated hours, hourly rates, and total cost associated with each deliverable. Responders should clearly identify any assumptions used in developing their estimates, including assumptions related to the number of participating organizations, level of technical assistance, and frequency of engagement. Attachment C should be completed using the required deliverables identified in Section 2.2 as the basis for all cost estimates.

- Sample Transaction Documents. Prior to award, a potential successful Responder must submit samples of any transaction documents proposed for use under the resulting contract. The State will review the transaction documents to ensure they contain sufficient detail and to review additional terms and conditions contained therein, if any. The State reserves the right to request additional detail in the transaction documents or to reject additional terms and conditions within transaction documents. Once approved by the State, Contractor may not materially change transaction documents unless a change has been approved in writing by the Commissioner of Administration, as delegated to the Office of State Procurement. Any terms and conditions included in transaction documents but not approved by the State are voidable by the State. Any terms and conditions that are in conflict with Minnesota law or in conflict with the terms of the State Contract are void. Failure to void a non-approved term or condition included in a transaction document does not waive the State's right to void any non-approved term or condition.

Submit all requested documentation, including, but not limited to, the following documents:

1. Attachment A: Responder Declarations
2. Attachment B: Exceptions to State's Standard Terms and Conditions
3. Attachment C: Cost Proposal
4. Attachment D: Responder Forms
   a. Workforce and Equal Pay Declaration Page
   b. Equal Pay Certificate Form
5. A disclosure statement related to Conflicts of Interest. Please note there is no template for this statement. Responders should refer to Section 2.4 of this Request for Proposals for additional information.

DO NOT INCLUDE Non-Public/Trade Secret data (as defined by Minn. Stat. § 13.37).

SECTION 5 – EVALUATION PROCEDURE AND CRITERIA

The State will conduct an evaluation of responses to this Solicitation. The evaluations will be conducted in three phases:

Phase 1 - Review responses for responsiveness and pass/fail requirements
Phase 2 - Evaluate responses
Phase 3 - Select finalist(s)

1. Phase 1 – Responsiveness and Pass/Fail Requirements

The purpose of this phase is to determine if each response complies with mandatory requirements. The State will first review each proposal for responsiveness to determine if the Responder satisfies all mandatory requirements. The State will evaluate these requirements on a pass/fail basis.

Mandatory Requirements. The following will be considered on a pass/fail basis:

- Responses must be received by the due date and time specified in this RFP.
- Proposal is submitted through SWIFT.
- Contains the required proposal components outlined in section 4.

2. Phase 2 - Evaluate Responses

Only those responses found to have met Phase 1 criteria will be considered in Phase 2.

The factors on which responses will be evaluated and scored are:

Factor	Points Available
Expressed understanding of project goals and objectives	100
Work plan deliverables and approach	200
Methodology	200
Qualifications, experience, and work samples	300
Cost detail	200
Total	**1,000**

Under the Qualifications, Experience, and Work Samples criterion, the State will evaluate the responder's demonstrated experience, expertise, work samples, and alignment with the Desired Vendor Qualifications described in Section 2.3. Evaluation will include experience providing technical assistance to rural health care organizations and expertise in the technical assistance areas proposed by the responder. Responses will be evaluated on demonstrated commitment to equity, culturally responsive approaches, experience serving rural and Tribal communities, and incorporation of inclusive practices into project implementation.

Phase 3 - Select Finalist(s)

Only those responses that have been evaluated under Phase 2 shall be eligible for Phase 3.

The State will make its selection based on best value, as determined by this evaluation process. The State reserves the right to pursue negotiations on any exception taken to the State’s standard terms and conditions. In the event that negotiated terms cannot be reached, the State reserves the right to terminate negotiations and begin negotiating with the next highest scoring responder or take other actions as the State deems appropriate. If the State anticipates multiple awards, the State reserves the right to negotiate with more than one Responder.

It is anticipated that the evaluation and selection will be completed by the end of August 2026.

SECTION 6 – UNENFORCEABLE TERMS AND SOLICITATION TERMS

Unenforceable Terms

As of July 1, 2025, certain terms are unenforceable in state contracts. See Session Laws, 2025 Regular Session, Chapter 39, Article 2, Section 45.

Unenforceable terms

(a) A contract entered into by the state shall not contain a term that:

(1) requires the state to defend, indemnify, or hold harmless another person or entity, unless specifically authorized by statute;
(2) binds a party by terms and conditions that may be unilaterally changed by the other party;
(3) requires mandatory arbitration;
(4) attempts to extend arbitration obligations to disputes unrelated to the original contract;
(5) construes the contract in accordance with the laws of a state other than Minnesota;
(6) obligates state funds in subsequent fiscal years in the form of automatic renewal as defined in section 325G.56; or
(7) is inconsistent with chapter 13, the Minnesota Government Data Practices Act.

(b) If a contract is entered into that contains a term prohibited in paragraph (a), that term shall be void and the contract is enforceable as if it did not contain that term.

Solicitation Terms

1. **Competition in Responding**

The State desires open and fair competition. Questions from responders regarding any of the requirements of the Solicitation must be submitted in writing to the Solicitation Administrator listed in the Solicitation before the due date and time. If changes are made the State will issue an addendum.

Any evidence of collusion among responders in any form designed to defeat competitive responses will be reported to the Minnesota Attorney General for investigation and appropriate action.

2. **Addenda to the Solicitation**

Changes to the Solicitation will be made by addendum with notification and posted in the same manner as the original Solicitation. Any addenda issued will become part of the Solicitation.

3. **Joint Ventures**

The State allows joint ventures among groups of responders when responding to the solicitation. However, one responder must submit a response on behalf of all the others in the group. The responder that submits the response will be considered legally responsible for the response (and the contract, if awarded).

4. **Withdrawing Response**

A responder may withdraw its response prior to the due date and time of the Solicitation. For solicitations in the SWIFT Supplier Portal, a responder may withdraw its response from the SWIFT Supplier Portal. For solicitations done any other way, a responder may withdraw its response by notifying the Solicitation Administrator in writing of the desire to withdraw.

After the due date and time of this Solicitation, a responder may withdraw a response only upon showing that an obvious error exists in the response. The showing and request for withdrawal must be made in writing to Solicitation Administrator within a reasonable time and prior to the State's detrimental reliance on the response.

5. Rights Reserved

The State reserves the right to:

- Reject any and all responses received;
- Waive or modify any informalities, irregularities, or inconsistencies in the responses received;
- Negotiate with the highest scoring Responder[s];
- Terminate negotiations and select the next response providing the best value for the State;
- Consider documented past performance resulting from a State contract may be considered in the evaluation process;
- Short list the highest scoring Responders;
- Require Responders to conduct presentations, demonstrations, or submit samples;
- Interview key personnel or references;
- Request a best and final offer from one or more Responders;
- The State reserves the right to request additional information; and
- The State reserves the right to use estimated usage or scenarios for the purpose of conducting pricing evaluations. The State reserves the right to modify scenarios, and to request or add additional scenarios for the evaluation.

6. Samples and Demonstrations

Upon request, Responders are to provide samples to the State at no charge. Except for those destroyed or mutilated in testing, the State will return samples if requested and at the Responder's expense. All costs to conduct and associated with a demonstration will be the sole responsibility of the Responder.

7. Responses are Nonpublic during Evaluation Process

All materials submitted in response to this Solicitation will become property of the State. During the evaluation process, all information concerning the responses submitted will remain private or nonpublic and will not be disclosed to anyone whose official duties do not require such knowledge. Responses are private or nonpublic data until the completion of the evaluation process as defined by Minn. Stat. § 13.591. The completion of the evaluation process is defined as the State having completed negotiating a contract with the selected responder. The State will notify all responders in writing of the evaluation results.

8. Trade Secret Information

Responders must not submit as part of their response trade secret material, as defined by Minn. Stat. § 13.37.

In the event trade secret data are submitted, Responder must defend any action seeking release of data it believes to be trade secret, and indemnify and hold harmless the State, its agents and employees, from any judgments awarded against the State in favor of the party requesting the data, and any and all costs connected with that defense.

The State does not consider cost or prices to be trade secret material, as defined by Minn. Stat. § 13.37.

A responder may present and discuss trade secret information during an interview or demonstration with the State, if applicable.

9. Conditions of Offer

Unless otherwise approved in writing by the State, Responder's cost proposal and all terms offered in its response that pertain to the completion of professional and technical services and general services will remain firm for 180 days, until they are accepted or rejected by the State, or they are changed by further negotiations with the State prior to contract execution.

10. **Award**

Any award that may result from this solicitation will be based upon the total accumulated points as established in the solicitation. The State reserves the right to award this solicitation to a single Responder, or to multiple Responders, whichever is in the best interest of the State, providing each Responder is in compliance with all terms and conditions of the solicitation. The State reserves the right to accept all or part of an offer, to reject all offers, to cancel the solicitation, or to re-issue the solicitation, whichever is in the best interest of the State.

11. **Requirements Prior to Contract Execution**

Prior to contract execution, a responder receiving a contract award must comply with any submittal requests. A submittal request may include, but is not limited to, a Certificate of Insurance.

Link References

Chapter 39 (https://www.revisor.mn.gov/laws/2025/0/Session+Law/Chapter/39/)

Office of Equity in Procurement (OEP) (https://mn.gov/admin/business/vendor-info/oep/)

State of Minnesota Supplier Portal (https://guest.supplier.systems.state.mn.us/psc/fmssupap/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDINGPAGE.GBL?&)

SWIFT Supplier Portal Multi-Factor Authentication FAQ (PDF) (https://mn.gov/mmb-stat/documents/swift/training/trainingguides/swift-sup-portal-mfa.pdf)

Minn. Stat. § 13.37 (https://www.revisor.mn.gov/statutes/cite/13.37)

Minnesota Supplier Portal (https://mn.gov/supplier)

Rural Health Transformation Program Funding - MN Dept. of Health (https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/grants.html)

Minnesota's RHTP Program Narrative (PDF) (https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/docs/rhtpnarrative.pdf)

notices of grant opportunity (https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/grants.html)