



Clinical Preparation for International Medical Graduates Grant Program

GRANT REQUEST FOR PROPOSAL (RFP)

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12/19/2025

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Clinical Preparation for International Medical Graduates Grant Program
- **Minnesota Department of Health (MDH) Program Website:**
- [IMG Clinical Preparation Grant Program - MN Dept. of Health](#)
- **Application Deadline:** February 13, 2026

1.2 Program Description

[Minnesota Statutes Sec. 144.1911](#) authorizes the Commissioner of Health to award grants to support clinical preparation for Minnesota immigrant international medical graduates (IMGs). The goal of this grant program is to address barriers to practice and facilitate pathways to assist immigrant IMGs to integrate into the Minnesota health care workforce, specifically by preparing IMGs for admission into medical residency programs. Integrating IMGs into our physician workforce increases access to primary care, particularly in rural and underserved areas of Minnesota. IMGs are well-positioned to serve Minnesota’s diverse communities by providing linguistically and culturally responsive care.

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	\$700,000 per year for two years
Estimated Number of Awards	2
Estimated Award Maximum	\$700,000
Estimated Award Minimum	\$200,000

Match Requirement

There is no match requirement.

Project Dates

Start date: May 1, 2026

End date: December 31, 2028

1.4 Eligible Applicants

Eligible applicants are existing clinical medical education programs that fulfill the following criteria:

- Are located in Minnesota,
- Currently provide clinical medical education, and
- Have the capacity and expertise to provide clinical preparation in primary care, including exposure to outpatient and inpatient medicine in one or more of the following specialties: family medicine, internal medicine, obstetrics, pediatrics, and psychiatry.

Grant funds are not transferrable 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

Collaboration among organizations to enhance clinical preparation is strongly encouraged but not required.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to MN_health.IMG@state.mn.us. All answers will be posted within five business days at [IMG Clinical Preparation Grant Program - MN Dept. of Health](#).

Please submit questions no later than 4:30 p.m. Central Time on January 30, 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 Part 2: Program Details

2.1 Priorities

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. [The Policy on Rating Criteria for Competitive Grant Review \(PDF\)](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

These grants support clinical preparation programs for Minnesota IMGs who need additional clinical preparation or experience to qualify for residency. Admission to residency programs is often a barrier for IMGs, particularly those who completed medical school more than five years ago.

IMGs bring diversity to Minnesota's health care workforce and provide culturally and linguistically responsive care to Minnesota communities. IMGs participating in these grant-funded clinical preparation programs commit to providing primary care for at least five years in a rural or underserved community of Minnesota once they are eligible to practice medicine in Minnesota.

Grant applicants should show a commitment to working with IMGs who need additional clinical preparation and would benefit most from the program, increasing their likelihood of securing a residency position.

Based on data submitted by grantees and the ongoing MDH survey of IMGs in Minnesota, MDH will monitor how IMGs admitted to clinical preparation programs reflect the population of IMGs in Minnesota.

Other Competitive Priorities

Applications meeting the following criteria will receive priority:

- Applicant has experience providing clinical training, such as observerships, preceptorships, or graduate medical education, to IMGs.
- Application includes collaboration across organizations or entities.
- Program is located in a rural or underserved community.

2.2 Eligible Projects

Eligible projects are clinical preparation programs designed to train and prepare Minnesota IMGs for successful admission and integration into medical residency. Programs must be part of existing clinical medical education programs in Minnesota.

Eligible IMG Participants

Clinical preparation programs must serve eligible IMGs. An eligible IMG meets these criteria:

- A physician who received a basic medical degree or qualification from a medical school located outside the U.S. and Canada.
- Born outside the U.S., now resides permanently in the U.S., and did not enter the U.S. on a J-1 or similar nonimmigrant visa following acceptance into a U.S. medical residency or fellowship program.
- Has lived in Minnesota for at least two years at the time the program starts.
- Has not been admitted to or completed a medical residency program in the U.S.
- Certified by the Educational Commission for Foreign Medical Graduates (ECFMG).
- Has passed United States Medical Licensing Exam (USMLE) Steps 1 and 2.
- Commits to providing primary care in a rural or underserved community of Minnesota for at least five years once eligible to practice medicine in Minnesota.

For this program, “rural community” means a statutory and home rule charter city or township that is outside the seven-county metropolitan area as defined in [Minnesota Statutes Sec. 473.121, subdivision 2](#), excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

For this program, “underserved community” means a Minnesota area or population included in the list of designated primary medical care health professional shortage areas, medically underserved areas, or medically underserved populations maintained and updated by the U.S. Department of Health and Human Services.

IMGs who are accepted into a grant-funded clinical preparation program must sign a service agreement with MDH before beginning the program, documenting their commitment to providing primary care in a rural or underserved community of Minnesota for at least five years once eligible to practice medicine in Minnesota.

Program Requirements

Programs must provide clinical preparation in primary care, including exposure to outpatient and inpatient medicine in one or more of the following specialties: family medicine, internal medicine, obstetrics, pediatrics, and psychiatry.

Curriculum

Programs may develop and implement their own curriculum. The curriculum must include training designed to equip all trainees to:

- Understand and describe the U.S. health care system;
- Understand and describe assessment, evaluation, and feedback norms in U.S. medical education;

- Gather information, formulate differential diagnoses, and propose plans for initial evaluation and management of patients with common presentations;
- Manage follow-up visits with patients having one or more common chronic diseases;
- Develop evidence-based health promotion and disease prevention plans for patients of any age or gender;
- Demonstrate competency in advance elicitation of history, communication, physical examination, and critical thinking skills;
- Demonstrate knowledge of local and national ethical and legal guidelines governing patient confidentiality, with specific attention to:
 - Written documentation
 - Communication with the patient’s family members;
- Communicate effectively with patients and patients’ family members:
 - Use lay terms appropriate to the patient’s level of education and explain scientific jargon,
 - Recognize and manage denial and grief,
 - Communicate abnormal results and difficult news to patients in a sensitive manner,
 - Discuss end-of-life issues with patients and family members with attention to the patient’s wishes and needs,
 - Provide concise daily updates for patients and families regarding hospital course and rationale for ongoing or new treatment plans;
- Clearly summarize the patient’s reason for admission and rationale for clinical plan;
- Assess suicidality when appropriate;
- Initiate a conversation with a patient about advance health care directives;
- Clearly and concisely present oral and written summaries of patients to members of the health care team, including and synthesizing all relevant clinical information;
- Demonstrate cultural responsiveness; understand cultural assets and patient wishes with regard to health care and incorporate this knowledge into discussions with the patient;
- Understand and practice patient-centered care;
- Collaborate with other members of a health care team; and
- Demonstrate proficiency in electronic health record software.

Applicants should consider, and incorporate into their proposed programs, other skills and qualifications that program graduates will need to present in applications to medical residency programs.

Other Required Components

Proposed programs should include the following components:

- A variety of clinical activities, including inpatient and outpatient rotations.
- Mentoring by program faculty and preceptors. The structure of the program should allow IMG participants to build relationships sufficient to result in letters of recommendation.

- Assessment of participants' clinical skills at the outset of the program and continually during the program.
- Opportunities to participate in other activities in the medical education program and broader institution, such as grand rounds, conferences, and research.
- Monthly stipends for IMG program participants.

Applicants may wish to consider a competency-based approach in which the length of time required in the program varies based on initial assessment results. The length of time required in the program could also vary depending on how long ago an IMG graduated from medical school. Under any model, programs should ensure that every participant has an opportunity for mentorship and relationship-building.

Collaboration among entities on assessment, clinical rotations, simulations, and other program components may strengthen the proposed program.

Applicants are encouraged to plan outreach to residency programs, making them aware of the clinical preparation program and the fact that program graduates will be applying to residency.

Program Evaluation

Applicants should consider how they will evaluate the success of their program and submit required data to MDH. Grantees will report on measures such as:

- The number, demographics, and educational and professional background of IMGs admitted to the program.
- Program completion.
- Residency placements among program graduates.

Eligible Expenses

Eligible expenses include:

- Salaries for program faculty and staff
- Fringe
- Monthly stipends for IMG program participants (required)
- Travel and lodging for IMG program participants
- Contracts, such as with partner sites or preceptors
- Supplies, equipment, training site improvements, and fees required for IMG clinical preparation

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Administrative costs not directly related to clinical preparation
- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions

- Bad debts, late payment fees, finance charges, or contingency funds

2.3 Grant Management Responsibilities

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and the State's Authorized Representative has notified the Grantee that work may start.

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.

Applicants can view a sample grant agreement on [MDH Grant Resources](#).

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 the terms in the grant agreement have been met.

Reports will be submitted through the Office of Rural Health and Primary Care online grants portal. A report form will be provided to grantees. Reports will be due 20 days after each quarter ends per the following schedule:

- January 20
- April 20
- July 20
- October 20

Grant Monitoring

[Minn. Stat. § 16B.97](#) and [Policy 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.

Grant Payments

Per [State Policy 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.

The invoicing and payment schedule will be quarterly. Invoices will be submitted through the Office of Rural Health and Primary Care online grants portal. A financial report form will be provided to grantees. Invoices will be due 20 days after each quarter ends per the following schedule:

- January 20
- April 20
- July 20
- October 20

2.4 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 e.g. [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, 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 the [Applicant Conflict of Interest Disclosure Form](#) 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.

Non-Transferability

Grant funds are not transferrable 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.

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.

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a diverse committee with content knowledge. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria and Weight

The review committee will review and score each application on a 100-point scale. A standardized scoring system will be used to determine the extent to which the application meets the selection criteria.

The scoring factors and weight according to which applications will be judged are detailed in Attachment A: Application Evaluation Criteria.

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 on Preaward Risk Assessment \(PDF\)](#).

Notification

MDH anticipates notifying all applicants via email of funding decisions in mid-March 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 February 13, 2026.

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

Acknowledgement of application receipt. 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, please contact us promptly at MN_health.IMG@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

The MDH Office of Rural Health and Primary Care (ORHPC) requires application submissions to be made through an [ORHPC Online Grants Portal](#). Please reference the [ORHPC Grantee Guide \(PDF\)](#) for information on account creation, password recovery, application creation, and collaboration.

See RFP Part 4: Application Guidance for instructions on how to address the application questions in the Grants Portal.

If you have any questions, please contact us at MN_health.IMG@state.mn.us.

3.3 Application Instructions

You must complete all required fields in the online application form and submit all required attachments 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.**

2026 CLINICAL PREPARATION FOR INTERNATIONAL MEDICAL GRADUATES

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

All costs incurred in responding to this RFP will be borne by the applicant.

RFP Part 4: 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.

Section 2. Project Information

This section requests contact information for the organization, including the Authorized Organization Representative.

Section 3. Organization Background and Capacity

Organization Overview

Provide a brief overview of your organization's history, budget, staffing, programs, and services. If your proposed clinical preparation program involves collaboration among entities, provide a brief overview of each entity contributing significantly to the program.

Existing Clinical Medical Education

Describe your existing clinical medical education program, including its history, overall budget, area(s) of specialty, number and types of faculty, and number and types of students and trainees. Describe the patients served, the clinical settings and facilities, and any partnerships for clinical rotations and training.

Experience Training IMGs

Describe your organization's and program partners' experience providing clinical training, such as observerships, preceptorships, or graduate medical education, to IMGs.

Section 4. Project Narrative and Work Plan

Overview of Proposed Clinical Preparation Program

Provide a brief overview of your proposed clinical preparation program. How will your program prepare IMGs to be competitive for residency positions? What are the key components of your program? Who are the faculty and clinical preceptors for the program?

Collaborators

List all entities collaborating on this program and describe the collaboration on assessment, clinical rotations, simulations, and/or other program components.

Located in Rural or Underserved Community

Is your proposed program located in a rural community? For this program, “rural community” means a statutory and home rule charter city or township that is outside the seven-county metropolitan area as defined in [Minnesota Statutes Sec. 473.121, subdivision 2](#), excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

Is your proposed program located in an underserved community? For this program, “underserved community” means a Minnesota area or population included in the list of designated primary medical care health professional shortage areas, medically underserved areas, or medically underserved populations maintained and updated by the U.S. Department of Health and Human Services. Use the [Find Shortage Areas](#) tools to see whether your location qualifies.

Primary Care Focus Area

Indicate the primary care specialties in which your program will provide clinical preparation (select all that apply): Family Medicine, Internal Medicine, Obstetrics, Pediatrics, Psychiatry.

Number of Trainees

Indicate the number of IMGs expected to participate in your program during the grant period.

Length of Program

How long will your program be? Will the length vary based on initial assessment results, how long ago an IMG participant graduated from medical school, and/or other factors? Will IMGs participate full-time in the program?

Selection Process and Criteria

Describe the process by which participants will be selected (for example, written applications and interviews). Indicate the types of selection criteria the program will use, beyond the required eligibility criteria for IMG participants listed in the RFP. Indicate how the program will verify that applicants meet the required eligibility criteria listed in the RFP.

Curriculum

Describe the program curriculum. How will your program address the required competencies described in the RFP? List any other major learning objectives your program will have.

Clinical Experiences

Describe the inpatient and outpatient clinical experiences participants will have, including the setting, the nature of the work and learning participants will do, and the supervision they will receive.

Assessment of IMG Participants

Describe how your program will assess IMG participants at the outset of the program and continually during the program. What types of assessments will be used, who will administer them, and on what schedule? How will assessment results inform training?

Addressing Needs of IMGs

How will your program work with and promote the success of IMGs who have more barriers to residency acceptance, such as those who completed medical school more than five years ago? How will your program adapt to varying needs and baseline assessment levels among IMG participants?

Mentoring

How will your program intentionally provide mentoring for IMG participants and allow participants to build relationships sufficient to result in letters of recommendation?

Opportunities for Involvement

Give examples of opportunities that IMGs will have to participate in other activities in the medical education program and broader institution, such as grand rounds, conferences, and research.

Connections to Resources

How will your program connect IMG participants to other resources to meet needs that your program will not address?

Demonstrating Clinical Readiness

How will graduates of your program demonstrate clinical readiness in their medical residency applications?

Program Evaluation

Describe the tools or instruments you will use to evaluate your program and some of the key data points you will collect. How will you report to MDH on measures such as participant demographics, program completion rates, and residency placements among program graduates?

Outreach to Residency Programs

Describe your plan for outreach to residency programs, making them aware of your clinical preparation program and the fact that program graduates will be applying to residency.

Work Plan

List key project activities. For each activity, indicate the title/position of each person who will be involved and the expected timeline.

Section 5. Budget & Budget Narrative

Provide a detailed justification of the estimated expenses to successfully meet the goals of the proposed project.

Provide the amount of grant funds requested in the appropriate fields for each budget area. Budget categories:

- **Salaries:** Salaries should include the costs of personnel who work directly for the applicant and 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 to be spent on the project.
- **Fringe:** This category includes share of payroll tax, health insurance costs, Medicare/Medicaid, etc. for employees billed to this grant under the Salaries category. In the Budget Narrative, explain how fringe expenses were calculated. Fringe is often calculated at a percentage of salary. Example: \$50,000 x 25% fringe = \$12,500.
- **IMG Participant Monthly Stipends (required):** These may be reflected in the Salaries line or another budget line, but should be clearly indicated.
- **Travel:** Describe any proposed travel expenses directly related to the program. Allowed and approved travel expenses will be reimbursed in no greater amount than as provided in the current [Minnesota Management and Budget Commissioner's Plan](#) or at the grantee's established rate, whichever is lower, at the time travel occurred.
- **Supplies:** Include supplies required for the program.
- **Contracted Services:** Include any contracted services on this line.
- **Equipment:** Include any equipment costs required for the program. Equipment has a value of \$10,000 or more. Items below \$10,000 are considered supplies.
- **Other expenses:** Whenever possible, include proposed expenditures in the categories listed above. If it is necessary to include expenditures in this general category, include a detailed description.
- **Indirect costs:** An indirect cost rate is a percentage used to distribute indirect costs to all of an organization's programs that benefit from them. Grantees may not claim indirect costs in excess of the indirect cost rate that applies to their organization. Grantees must submit and retain on file the documentation of that indirect cost rate as outlined below:
 - Grantees with a federally negotiated indirect cost rate may use grant funds for indirect costs in an amount up to but not exceeding that rate. Grantees must submit proof of the federally negotiated indirect cost rate as an attachment to this application. Grantees are responsible for ensuring that the rate is not applied to direct costs that are excluded from the indirect rate.
 - Grantees without a federally negotiated indirect cost rate may use grant funds for indirect costs in an amount up to but not exceeding 15% of total direct costs.

Grantees may choose to use the [Sample Budget Worksheet \(Excel\)](#) to calculate budget costs before entering them in the application portal.

Section 6. Required Attachments

Audited Financial Statements

Please upload a copy of the most recent independent audit to the online application form. 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 facility.

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.
- If the entity is required to submit a Due Diligence form, a Section 6a or 6b will become available to allow submission of the form and any accompanying attachments such as audited financial statements.

Federally Negotiated Indirect Cost Rate

If your organization has a federally negotiated indirect cost rate, please upload documentation detailing your current approved indirect cost rate and the costs to which the rate applies.

Proof of Accreditation (optional)

Upload documentation of current accreditation for your existing clinical medical education program.

Section 7. Applicant Conflict of Interest Disclosure

Applicants will complete a [Conflict of Interest Disclosure form \(PDF\)](#) in the online application.

RFP Part 5: Attachments

- Attachment A: Application Evaluation Criteria

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 that applications address the criteria evaluators will use to score applications.

ORGANIZATION BACKGROUND AND CAPACITY

Evaluation Criteria	Score	Reviewer Comments: Strengths/Weaknesses
Organization overview provides a clear picture of an organization (and collaborating entities) with the capacity to implement a clinical preparation program.	/5	
Existing clinical medical education program appears to be strong, thriving, and well-suited to hosting a clinical preparation program for IMGs.	/5	
Organization and partners have extensive, relevant experience providing clinical training to IMGs.	/5	
Total points for this section	/15	

PROJECT NARRATIVE AND WORK PLAN

Evaluation Criteria	Score	Comments: Strengths/Weaknesses
Program overview clearly describes how the program will prepare IMGs to be competitive for residency positions. Program seems likely to result in successful outcomes for IMGs.	/5	
Application presents a clear plan for effective collaboration across entities contributing complementary assets.	/5	

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Program is located in a rural or underserved community.	/5	
Program has taken a reasonable and likely successful approach to the length of training and number of trainees.	/5	
Selection process and criteria are thoughtful and inclusive of IMGs needing additional support.	/5	
Proposed curriculum is strong and will effectively address the required competencies as well as other skills sought by residency programs.	/5	
Program participants will have meaningful, varied clinical experiences with supportive supervision.	/5	
Program participants will receive timely, ongoing assessment using appropriate instruments/measures. Training will be tailored to needs identified through assessments.	/5	
Application presents a thoughtful plan for promoting the success of IMGs who have more barriers to residency acceptance. Program is designed to adapt to varying needs among participants.	/5	
Program emphasizes mentoring and has set up a promising structure for fostering relationships between faculty/preceptors and IMG participants.	/5	
Program participants will have opportunities for involvement in the broader medical education program and institution, and they will be connected to resources to meet their needs.	/5	
Applicant shows insight into what residency programs look for, and program will prepare graduates to demonstrate clinical readiness in their residency applications.	/5	

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Application describes effective methods for evaluating the program and reporting key measures to MDH.	/5	
Plan for outreach to residency programs is clear and thorough.	/5	
Work plan is clear and feasible and will advance program goals.	/5	
Total points for this section	/75	

BUDGET NARRATIVE

Evaluation Criteria	Score	Comments: Strengths/Weaknesses
Budget and narrative are clear, with enough detail to understand why each cost is included.	/5	
Proposed costs seem reasonable and align with the goals and requirements of this program.	/5	
Total points for this section	/10	
Total Score	/100	

Link References

- [IMG Clinical Preparation Grant Program - MN Dept. of Health \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#imgcp\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#imgcp)
- [Minnesota Statutes Sec. 144.1911 \(https://www.revisor.mn.gov/statutes/cite/144.1911\)](https://www.revisor.mn.gov/statutes/cite/144.1911)
- [The Policy 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)
- [Minnesota Statutes Sec. 473.121, subdivision 2 \(https://www.revisor.mn.gov/statutes/cite/473.121#stat.473.121.2\)](https://www.revisor.mn.gov/statutes/cite/473.121)
- [MDH Grant Resources \(https://www.health.state.mn.us/about/grants/resources.html\)](https://www.health.state.mn.us/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 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 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)
- [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 \(https://www.revisor.mn.gov/statutes/?id=16B.98\)](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.” \(PDF\) \(https://mn.gov/admin/assets/OGM%20Policy%2008-01%20Conflict%20of%20Interest%20Policy%20for%20State%20Grant-Making_tcm36-707167.pdf\)](https://mn.gov/admin/assets/OGM%20Policy%2008-01%20Conflict%20of%20Interest%20Policy%20for%20State%20Grant-Making_tcm36-707167.pdf)
- [Applicant Conflict of Interest Disclosure Form \(https://www.health.state.mn.us/about/grants/coiapplicant.pdf\)](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)
- [Ch. 13 MN Statutes \(https://www.revisor.mn.gov/statutes/cite/13/full\)](https://www.revisor.mn.gov/statutes/cite/13/full)
- [Policy on Preaward Risk Assessment \(PDF\) \(https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Revision%20Version%202.1%20-%20Effective%20Date%20July%201%202025_tcm36-695460.pdf\)](https://mn.gov/admin/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 Grantee 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>)
- [Find Shortage Areas](https://data.hrsa.gov/tools/shortage-area) (<https://data.hrsa.gov/tools/shortage-area>)
- [Minnesota Management and Budget Commissioner's Plan](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp)
(<https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp>)
- [Sample Budget Worksheet \(Excel\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/excel/samplebudget.xlsx)
(<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/excel/samplebudget.xlsx>)
- [Due Diligence Form \(PDF\)](https://www.health.state.mn.us/about/grants/duediligence.pdf)
(<https://www.health.state.mn.us/about/grants/duediligence.pdf>)