DEPARTMENT OF HEALTH

2025 Rural and Underserved Clinical Rotations Grant Program

GRANT REQUEST FOR PROPOSAL (RFP)

6/4/2025

To obtain this information in a different format, call: 651-201-3838.

Table of Contents

RFP Part 1: Overview

1.1   General Information

- **Announcement Title**: 2025 Rural and Underserved Clinical Rotations Grant Program
- **Minnesota Department of Health (MDH) Program Website**: https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#rucr
- **Application Open**: June 4, 2025
- **Application Deadline**: July 25, 2025

1.2   Program Description

The Rural and Underserved Clinical Rotations Grant Program, authorized by Minnesota Statutes Sec 144.1505, is established to award health professional training site grants to eligible physician, physician assistant, advanced practice registered nurse, pharmacy, dentistry, dental therapy, and mental health professional programs to augment existing clinical training programs by adding or expanding rural and underserved rotations or clinical training experiences, such as credential or certificate rural tracks or other specialized training. For physician and dentist training, the expanded training must include rotations in primary care settings such as community clinics, hospitals, health maintenance organizations, or practices in rural communities.

MDH will prioritize supporting programs that demonstrate strong partnerships with rural clinical training sites and an ongoing commitment to rural clinical training that results in a meaningful contribution to the rural health care workforce.

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	$1,000,000 - $1,500,000
Estimated Number of Awards	4-6
Estimated Award Maximum	$400,000
Estimated Award Minimum	N/A

Match Requirement

There is no match requirement for this grant.

Project Dates

RFP Published:	June 4, 2025
Informational Webinar:	June 25, 2025
Application due to MDH:	July 25, 2025
Grant distribution announcement (estimated):	Late August 2025
Grant period (estimated):	November 1, 2025 – October 31, 2026

1.4   Eligible Applicants

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 for this funding:

- Advanced Practice Registered Nursing Program
    - Must be accredited as a master's, doctoral, or postgraduate level advanced practice registered nursing program by the Commission on Collegiate Nursing Education or by the Accreditation Commission for Education in Nursing or present a credible plan as a candidate for accreditation.
- Dental Program
    - Must be a dental education program or dental residency training program currently accredited by the accrediting body or present a credible plan as a candidate for accreditation.
    - Expanded training must include rotations in primary care settings such as community clinics, hospitals, health maintenance organizations, or practices in rural communities.
- Dental Therapy Education Program or Advanced Dental Therapy Education Program
    - Must be approved by the Minnesota Board of Dentistry, or currently accredited by the Commission on Dental Accreditation.
- Mental Health Professional Program
    - Must be accredited and listed as a mental health professional program by the appropriate accrediting body for clinical social work, psychology, marriage and family therapy, or licensed professional clinical counseling, or present a credible plan as a candidate for accreditation.
    - A mental health professional is defined as an individual providing clinical services in the treatment of mental illness who meets one of the qualifications under MN Statutes Sec. 245I.04, subdivision 2.
- Pharmacy Program
    - Must be accredited as a Doctor of Pharmacy program by the Accreditation Council on Pharmacy Education.

- Physician Residency Training Program
  - Must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or appropriate accrediting body or present a credible plan as a candidate for accreditation.
  - Expanded training must include rotations in primary care settings such as community clinics, hospitals, health maintenance organizations, or practices in rural communities.
- Physician Assistant Program
  - Must be accredited as a physician assistant program by the Accreditation Review Commission on Education for the Physician Assistant or present a credible plan as a candidate for accreditation.

All applicants must be able to demonstrate applicable membership and compliance with the corresponding accrediting bodies.

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

Applicants are required to submit letters from clinical training sites demonstrating the sites' commitment to partnering with the applicant organization on the rural and underserved rotations or clinical training experiences.

1.5   Questions and Answers

All questions regarding this RFP must be submitted by email to Health.ORHPC.WorkforceGrants@state.mn.us. Answers will be posted within 5 business days at: https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#rucr

Please submit questions no later than 4:30 p.m. Central Time on July 16, 2025.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

RFP Information Meeting

An informational webinar will be held on June 25, 2025, at 1:00 pm Central Time. Click here to join the meeting. Materials from the meeting, including questions and answers, will be posted at: https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#rucr.

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 establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The Rural and Underserved Clinical Rotations grant program seeks to strengthen Minnesota's health care workforce and improve access to care for rural and underserved communities by expanding clinical training opportunities in these communities.

This grant will serve:

- Rural and underserved communities by strengthening Minnesota's health care workforce and improving access to health care.
- Eligible health professional programs and students by expanding clinical training opportunities.

Grant outcomes will include:

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

Other Competitive Priorities
- Programs serving rural communities will receive priority.
- Programs that advance health equity in other impactful ways will receive priority.
- Programs with a strong model of team-based primary care will receive priority.

2.2   Eligible Projects

Eligible projects will augment existing clinical training programs by adding or expanding clinical rotations or clinical training experiences, such as credential or certificate rural tracks or other specialized training, in rural and underserved communities.

- For the purposes of this grant program, "rural community" means a statutory and home rule charter city or township that is outside the seven-county metropolitan area as defined in section 473.121, subdivision 2.
- For the purposes of this grant 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. Health Resources and Services Administration (HRSA).
  - To determine whether a proposed training site is in a designated shortage area, visit the HRSA website and use the search tools: Find Shortage Areas (hrsa.gov).
- For physician and dentist training, the expanded training must include rotations in primary care settings such as community clinics, hospitals, health maintenance organizations, or practices in rural communities.

Proposals to add a clinical rotation or clinical training experience in rural and underserved communities must describe the new training sites and the number of training slots added.

Proposals to expand an existing clinical rotation or clinical training experience in rural and underserved communities must describe how the program will be expanded: new training sites and/or additional training slots.

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 and underserved rotations or clinical training experiences.
  - Applications that demonstrate longer-term partnerships with clinical sites will receive additional points.
- Ongoing commitment to clinical training in rural and underserved communities. This includes:
  - A history of clinical training in rural and underserved communities.
  - Evidence of planning and groundwork related to the proposed clinical training completed prior to submitting the application.
  - Concrete plans for sustaining the clinical training in future years.
- Meaningful contributions to the health care workforce in rural and underserved communities. This is evaluated by, for example:
  - Number and percentage of program graduates practicing in rural and underserved communities.

Grants may be extended for up to five years, if funding is available and grantees meet annual requirements. Grantees that meet requirements will be eligible for an amendment each year to add funds and extend the time period of their grants. Annual funding amounts may vary.

Grantees seeking an annual amendment of their grant should demonstrate the following:

- Strong enrollment numbers.
- Fulfillment of program objectives.
- Successful evaluation results, including from partner clinical sites.
- Progress toward sustainability plan, including securing other funding sources.
- Timely invoicing and appropriate spend-down of funds.
- Detailed and timely progress reports.
- Fulfillment of all other grant requirements.

Programs may apply for new funding via the competitive RFP process if they do not have a current grant that is eligible for amendment (for example, if they are a new applicant or if they are a current grantee whose grant reached the maximum grant period of five years).

Eligible Expenses

Grant funds may be used to cover the cost of:

- establishing or expanding rotations and clinical training
- recruitment, training, and retention of students and faculty
- connecting students with appropriate clinical training sites, internships, practicums, or externship activities
- travel and lodging for students
- faculty, student, and preceptor salaries, incentives, or other financial support
- development and implementation of cultural competency training
- evaluations
- training site improvements, fees, equipment, and supplies required to establish, maintain, or expand a training program
- supporting clinical education in which trainees are part of a primary care team model.

Indirect expenses are allowed at a grantee's federally negotiated rate or up to 10% of direct costs. See RFP Part 4 for further details.

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

2.3   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 the MDH Grant Resources webpage.

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. Standard invoice and progress report forms 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 require the following:

- One monitoring visit during the grant period on all state grants over $50,000.
- Annual monitoring visits during the grant period on all grants over $250,000.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over $50,000.

Technical Assistance

MDH is available to provide technical assistance for grantees. MDH will provide forms and templates for invoices and progress reports. It is the grantee's responsibility to meet all obligations in the contract, and to notify MDH and request approval for any changes to these obligations. For assistance, contact the Office of Rural Health and Primary Care at Health.ORHPC.WorkforceGrants@state.mn.us.

Grant Payments

Per State Policy on Grant Payments, 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. Reports will be submitted through the Office of Rural Health and Primary Care online grants portal. Reporting forms will be provided to grantees. Invoices will be due 20 days after each quarter 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 (https://www.revisor.mn.gov/statutes/cite/363A.02). The MHRA is enforced by the Minnesota Department of Human Rights (https://mn.gov/mdhr/). 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 regarding public assistance, membership or activity in a local commission, disability, sexual orientation, or age regarding 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 regarding 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 regarding 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."

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 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 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 committee representing content and community specialists, including those with knowledge of health professional training programs. The review committee will evaluate all eligible and complete applications received by the deadline.

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

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

Selection Criteria and Weight

The review committee will review each application 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 Pre-Award Risk Assessment for Potential Grantees.

Notification

MDH anticipates notifying all applicants via email of funding decisions by late August 2025.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications <u>must</u> be received by MDH no later than 4:30 p.m. Central Time on July 25, 2025.

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 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, please contact us promptly at health.orhpc.workforcegrants@state.mn.us.

If you encounter any issues with the online application submission, please contact us promptly at health.orhpc.workforcegrants@state.mn.us. We encourage you to submit in advance of the deadline to allow time to address any technical issues.

3.2 Application Submission Instructions

ORHPC requires application submissions to be made through an online Grants Portal. Please reference the ORHPC Grantee Guide for information on account creation, password recovery, application creation, and collaboration.

Read RFP Part 4: Application Guidance within this RFP document for instructions on how to address the application questions in the Grants Portal.

We encourage you to submit in advance of the deadline to allow time to address any technical issues.

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.**

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. This information will be used for contracting purposes.

Section 2. Project Information

Contact Overview

This section requests contact information for the organization, including the Authorized Organization Representative (AOR). This person is often the CEO of the organization and must have the authority to enter a contract with the State. An additional program contact is also advised.

Section 3. Organization Background and Capacity

Program Type

Indicate the type(s) of existing programs your grant will augment with clinical rotations or experiences (select all that apply): Advanced Practice Registered Nursing, Dental, Dental Therapy/Advanced Dental Therapy, Mental Health Professional, Pharmacy, Physician, Physician Assistant.

Organization Overview

Provide a brief overview of your organization's history, location, and administrative structure. Provide an overview of your existing clinical training program(s), including the number and types of faculties. How many students/trainees are currently enrolled, and how many have been trained in the past? Describe any unique characteristics or circumstances pertaining to your organization.

Graduates Practicing in Rural/Underserved Areas

Provide data on the number and percentage of program graduates from the past 5 years (or the time period for which data are available) who are practicing in rural or underserved Minnesota communities. Rural means outside the seven-county metropolitan area. Underserved means a federally designated shortage area, underserved area, or underserved population.

Commitment to Rural/Underserved Training

Describe your program's past and current experience administering clinical rotations or training experiences in rural and underserved communities. Describe the planning you have done and steps you have taken related to the proposed clinical rotation or training experience.

Collaborating Partners

Provide a brief overview of each entity collaborating with your organization on this program and their role in the program. How long have you collaborated with these partners, and what kinds of past projects have you worked on together? Note that you will need to submit letters of commitment from your clinical site partners (see the Required Attachments section, below).

Section 4. Project Narrative and Work Plan

Adding or Expanding

Indicate whether you propose to add a new or expand an existing clinical rotation or training experience.

Statement of Need

Describe why your proposed clinical rotation or training experience is needed. If proposing an expansion, explain why the additional training slots and/or sites are needed. Include information from employers, current and prospective trainees, and any other stakeholders.

Number of Trainees

How many trainees will participate in your new clinical rotation or training experience? If you are expanding an existing program, how many additional trainees will be served by the expansion compared to the number currently served?

Proposed Program

Describe your proposed clinical rotations or training experiences. What will trainees do and learn, and who will supervise and teach them? Describe the populations trainees will serve. How long will the clinical rotation or training experience be? Will trainees receive a credential, certificate, or other designation upon completion of the training experience? If proposing to expand an existing program, clearly indicate how the program will be expanded: new training sites and/or additional training slots. Indicate how many new training slots will be available at each site.

Clinical Training Site(s)

Provide information about the newly established or expanded rotation or clinical training site(s). What type of setting is each site? Indicate whether each site is a primary care setting, such as a community clinic, hospital, health maintenance organization, or a rural practice.

Provide the geographic location of each site. Confirm that each site is in an eligible rural or underserved community (see RFP section 2.2). To determine whether a proposed training site is in a designated shortage area, visit the HRSA website and use the search tools: Find Shortage Areas (hrsa.gov).

Indicate the number of current and new training slots at each site.

Team-based Primary Care

Describe how your proposed program incorporates team-based primary care.

Recruitment and Retention

Describe how your proposed program will recruit and retain trainees.

Program Outcomes

How will your program increase access to primary care and/or mental health services for rural and underserved communities, now and in the future?

Program Evaluation

Describe the expected results of your program and how you plan to track, evaluate, and report those results. Include a plan to collect evaluation data from partner clinical sites.

Program Sustainability

Describe your plan for maintaining your program after the grant period ends and ensuring that it continues to operate effectively and efficiently.

Challenges and Support

Discuss challenges you anticipate in implementing your program or sustaining it beyond the grant period. In addition to challenges specific to your program, please discuss barriers to clinical rotations and training experiences in rural and underserved communities in general.

What types of support, such as policy actions or more tailored or flexible funding, would help to overcome these specific and overall challenges?

What steps will your organization and partners take to overcome your anticipated challenges?

Work Plan

List key project activities. For each activity, indicate the title/position of each person who will be involved, the grant program outcome(s) addressed, and the expected timeline. Your work plan should include evaluation and reporting activities.

Section 5: Budget & Budget Narrative

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

Note that if you are proposing an expansion, your budget should reflect the costs associated with that expansion (the additional training slots and/or sites), not the costs of operating the entire program.

Budget Line Items

Provide the amount of grant funds requested, as well as the amounts and sources of other funding, in the appropriate fields for each budget area.

Budget categories include:

- **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. This should not include administrative staff included in the indirect rate. 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.
- **Fringe:** This category includes share of payroll tax, health insurance costs, Medicare/Medicaid, etc. for employees billed to this grant under the Salaries category. If the applicant has expenses in this category, they should explain how they were calculated in the Budget Narrative. This is often calculated at a percentage of salary. Example: $50,000 x 25% fringe = $12,500.
- **Travel:** This category includes travel expenses necessary to complete the grant project.
- **Supplies:** This category includes supplies needed specifically for the grant project. It cannot include existing program expenses.
- **Contracted Services:** This category includes expenses for individuals or organizations the applicant contracts with to complete the project, including facilitators and trainers.
- **Equipment:** This category includes funding used to purchase equipment. Equipment has a value of $10,000 or more. Items below $10,000 are considered supplies.
- **Other expenses:** Use the Other category for expenses that do not fit in the rest of the budget categories.
- **Indirect:** An indirect cost rate is a percentage used to distribute indirect costs to all of an organization's programs that benefit from them. Grantees cannot 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 can 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 can use grant funds for indirect costs in an amount up to but not exceeding 10% of total direct costs.

Section 6: Required Attachments

Audited Financial Statements

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

Federally Negotiated Indirect Cost Rate

Provide proof of current federally negotiated indirect cost rate.

Due Diligence

Please complete the Due Diligence Form 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.

Proof of Accreditation

Provide current accreditation documentation or a credible plan as a candidate for accreditation.

Letters of Commitment from Clinical Sites

Attach a letter of commitment from each clinical training site indicating their commitment to partnering with the applicant organization on the rural and underserved clinical rotations or training experiences. Letters should indicate how many trainee slots the site will host. Letters should describe any collaboration to date between the clinical site and the applicant organization, either in preparation for this program or on past projects.

Section 7: Applicant Conflict of Interest Disclosure

Applicants will complete a Conflict of Interest Disclosure form in the online application. See a copy of the form on the MDH Grant Resources webpage.

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 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 the organization and its existing clinical training programs.	/5	
High number and/or percentage of program graduates practice in rural and underserved MN communities.	/5	
Program has strong experience administering clinical rotations or training experiences in rural and underserved areas.	/5	
Applicant has undertaken significant planning and steps related to proposed rotation or training experience.	/5	
Applicant has strong partnerships, as demonstrated by letters of commitment and past collaboration. Partners have clearly defined roles in project.	/10	
Total points for this section	/30	

PROJECT NARRATIVE AND WORK PLAN

Evaluation Criteria	Score	Comments: Strengths/Weaknesses
Application clearly articulates the need for program or expansion, including information from employers, current and prospective trainees, and other stakeholders.	/5	
Clinical rotations or experiences are clearly described: what trainees will do and learn, who will supervise and teach them, populations served, length of the experience, any resulting credential, and other details of the program.	/5	
Grant-funded program will result in a meaningful increase in number of trainees and/or clinical training sites.	/5	
Clinical training sites are clearly described.	/5	
Clinical training sites are in rural communities.	/5	
Program incorporates a strong model of team-based primary care.	/5	
Applicant describes a clear plan for recruiting and retaining trainees.	/5	
Program has a strong likelihood of increasing access to primary care and/or mental health services for rural and underserved communities, both now and in the future.	/5	
Applicant clearly describes expected results and methods to track, evaluate, and report those results.	/5	
Applicant describes a sound plan for sustaining their program beyond the grant period and ensuring that it continues to operate effectively and efficiently.	/5	

Applicant thoughtfully considers specific and overall challenges and supports needed. Applicant presents feasible steps to overcome challenges.	/5	
Work plan is clear and feasible and will achieve grant program outcomes.	/5	
Total points for this section	/60	

BUDGET NARRATIVE

Evaluation Criteria	**Score**	**Comments: Strengths/Weaknesses**
Proposed costs in the budget are clear, with enough detail to understand why they are included.	/5	
Proposed expenses seem reasonable and align with the goals and requirements of this program.	/5	
Total points for this section	/10	
Total Score	/100	