North Dakota Department of Health and Human Services | Rural Health Transformation Program

Competitive Funding Opportunity Application Guidance

Funding Opportunity Name: Parents Lead: Assessment and Train-the-Trainer Curriculum Development

Funding Opportunity Solicitation Number: 210-133

Table of Contents

Funding Overview:

1) Background

As part of Public Law 119-21, Congress established the $50 billion Rural Health Transformation Program (RHTP) to help rural communities reimagine their health care delivery systems and improve health outcomes. This program administered by the Centers for Medicare and Medicaid Services (CMS), aims to address longstanding health-care challenges facing rural and tribal communities.

North Dakota is taking bold, practical steps to restore health, stability and prosperity to America's heartland. The North Dakota Department of Health and Human Services (HHS) developed its RHTP to focus on creating new access points, modernizing care delivery and empowering local providers to meet the needs of their communities through sustainable investments. North Dakota's plan, as indicated in the RHTP application and supporting documents, includes four initiatives:

- Initiative 1: Make North Dakota Healthy Again
- Initiative 2: Strengthen and Stabilize Rural Health Workforce
    - Initiative 3: Bring High-Quality Health Care Closer to Home
    - Initiative 4: Connect Tech, Data and Providers for a Stronger North Dakota

Following approval from CMS, HHS is launching multiple funding opportunities as part of North Dakota's five-year RHTP effort. These opportunities are designed to support practical, locally driven solutions that help rural and tribal communities stay healthy and strong. Funding opportunities will be released in phases, with individual applications announced over time. Eligible applicants may apply for more than one funding opportunity; there is no limit to the number of applications that can be submitted.

2) Funding Opportunity

About Parents Lead

Parents Lead is a North Dakota evidence-based behavioral health promotion and prevention program dedicated to providing parents and caregivers with the tools they need to support their children's behavioral health.

The primary audience of Parents Lead is parents and caregivers. Secondary audiences include:

- Professionals who work with parents and families (specific resources for this audience can be found at www.parentslead.org/professionals)
- Community organizations (specific resources for this audience can be found at www.parentslead.org/communities)

Parents Lead is grounded in research showing that strong parent-child relationships and healthy attachment are key protective factors in preventing behavioral health concerns such as substance use, depression and anxiety. The program focuses on strengthening four core protective parenting behaviors:

- Ongoing communication
- Appropriate monitoring
- Positive role modeling
- Engagement and support

Current program tools, social channels and resources can be found at:

- Parents Lead website
- Parents Lead Facebook page
- Parents Lead Instagram page
- Parents Lead YouTube channel
- Parents Lead Pinterest
- Behavioral Health Free Resources – Parents Lead

Funding Opportunity Scope

To scale the impact of Parents, Lead and to align to the current environment and research, North Dakota Health and Human Services (ND HHS) is seeking proposals from qualified entities to achieve two primary objectives:

- **Statewide Needs Assessment:** Develop and execute a comprehensive assessment to identify the specific needs of parents, caregivers and professionals across North Dakota to better understand the behavioral health information and resource needs of North Dakota parents, caregivers and family-supporting professionals.
- **Train-the-Trainer curriculum:** Design and develop a new a comprehensive, standardized and sustainable "Train-the-Trainer" (ToT) curriculum to expand the statewide implementation and reach of the Parents Lead program.

Eligible proposals must: Ensure activities do not duplicate existing state or federally funded efforts.

- Collaborate with ND HHS throughout the project and incorporate required modifications as directed by the state.

This funding opportunity aims to support improvement in the metrics identified for Initiative 1: Make North Dakota Healthy Again, found on page 55 of the project narrative.

Additionally, this funding opportunity aims to support improvement in the following data metrics identified in the 2025 North Dakota Youth Risk Behavior Survey:

- 8.4% of North Dakota high school students attempted suicide one or more times in the 12 months before the survey.
- 14% of North Dakota high school students seriously considered attempting suicide (during the 12 months before taking the survey).
- 22.7% of North Dakota high school students report their mental health was most of the time or always not good in the last 30 days.
- 14.1% of North Dakota high school students report their first use of alcohol before the age of 13.

Statewide needs assessment

The selected applicant will conduct a comprehensive statewide assessment to better understand the behavioral health information and resource needs of North Dakota parents, caregivers and family-supporting professionals. The assessment will focus on how information reaches families, identifying preferred access channels, evaluating current resource gaps and uncovering barriers (such as stigma, geography, cultural relevance and system navigation) that limit resource awareness or utilization. Ultimately, these findings will promote mental health, aid in suicide prevention, reduce youth substance misuse and increase overall health and wellbeing.

The selected vendor will be responsible for the following deliverables:

- **Participant engagement:** Engage parents and caregivers of children from birth through age 25, alongside professionals (educators, healthcare providers, behavioral health professionals and community organizations) to gather direct input on needs, experiences and preferences.
- **Regulatory alignment:** Seek Institutional Review Board (IRB) approval if necessary.
- **Statewide assessment:** Develop and conduct a comprehensive statewide assessment which evaluates the current awareness, utilization and effectiveness of existing behavioral health (including broader health and wellbeing) resources, specifically including current Parents Lead materials, to pinpoint clear gaps in resources, messaging and delivery systems.
- **Multi-modal data collection**: Implement a diverse data collection approach (e.g., surveys, focus groups, interviews and stakeholder sessions) to:
    - Identify specific behavioral health tools, topics and supports needed by target populations.
    - Assess preferred methods and channels for receiving behavioral health and broader health and wellbeing information and resources.
    - Identify barriers to access, awareness and utilization (e.g. stigma, geography, cultural relevance and system navigation).
- **Analysis & reporting:** Analyze data to produce a comprehensive report summarizing findings.
- **Strategic roadmap:** Develop actionable, evidence-informed recommendations and a strategic roadmap to guide ND HHS in expanding and enhancing Parents Lead resources and outreach.

Train-the-Trainer Curriculum

The selected applicant will utilize the assessment findings and existing Parents Lead assets to design and develop a new comprehensive, standardized and sustainable "Train-the-Trainer" curriculum. Grounded in prevention science and adult learning principles, this modular curriculum will equip community organizations, schools,

healthcare providers and local partners to deliver Parents Lead programming flexibly within their own local settings while maintaining alignment with core program messaging.

The selected vendor will be responsible for the following deliverables:

- **Curriculum design:** Develop an up-to-date, evidence-informed, modular Parents Lead training curriculum that can be delivered flexibly across diverse community and organizational settings.
    - **Required target audiences:** Curriculum components must include tailored materials for:
        - Parents and caregivers
        - Professionals working with parents and caregivers
        - Community organizations supporting children and families
- **Material creation:** Build comprehensive facilitator guides, participant materials, presentation tools and implementation resources to ensure high-quality, consistent delivery.
- **Evaluation framework:** Develop tools and processes to evaluate training effectiveness, participant engagement and local implementation outcomes.

3) Eligibility

Applicants must serve rural or tribal North Dakota residents and may include:

- Non-profit organizations
- Education systems (higher education institutions)
- Other organizations

4) Funding

This is a competitive funding opportunity application process for year one RHTP funding; with the potential for renewing for additional years as approved by ND HHS. The funding period will start upon execution of the agreement, with all required approvals and signatures. The funding period will end on Sept. 30, 2027, and all funds must be expended by this date.

Approximately $500,000 in total federal funds is available in year one for the Parents Lead: Assessment and new Train-the-Trainer Curriculum Development. One award is expected to be made. Applicants are encouraged to consider the feasibility of completing the proposed work within the year one timeline.

Annual continuation awards are contingent on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports and compliance with all terms and conditions of award.

HHS reserves the right to negotiate the applicant's budget based on the number of applications received, the content of the proposed project work plan and total budget of the Parents Lead: Assessment and new Train-the-Trainer Curriculum Development funding opportunity prior to issuing the award.

Refer to the budget section for details on allowable and unallowable costs.

Additional funding opportunities will be available for other RHTP activities and initiatives. Eligible applicants may apply for more than one funding opportunity; there is no limit to the number of applications that can be submitted.

5) Reporting Requirements

The successful applicant will be required to submit reimbursement requests and supporting information, progress reports and impact stories to HHS. Templates will be provided for reporting requirements. Due dates and additional information will be provided in the agreement.

Successful applicants may be required to report for up to five years or as otherwise required by CMS.

Additional reporting requirements may be required based upon updated federal guidance.

6) Application Submission

Applications for this funding opportunity are due by Aug. 8, 2026, at 5:00 p.m. CT. Applications must be submitted to HHS through Qualtrics (link).

Applications not received by the submission date and time will be considered non-responsive and not reviewed.

7) Technical Assistance

A technical assistance conference call has been scheduled for the following date and time:

- July 21, 2026, noon --12:45 p.m. CT
- Register for the July 21 webinar

The technical assistance call will be recorded and posted on the RHTP webpage for later viewing. Additional resources related to this funding announcement, including frequently asked questions (FAQ), will also be published on the RHTP webpage after the call.

We strongly encourage you to submit questions for this funding opportunity to RHTP FAQ survey prior to seven days of the submission deadline. As time allows, questions submitted prior to the technical assistance call will be addressed during the session and added to a FAQ resource. Questions submitted following the call will be answered and added to the published FAQ resource on the webpage. Questions submitted within

seven days of the submission deadline may not be addressed due to the volume of questions and staff members working on other RHTP funding opportunities.

Application Requirements

Interested entities are required to submit an application to be considered for the Parents Lead: Assessment and Train-the-Trainer Curriculum Development funding opportunity. Do not include any proprietary or confidential information in application materials as the application will become an open record.

Below is the outline and related details for the application. HHS will provide a budget template. All application components will be submitted through Qualtrics.

- Background information
- Project narrative
- Project description and goals
- Strategies, activities and measurable outcomes
- Action plan
- Timeline and milestones
  a. Metrics
- Key personnel
- Budget1) Background Information

Provide the following background information:

- Organization name and background
- Provide the organization name, location, additional facilities and the estimated population served.
- Project lead and contact information
- Identify the project lead who will serve as the primary point of contact to receive communications about the application. Provide first and last name, title, phone number and email.
- Project title and reason
- State the project name and a brief description of why the organization is applying.

2) Project Narrative

The project narrative must address the identified need and planned strategies and activities, being as specific and concise as possible. Keep the narrative clear and focused on how it will make a difference for rural or tribal health.

a. Project Description and Goals

Provide a description of the proposed project, including outlining the overarching goal(s) of the proposed project, including the target population who will benefit.

- The target population must include Parents Lead primary (parents and caregivers) and secondary (professionals and community organizations) audiences in rural or tribal communities.
- If the proposed project serves broader populations or is located in an urban area, describe how rural or tribal parents, caregivers and professionals will be meaningfully assessed.

RHTP funds cannot be used to duplicate or replace existing funding (supplanting). Funds can be used to expand or enhance an existing project (see budget section for details).Is this project already in progress, currently funded by another source or actively being implemented in the organization or community? If yes, identify current or similar projects and their funding sources.

- Explain how the proposed project will enhance, rather than duplicate, existing efforts, including how you plan to coordinate with partners to prevent duplication.
- If requesting funds for an expansion, describe why the expansion is needed and how the new funds will support additional efforts.

b. Strategies, Activities and Measurable Outcomes

Describe the specific strategies, services, tasks or activities the project will implement in order to achieve the proposed goal(s), ensuring alignment with the funding opportunity primary objectives:

- **Statewide Needs Assessment:** Develop and execute a comprehensive assessment to identify the specific needs of parents, caregivers and professionals across North Dakota to better understand the behavioral health information and resource needs of North Dakota parents, caregivers and family-supporting professionals.
- **Train-the-Trainer (ToT) curriculum:** Design and develop a new comprehensive, standardized and sustainable ToT curriculum to expand the statewide implementation and reach of the Parents Lead program.

Describe how the project will meet all requirements identified in section 2, funding opportunity, of this document.

Each strategy, task or activity must include sufficient detail to ensure it is measurable, clearly defined and aligned with program goals and intended outcomes.

Identify outcome measure(s) for the proposed project. Outcome measure(s) should address some or all of the following and must align to the identified need and goal(s). The following baseline data from the 2025 North Dakota Youth Risk Behavior Survey may be used to inform outcome measures:

- 8.4% of North Dakota high school students attempted suicide one or more times in the 12 months before the survey.
- 14% of North Dakota high school students seriously considered attempting suicide (during the 12 months before taking the survey).

- 22.7% of North Dakota high school students report their mental health was most of the time or always not good in the last 30 days.
- 14.1% of North Dakota high school students report their first use of alcohol before the age of 13.

The applicant must sustain successful outcomes after funding ends. Using the prioritized numbers from the identified strategies, explain how the project outcomes will be sustained.

The strategies, activities and measurable outcomes should address one or more elements identified by

Notice of Funding Opportunity. Identify which elements apply to the proposed project. For the identified elements, briefly explain the connection to the project.

- Improving access
- Improving outcomes
- Technology use
- Partnerships
- Workforce
- Data-driven solutions
- Financial solvency strategies
- Cause identification

3) Action Plan

Complete a comprehensive action plan detailing how the applicant will carry out the proposed strategies, activities, and measurable outcomes. As a reminder, the operating period will start upon execution of the agreement, with all required approvals and signatures. The operating period will end on Sept. 30, 2027 and all funds must be expended by this date. Please identify the corresponding priority numbers from the project narrative in the action plan, as applicable. Being as concise as possible, the action plan must include the following:

a. Timeline and Milestones:

- Provide a timeline the applicant will follow to successfully implement the proposed project.
- The timeline should identify key milestones and include estimated completion dates for each key strategy or activity.

b. Metrics:

- For each measurable outcome, identify specific metrics that will be used to measure progress. Identify how progress will be tracked and reported to meet requirements.
- As a reminder, templates will be provided for reporting requirements. Due dates and additional information will be provided in the agreement.

c. Key Personnel:

- Identify key personnel, including a project lead. Describe the type of work each person will perform in carrying out the project. Include relevant credentials and experience managing funds and special projects.
- If the applicant plans to use external sources, such as consultants, please identify them, describe their experience and outline their role in the project. These external sources must also be identified in the budget.

4) Budget

Using the HHS provided template, provide an itemized budget with appropriate justification for each cost category (personnel, fringe, travel, supplies, etc.). If applicable, include any indirect cost paid under the subrecipient and the indirect cost rate used.

RHTP funds are governed by applicable provisions of 2 CFR Part 200 and 2 CFR Part 300, with guidance from the federal RHTP Notice of Funding Opportunity and CMS's frequently asked questions document. The limits and unallowable costs detailed in this section come from federal guidance and are non-negotiable.

Modified total direct administrative costs are allowable but limited to 10% for RHTP agreements.

RHTP funding is designed to support expansion and scale to better serve rural communities, not to replace or duplicate existing funding sources. When using funds to expand an existing pilot program or initiative or to develop a new training program with existing partners, the funds may only be applied to the costs associated with the new population, new activities, new program milestones, etc.

Capital Expenditures and Remodeling

Capital expenditures are expenditures to acquire capital assets or expenditures to make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations or alterations to capital assets that materially increase their value or useful life. Capital expenditures are limited by the federal guidance identified above.

Unallowable capital expenditures include:

- New construction
- Building expansion
- Purchasing of buildings
- Supplanting funding for in-process or planned construction projects
- Significant retrofitting of buildings
- Cosmetic updates
- Any other cost that materially (significantly or substantially) increases the value of the capital

Allowable capital expenditures include investing in existing rural health care facility buildings and infrastructure, such as minor building alterations or renovations and equipment upgrades. Minor renovations or alterations must be clearly linked to RHTP

and funding opportunity outcomes. Minor renovations or alterations cannot exceed 20% of total funding in a budget period.*

Davis-Bacon and Related Acts compliance
This project may be subject to the Davis-Bacon and Related Acts (40 U.S.C. § 3141 et seq.). If applicable, the applicant must comply fully with all federal and state prevailing wage requirements. This includes incorporation of the federal contract clause at FAR 52.222-6, Davis-Bacon Act, into all capital improvement expenditures contracts and subcontracts in excess of $2,000, as required by 48 CFR § 22.403-1.

The applicant must ensure that all laborers and mechanics employed by contractors or subcontractors on covered work are paid wages at rates not less than those determined by the U.S. Department of Labor for the corresponding classes of laborers and mechanics. The Wage Determination page from the General Services Administration can be used to support this. If awarded, the applicant will require submission and retention of certified payroll records and will ensure compliance with all applicable reporting, recordkeeping and enforcement requirements. Online tools for simplifying Davis-Bacon certified payroll reporting are offered from the U.S. Department of Labor's Wage and Hour Division.

Vehicle purchases
RHTP funds under this funding opportunity may not be used to purchase a new or used vehicle to fulfill objectives of the funding opportunity.

Additional Unallowable and Limited Costs

- Pre-award costs.
- Meeting matching requirements for any other federal funds or for local entities.
- Services, equipment or supports that are the legal responsibility of another party under federal, state, tribal or civil rights law.
- Supplanting existing state, local, tribal or private funding of infrastructure or services (ex. staff salaries).
- The cost of independent research and development.
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action or executive order.
- Financial assistance to households for installation and monthly broadband internet costs.
- Meals, unless in limited circumstances such as:
    - Subjects and patients under study.
    - Where specifically approved as part of the project or program activity, such as in programs providing children's services.
    - As part of a per diem or subsistence allowance provided in conjunction with allowable travel in accordance with the U.S. General Services Administration (GSA) established rates.
- Replacing payment(s) for clinical services that could be reimbursed by insurance.
- Direct health care services may be funded if not currently reimbursable, will fill a gap in care coverage or may transform current care delivery model.
- Provider payments cannot exceed 15% of total funding in a budget period.*

- No more than 5% of total funding in a budget period can support funding the replacement of an Electronic Medical Record (EMR) system if a previous Health Information Technology for Economic and Clinical Health (HITECH) Act certified EMR is in place as of Sept. 1, 2025.* Upgrades, enhancements, added modules, interfaces, or functionality to existing EMR systems are allowable and not subject to the 5% limitation.
- Funding toward projects similar to the "Rural Tech Catalyst Fund Initiative" cannot exceed the lesser of 10% of total funding or $20 million of total funding awarded in a budget period.*
- Clinician salaries or wages for facilities that subject clinicians to non-compete clauses.
- Demolition of aged buildings.

*Limits apply to HHS's spending of RHTP funds. Individual agreements may be considered for costs exceeding the budget limitations.

5) Application Review and Selection

Applications will be reviewed and scored solely on what is presented within the application materials. The committee will score applications based on criteria in the scoring tool.

HHS aims to notify applicants about their award in a timely manner. HHS reserves the right to support applicants with changes to their project proposals to ensure HHS's RHTP commitments are upheld; additionally, HHS may require applicants to supplement responses. HHS is in a cooperative agreement with CMS for RHTP and is subject to substantial CMS project involvement. This may impact funding timelines.

The awarded applicant(s) will be sent an agreement to sign and return to HHS. The awarded applicant(s) shall comply with the agreement provisions set out in the sample documents. Due to the limited timeframe associated with the funding source for this funding opportunity, HHS will not entertain any changes to the agreement terms and conditions.

Questions

Information may change based on upon updated federal guidance or upon further consideration by HHS.

Learn More: Rural Health Transformation | Health and Human Services North Dakota

Contact: rhtp@nd.gov

This RHTP funding opportunity is supported by CMS of the U.S. Department of Health and Human Services as part of a financial assistance award totaling $198,936,969.55 with 100 percent funded by CMS/U.S. Department of Health and Human Services. The contents are those of HHS and do not necessarily represent the official views of, nor an endorsement, by CMS/U.S. Department of Health and Human Services, or the U.S. Government.