North Dakota Health and Human Services | Rural Health Transformation Program

Competitive Funding Opportunity Application Guidance

Funding Opportunity Name: Technology as an Extender

Funding Opportunity Solicitation Number: 210-231

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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 healthcare challenges facing rural communities, which may include rural tribal communities.

North Dakota is taking bold, practical steps to restore health, stability and prosperity to America's heartland. North Dakota Health and Human Services (ND 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 Healthcare Closer to Home
- Initiative 4: Connect Tech, Data and Providers for a Stronger North Dakota

Following approval from CMS, ND 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 communities, including rural 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 Description

The Technology as an Extender funding opportunity supports rural and tribal health facilities in purchasing smart technology, robotics, and artificial intelligence (AI) to help address healthcare provider shortages, appropriate care availability, and innovative care. By automating routine clinical and administrative tasks and improving diagnostic accuracy with advanced AI tools, facilities can reduce reliance on limited in-person staff while maintaining high-quality care. These technologies streamline workflows, expand care capacity, and strengthen continuous and coordinated services for rural and tribal residents. Funding will enable facilities to implement innovative solutions that mitigate

workforce gaps, improve patient outcomes, and ensure sustainable, accessible care across underserved communities.

This is identified in Initiative 2: Strengthen and Stabilize Rural Health Force of North Dakota's RHTP. Proposed projects eligible for this funding opportunity are:

1. Remote Patient Monitoring facility-based only and Clinical Devices
The funds are allowable for acquisition and vendor training for staff (no personnel time included for staff) of remote patient monitoring (RPM) devices to improve early detection of clinical deterioration, reduce unnecessary utilization, support patients managing chronic or high-risk conditions and help address healthcare provider shortages. Clinic-only RPM devices are for in-person, supervised use, with data collected and reviewed during the visit. Funding may also support acquisition of facility-based blood pressure cuffs and pulse oximeters. Funding may also provide qualified facilities with electronic caregiver systems deployed in facilities.

2. Artificial Intelligence–Enabled Solutions
Acquisition and vendor training for staff (no personnel time for staff) of AI applications that enhance digital engagement, triage, or care navigation may be supported within this program. Applicants should describe how proposed AI tools will improve efficiency, patient outcomes, or access to timely interventions and address healthcare provider shortages. Efficiency could include cleaning equipment such as robotic mops, vacuums, and autonomous disinfection devices, to maintain hygiene standards.

Key Items to Consider for This Funding Opportunity

- Whether the project improves efficiency, workload, affordability, quality, patient access, appropriate care availability, innovative care, population health, and healthcare provider support for rural and tribal communities.
- The project's ability to support earlier care interventions through "just-in-time" encounters, symptom checks, prescription adjustments, and rapid care plan changes.
- Virtual Chronic Care Management (CCM)
- Remote Patient Monitoring (RPM) billing
- Care management encounters for rising-risk patients
- Use of AI to address existing system gaps and unmet healthcare needs to include robotic devices to handle routine tasks such as mopping floors and vacuuming.
- Free up onsite staff to focus on high-complexity care rather than routine monitoring.
- Increase facility capacity without proportional increase in physical workforce.

- Reduce the higher cost burden that rural facilities face (due to smaller scale, higher logistics) by deploying scalable tech.

Proposed projects should leverage technology to lower patient costs, improve access to primary care, and reduce unnecessary emergency department visits for low-acuity conditions.

Investing in remote monitoring, smart technology, robotics, and AI is sustainable because it reduces long-term costs, strengthens workforce capacity, and builds a scalable care infrastructure that continues to serve rural communities efficiently over time. It's not just a short-term modernization, it's a long-term strategy for financial, operational and health system resilience in rural areas.

Funding Opportunity Metrics

Additionally, this funding opportunity aims to support improvement in the metrics identified for Initiative 2: Strengthen and Stabilize Rural Health Force of North Dakota's RHTP, found on pages 10-13 of the project narrative and pages 10-11 of the project appendices. Please note, not all metrics apply to the Technology as an Extender funding opportunity. The metrics for this and related projects are:

- Expanded use of robotic devices and AI-assisted care to reduce staffing needs
- Reduce adverse actionable events per care episode
- Improve control of chronic disease
- Reduce avoidable emergency department visits
- Improve coordination of care (percent enrolled in care coordination)
- Demonstrate improved access
- Increase the rural provider retention rate at three and five years
- Recruit new rural providers
- Reduce Health Professional Shortage Areas (HPSA) counties

Priority

For the Technology as an Extender funding opportunity, priority consideration will be given to applicants with projects addressing the need for increased healthcare options identified in North Dakota's RHTP application.

- Robotic devices to handle routine tasks.
- Free up on-site staff to focus on high-complexity care rather than routine monitoring.
- Increase facility capacity without proportional increase in physical workforce.
- Potentially reduce the higher cost burden that rural facilities face (due to smaller scale, higher logistics) by deploying scalable tech.
- Support innovative models of care.

Projects focusing on purchase of new equipment not yet utilized by applicants will be prioritized. CMS guidelines for Category J Funding for Capital Expenditures limits overall Rural Health Transformation limits overall total state grant funding for upgrading existing, repairing or replacing like-for-like equipment.

3) Eligibility

For RHTP funding opportunities, the entities in and the cities of Grand Forks, Fargo, West Fargo and Bismarck are considered urban and do not qualify unless the population served by the grant applicant is at least 50% North Dakota rural residents or the focus of the grant funding will be used for North Dakota rural residents. RHTP funding must be used to support rural North Dakota residents.

Eligible rural healthcare facilities:

- Critical Access Hospitals (CAHs)
- Rural Emergency Hospitals
- Non-federally operated Indian Health Services facilities and tribally run 638 facilities
- Clinics
- Federally Qualified Health Centers (FQHCs) at least 50% North Dakota rural citizens or the focus of the grant funding will be used for North Dakota rural citizens
- Skilled Nursing Facilities (SNF)
- Basic Care Facilities

4) Available Funds and Timeline

This is a competitive funding opportunity application process for Year 1 RHTP funding. An additional application process for the Technology as an Extender funding opportunity is expected to be offered in future years of the RHTP.

The operating period will start upon execution of the agreement, with all required approvals and signatures. The operating period will end on Aug. 31, 2027, and all funds must be expended by this date. All goods purchased under this award must be fully delivered by the end of the operating period.

Approximately $5 million in total federal funds are available in year one for the Technology as an Extender funding opportunity. ND HHS expects to make approximately 20 awards averaging $250,000. Depending on the applications received and available funding, ND HHS may issue additional awards of similar amounts.

For this funding opportunity, one application per organization should be submitted. If an applicant has multiple strategies (up to three) pertaining to this funding opportunity, these should be numbered in order of priority in the narrative and budget. The first strategy must be within a reasonable amount of the estimated award value of $250,000 and noted on a separate tab in the budget template.

Applicants may request funds for additional strategies within a reasonable amount of the total dollar value for this funding opportunity, which must be noted on separate additional tabs in the budget template. If an applicant has multiple strategies and requests additional funds, the proposal must align with the scope of the funding opportunity. Applicants are also encouraged to consider the feasibility of completing the proposed work within the operating period.

ND 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 Technology as an Extender 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 across all RHTP funding opportunities; however, for this funding opportunity, only one application per organization should be submitted.

5) Reporting Requirements

The successful applicant(s) will be required to submit reimbursement requests and supporting information, progress reports and impact stories to ND 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 Aug. 18, 2026, at 5 p.m. CT. Applications must be submitted to HHS through Qualtrics.

For this funding opportunity, one application per organization should be submitted. If an applicant has multiple strategies pertaining to this funding opportunity, these should be numbered in order of priority in the narrative and budget.

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

A complete application must include responses to all questions and a completed budget using the "Itemized Subrecipient Budget Template." Applicants are required to upload the completed budget template in Excel format to Qualtrics.

The application questions, along with full details, are provided in the Application Requirements section of this document. This section is meant to serve as a companion resource while completing the Qualtrics survey. Applicants are welcome to copy the questions into any format to draft their responses. However, final answers must be submitted through the Qualtrics survey.

7) Technical Assistance

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

July 30, 10-10:45 a.m. CT

Registration Link

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 applicants 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.

Questions and application support requests may be directed to the Regional Development Councils (RDCs).

Application Requirements

Interested entities are required to submit an application to be considered for the Technology as an Extender funding opportunity. Do not include any proprietary or confidential information in application materials as the application will become an open record.

Applicants may apply to more than one equipment funding opportunity; however, equipment purchases cannot be funded twice, and any project that has received or is selected to receive full or partial funding for the same equipment under another opportunity will be ineligible. Applicants should not submit the same proposal or project under multiple opportunities.

Below are the outline and related details for the application. ND HHS has provided an "Itemized Subrecipient Budget Template." All application components will be submitted through Qualtrics.

1.) Background Information
2.) Project Narrative
    a. Identified Need
    b. Proposed Project
    c. Timeline
3.) Budget

The application questions, along with full details, are provided in this document, which is meant to serve as a companion resource while completing the Qualtrics survey. Applicants are welcome to copy the questions from the Application Requirements Section into any format to draft their responses. However, final answers and a completed Itemized Subrecipient Budget Template must be submitted through the Qualtrics survey.

1) Background Information

Provide the following organizational information:

- a. Organization Name and Background – Provide the organization name, Unique Entity ID (UEI) number from SAM.gov (if known), location, additional facilities and the estimated population served and service area. Describe how the applicant aligns with the eligibility criteria.
- b. State your project title, if applicable
- c. Describe the overarching goal and high-level change the organization aims to make.
- d. Key Personnel

- Identify the project lead who will serve as the primary point of contact to receive communications about the project. Provide first and last name, title, phone number, email, relevant credentials and experience managing funds or special projects and role in the project.
- To expedite the agreement process, please identify the key personnel who will sign the agreement. Provide first and last name, title, phone number, email, relevant credentials and experience managing funds or special projects and indicate if they will have additional roles in the project.
- Identify who will be responsible for managing grant funds, including submitting invoices, if known. Provide the first and last name, title, phone number, email, relevant credentials and experience managing funds or special projects and indicate if they will have additional roles in the project.
- Will there be additional internal key personnel? If yes, identify their first and last name, title, phone number, relevant credentials and experience managing funds or special projects, and role in the project. Up to two additional, internal key personnel can be identified.
- Will an external source (consultant, vendor, partner organization or other) be supporting the project? If yes, provide the organization name, relevant credentials and experience, and role in the project. Please note, a paid external consultant, vendor or other will need to be identified in the budget with appropriate justification. If a partner organization is indicated, provide a letter of support from the partnering organization indicating their involvement in the project.

2) Project Narrative

The project narrative must address the identified need and planned strategies. Be as specific and concise as possible. Keep the narrative clear and focused on how it will make a difference for rural health, which may also include rural tribal health.

As a friendly reminder, for this funding opportunity, one application per organization should be submitted. If an applicant has multiple strategies pertaining to this funding opportunity, they should be numbered in order of priority in the narrative and budget. The first strategy must be within a reasonable amount of the estimated award value of $250,000 and noted on a separate tab in the budget template.

Applicants may request funds for additional strategies within a reasonable amount of the total dollar value for this funding opportunity, which must be noted on separate additional tabs in the budget The template. If an applicant has multiple strategies and requests additional funds, the proposal must align with the scope of the funding opportunity and applicants are encouraged to consider the feasibility of completing the proposed work within the operating period.

a) Identified Need

Identify the need for the proposed project. When available, include relevant local data to demonstrate the scope and urgency of the need.

a.1. Discuss the challenges the proposed project aims to address. Describe the specific issues impacting the organization or community.

a.2. Identify and describe the target population or workforce groups targeted for the project. If the project includes additional populations outside of the required target groups, or if it is located in an urban area, clearly describe how the required target population will be prioritized and served.

- The target population must include rural residents. This may also include rural tribal residents.
- Reminder: For RHTP funding opportunities, the entities within and the cities of Grand Forks, Fargo, West Fargo and Bismarck are considered urban and do not qualify for RHTP funding opportunities unless the population served by the grant applicant is at least 50% North Dakota rural citizens or the focus of the grant funding will be used for North Dakota rural citizens. RHTP funding must be used to support North Dakota rural citizens.

a.3. Is the proposed project currently in progress, supported by other funding sources, or already being implemented within the organization or community?

a.4. Please describe the organization's current related work.

a.5. Explain why new efforts, expansion or enhancement are needed for this project. Describe how the proposed project represents a new, expanded or improved initiative rather than a duplication of existing work. Include how your organization will coordinate with partners to ensure efforts are aligned and duplication is avoided.

b) Proposed Project

The applicant must provide detailed information about the proposed project, including the outcomes, strategy, service and tasks. Each outcome, strategy, service and task must include sufficient detail to ensure the scope is aligned with the eligible projects and requirements identified in this guidance. When applicable, strategies, services and tasks should be evidence-based, evidence-informed or a promising practice.

Additionally, applicants must propose outcomes, strategies, services and tasks that align with the RHTP evaluation plan and metrics. The Initiative 2: Strengthen and Stabilize Rural Health Workforce, Technology as an Extender for Providers evaluation plan and metrics are identified in the funding opportunity description section of this guidance. Projects should support some or all of the identified metrics.

For the purposes of this guidance, use the following definitions:

- Outcomes: Outcomes should describe what will be different because of the project. Outcomes should be specific, measurable, achievable, relevant and time-bound (SMART) and directly linked to the strategies, services and tasks described.
- Strategy: Strategies explain how the applicant intends to create the desired change. They are the high-level approaches or methods the project will use to achieve the outcomes.
- Services: Services describe what is being offered or provided to accomplish the strategy and outcomes. They are the direct supports or interventions delivered to the target population.
- Tasks: Tasks are the specific activities and actions to carry out the strategies and deliver on an outcome. Tasks break down strategies into action steps.

b.1. How many strategies (up to 3) are included in the applicant's proposal? Please note, the number indicated here should correspond with the number of "budget" tabs on your completed "Itemized Subrecipient Budget Template."

b.2. Describe, in outcome-focused terms, the strategy the project will implement to address identified needs. Identify the specific services and tasks that will be implemented to carry out the stated strategy. Only describe one strategy at a time; an opportunity to detail the indicated number of strategies will be provided.

b.3. For the identified strategy, identify the top 3–5 metrics that will be used to measure progress on the project. Identify how progress on the metric 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.

b.4. The applicant must sustain successful projects after funding ends. Explain how the identified strategy will be sustained and address how effective practices will be integrated into ongoing operations. Applicants may consider the following questions when assessing sustainability:

- Does the proposed strategy generate revenue?
- Does the projected need or utilization of a service generate revenue to cover the cost of the staff once the service is fully established?
- Does the proposed strategy help create savings in other healthcare costs that could be used to make up gaps in revenue?
- Is there a business plan?
- Is there a fundraising strategy?

b.5. Does the identified strategy include purchasing equipment or technology? If yes, outline the plan for maintenance and continued use after funding ends. Funding for equipment and technology maintenance costs during the five-year RHTP period may be considered.

b.6. CMS's Notice of Funding Opportunity identified elements to be addressed by RHTP projects. As it relates to the identified strategy, identify which elements apply to the proposed project. The identified elements should be clearly indicated in the outcome, strategy, service or task described in the proposed project description.

- **Improving access:**
  By selecting this element, the applicant indicates the strategy increases rural residents' ability to obtain timely, appropriate healthcare services or items. This includes access to hospitals, primary care, specialty care, behavioral health, other services or healthcare items.
- **Improving outcomes:**
  By selecting this element, the applicant indicates the strategy was developed to target improvement in specific healthcare outcomes of rural residents.
- **Technology use:**
  By selecting this element, the applicant indicates the strategy includes the adoption or integration of new or emerging technologies that emphasize chronic disease management. The strategy should include an assessment of whether technologies are suitable and sustainable for rural healthcare providers and patients.
- **Partnerships:**
  By selecting this element, the applicant indicates the strategy leverages collaboration with local and regional strategic partnerships between healthcare providers and other key stakeholders that promote measurable quality improvement, increase financial stability, maximize economies of scale and share best practices in rural healthcare delivery. Strategies should include the network that will be created or strengthened, including the governance structure.
- **Workforce:**
  By selecting this element, the applicant indicates the strategy will support recruiting, training and retention of clinicians and other healthcare professionals in rural areas.
- **Data-driven solutions:**
  By selecting this element, the applicant indicates the strategy uses data, analytics and technology to plan, deliver and evaluate high-quality healthcare services as close to the patient's rural home as possible.
- **Financial solvency strategies:**

By selecting this element, the applicant indicates the strategy includes reforms or innovations that strengthen the financial stability of rural hospitals and healthcare providers.

- **Cause identification:**
  By selecting this element, the applicant indicates the strategy addresses why rural health and healthcare is at risk.

b.7. North Dakota's RHTP application identified an evaluation plan and metrics, detailed in the Funding Opportunity section of this guidance and applicants are encouraged to present strategies to support the identified metrics. As it relates to the identified strategy, indicate which ND RHTP outcomes the applicant anticipates impacting:

- Expand AI-assisted care to reduce staffing needs
- Reduce adverse actionable events per care episode
- Improve control of chronic disease
- Reduce avoidable ED visits
- Improve coordination of care
- Demonstrate improved access
- Increase the rural provider retention rate at 3 and 5 years
- Recruit new rural providers
- Reduce Health Professional Shortage Areas (HPSA) counties

b.8. Being as concise as possible, complete a comprehensive timeline for the identified strategy. The timeline must identify key milestones and dates to detail how the applicant will carry out the proposed outcomes, strategy, services and tasks. Please include an estimated completion date for the strategy.

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 Aug. 31, 2027, and all funds must be expended by this date.

3) Budget Submission and Details

Using the ND HHS provided "Itemized Subrecipient Budget Template", develop and submit an itemized budget with appropriate justification for each cost category. The template can be found in the required documents section of the funding opportunity webpage.

- Please upload a completed budget in Excel format, using the "Itemized Subrecipient Budget Template."
- Each budget item must include detailed justification. Justifications must be clear and should include information on how the applicant determined the cost. For

example, identify what information was used to determine salary or fringe benefit rates.

- If there are multiple strategies, please make a copy of the "budget" tab within the "Itemized Subrecipient Budget Template" for each. Clearly name the tabs with the corresponding priority numbers from the project narrative. Complete a separate budget tab for each strategy. For example, if the application narrative indicates there are three strategies, there should be three budget tabs.
- As a reminder, if there are multiple strategies, the first strategy must be within a reasonable amount of the estimated award value of $250,000. Applicants may request funds for additional strategies within a reasonable amount of the total dollar value for this funding opportunity. If an applicant has multiple strategies and requests additional funds, the proposal must align with the scope of the funding opportunity and applicants are encouraged to consider the feasibility of completing the proposed work within the operating period.
- If applicable, include any indirect cost paid under the subrecipient and the indirect cost rate used.
- Each funding opportunity is unique in its scope and intent. These are the cost categories that may apply to this funding opportunity:
    - Supplies (e.g., medical/laboratory, office, educational)
    - Postage, Printing
    - Equipment (>$10,000 per item) Please note: All equipment purchases exceeding $10,000 require completion of a lease-purchase analysis in accordance with federal regulations under 2 CFR 200.
    - Consultant, contractual, subgrantees
    - Capital improvements/construction
    - Consultant/contractual/subgrantees

Applicants are encouraged to submit vendor sales quote(s) for the proposed equipment to support cost accuracy; however, quote(s) are not required for the application to be considered complete.

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 documents (found under "Helpful Resources"). The limits and unallowable costs detailed in this section come from federal guidance and are non-negotiable.

Details on Unallowable and Limited Costs

- Modified total direct administrative/indirect costs are not allowable for this funding opportunity.

- Capital expenditures are allowable with this funding opportunity. Please see the Capital Expenditures section below for details.
- 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 or expansion.
- 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 (e.g., 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 healthcare services may be funded if not currently reimbursable, will fill a gap in care coverage and/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 September 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/wages for facilities that subject clinicians to non-compete clauses.
- Demolition of aged buildings.

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

Capital Expenditures and Remodeling

Capital expenditures are allowable with this funding opportunity.

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 for RHTP include:

- New construction
- Building expansion
- Purchasing of buildings
- Supplanting funding for in-process or planned construction projects
- Significant retrofitting of buildings
- Any other costs that materially (significantly or substantially) increase the value of the capital
- Cosmetic updates
- Minor building alterations or renovations
- Equipment upgrades
- Vehicle purchases

Allowable capital expenditure equipment includes RPM, ECG, and robotics.

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.

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 found in the required documents section of the funding opportunity webpage.

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

The awarded applicant(s) will be sent an agreement to sign and return to ND 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, ND HHS will not entertain any changes to the agreement Terms and Conditions.

Additional Information

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

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

If you have feedback on the application process, please complete the Funding Opportunity Feedback Survey.

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 ND 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.