



North Dakota Health and Human Services | Rural Health Transformation Program

Competitive Funding Opportunity Application Guidance

Funding Opportunity Name: Rural Hospital Clinical Equipment

Funding Opportunity Solicitation Number: 210-312

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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 healthcare 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 and 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 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

The Rural Hospital Clinical Equipment funding opportunity aims to align physical infrastructure with community needs, while improving efficiency and modernizing care. This is identified in Initiative 3: Bring High-Quality Healthcare Closer to Home of North Dakota's RHTP.

Eligible proposals for this funding opportunity are those for rural hospital clinical equipment, including installation and minor renovation costs associated with the requested equipment. The clinical equipment list below may be used for selections that align with this funding opportunity.

- Diagnostic Imaging

- Strategic Priority: Expand access to advanced imaging locally
- Projected Outcomes: Improved diagnostics, increased outpatient volume, reduced patient out-migration
- Clinical Equipment: MRI Systems, CT Scanner, Digital Radiography/Portable X-Ray, Nuclear Imaging, MRI Anesthesia Machine, Ultrasound Systems, Mammography Systems, C-Arm, PACS and Workstations, Bone Density Scanner, Pain Management Suite
- Surgical Services
 - Strategic Priority: Enable minimally invasive and advanced procedures
 - Projected Outcomes: Higher surgical volume, improved recovery, enhanced search and recruitment
 - Clinical Equipment: Robotic-Assisted Surgery, Laparoscopic Towers, Endoscopy Equipment, Anesthesia Machines, Surgical Tables and Lighting, Orthopedic Robotics, Video Laryngoscopy Systems, Arthroscopy and Sports Medicine Systems, Surgical Gurneys, Sterilizers, Instrument Washers, Instrument Drying Cabinet, UV Light-Disinfecting Operating Rooms, Portable C-Arms
- Emergency Department
 - Strategic Priority: Improve emergency stabilization and response
 - Projected Outcomes: Faster treatment, fewer transfers, improved emergency outcomes
 - Clinical Equipment: Defibrillators, POCUS, Trauma Equipment, Ventilators, Blood Gas Analyzers, Portable Suction Systems, Rapid Infusers, Portable Ventilators, Patient Beds, LUCAS Device, Stretchers, GlideScope, Transport Ventilator
- Inpatient and Medical Surgical
 - Strategic Priority: Improve safety and nursing efficiency
 - Projected Outcomes: Reduced falls, better quality metrics, improved staff satisfaction
 - Clinical Equipment: Smart Beds with Wireless Telemetry, Smart Infusion Pumps, Patient Lifts, Nurse Call Systems, Bed Exit Fall Prevention Systems, Wireless Vital Sign Monitoring, Wireless Telemetry, Continuous Pulse Monitoring, Central Monitoring System, Lift Safety Systems, Integrated Nurse Communication/Alarm System, Cardiac Vital Signs Monitors, Central Monitoring Telemetry System, Bladder Scanner, Defibrillator, LUCAS Device
- Critical Care
 - Strategic Priority: Provide higher-acuity stabilization locally
 - Projected Outcomes: Improved survival, reduced transfers

- Clinical Equipment: ICU Ventilator, Hemodynamic Monitoring, Patient Beds, Cardiac Monitoring, Clinical Infusion Pumps
- Swing Beds and Post-Acute Care
 - Strategic Priority: Strengthen post-acute care capacity
 - Projected Outcomes: Increased swing bed utilization, reduced readmissions
 - Clinical Equipment: Rehabilitation Beds, Mobility Equipment
- Cardiology and Respiratory
 - Strategic Priority: Manage chronic cardiopulmonary disease
 - Projected Outcomes: Improved chronic care outcomes and continuity
 - Clinical Equipment: Echocardiography, Stress Testing, EKG, Sleep Study Systems, PFT Equipment, CPAP / BiPAP, Ventilators, Neonatal Bubble CPAP, Vapotherm High-Flow Oxygen
 - Laboratory and Pharmacy
 - Strategic Priority: Improve turnaround time and medication safety
 - Projected Outcomes: Faster decisions, fewer medication errors
 - Clinical Equipment: Lab Analyzers, Blood Bank Storage, Blood Bank Refrigerators, Lab Auto-Verification, Barcode Medication Administration, Medication Dispensing, IV Compounding, Microbiology Automation, Point-of-Care Connectivity, Patient Specimen Tracking
- Environmental Services
 - Strategic Priority: Strengthen infection prevention
 - Projected Outcomes: Reduced hospital-acquired infections
 - Clinical Equipment: UV-C Disinfection Robots, Automated Cleaners, Electrostatic sprayers, Air Purification
- Rehabilitation and Ancillary Services
 - Strategic Priority: Support functional recovery
 - Projected Outcomes: Improved outcomes, reduced length of stay
 - Clinical Equipment: PT/OT Equipment, Speech Therapy Tools, Therapeutic Modalities, Bariatric Equipment, Ceiling Lifts
- OB and Women's Way
 - Strategic Priority: Preserve local obstetric services
 - Projected Outcomes: Improved maternal and neonatal outcomes
 - Clinical Equipment: Fetal Monitors, OB Ultrasound, L&D Beds, Infant Warmers, Portable Ultrasound, Neonatal Resuscitation Carts, Infant Security System
- Home Health and Hospice
 - Strategic Priority: Expand care beyond the hospital
 - Projected Outcomes: Reduced hospitalization, improved satisfaction
 - Clinical Equipment: Portable Infusion Pumps, Mobile Documentation

- Medical and Radiation Oncology
 - Strategic Priority: Improve local oncology treatment, and reduce patient travel burden
 - Projected Outcomes: Provide Oncology Services, decrease oncology ED visits and improve cancer survivor rates.
 - Clinical Equipment: Infusion Chairs, IV Infusion Pumps, Central Line Access Carts, Vital Signs Monitors, ECG Machine, Point of Care Testing Devices, Medication Refrigeration, Biological Safety Cabinet, Closed System Transfer Devices, Chemo Spill Kits, Patient Warming Devices, Negative Pressure Room/Hooded Prep Area, Specimen Centrifuge, Automated Dispensing Cabinet, Linear Accelerator, CT Simulator, Treatment Planning System, Patient Immobilization Devices, Laser Positioning System, Radiation Monitoring Devices, Ionization Chambers and Electrometers, Water Phantom System, QA Devices, Radiation Patient Software, Film Dosimetry System

This funding opportunity aims to support improvement in the metrics identified for Initiative 3: Bring High Quality Healthcare Closer to Home, found on pages 55-56 of the [project narrative](#). Please note, not all metrics for this initiative apply to the Rural Hospital Clinical Equipment funding opportunity. The metrics for this and related projects are:

- Increase telehealth and remote patient monitoring (RPM) encounters for Medicaid members
- Reduce avoidable emergency department visits for Medicaid members
- Improve coordination of care for Medicaid members
- Improve getting care quickly for Medicaid members
- Improve getting appointments with specialists as soon as needed for Medicaid members

3) Eligibility

Applicants must be a rurally located hospital, which are defined for this funding opportunity as Critical Access Hospitals, Rural Emergency Hospitals and ~~Ambulatory Care Units~~ [General Acute Hospitals](#). This includes non-federally operated Indian Health Service Hospitals meeting the above definition.

This excludes clinics, health centers, Behavioral Health or Psychiatric hospitals and per CMS requirements, federally operated Indian Health Service hospitals.

For RHTP funding opportunities, the entities within and the cities of Grand Forks, Fargo, West Fargo and Bismarck are considered urban.

4) Funding

This is a competitive funding opportunity application process for year one RHTP funding. The operating period will start upon execution of the agreement, with all required approvals and signatures. The operating period will end on September 30, 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 \$40,000,000 in total federal funds is available for this Rural Hospital Clinical Equipment funding opportunity. The awards provided will be dependent on the applications received; an estimated 20 awards for approximately \$2,000,000 are expected to be funded.

For this funding opportunity, one application per organization will be accepted. If an applicant has multiple strategies pertaining to this funding opportunity, these should be numbered in order of priority. The first request must be within a reasonable amount of the estimated award value of \$2,000,000 and noted separately in the budget template. Applicants may request funds for additional needs within a reasonable amount of the total dollar amount for this funding opportunity, which should be noted on 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 and applicants are encouraged to consider the feasibility of completing the proposed work within the operating period.

All rural hospitals are encouraged to apply and include all clinical equipment needs in order of priority. Applications and strategies for clinical hospital equipment not funded in the initial awards may be considered later in the year pending a review of available funds. Please note the directions for requesting additional funds in the [budget section](#).

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 Rural Hospital Clinical Equipment 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 the program; however, only one application per organization per funding opportunity should be submitted.

5) Reporting Requirements

The successful applicant(s) will be required to submit reimbursement requests and/or 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 by June 30, 2026, at 5:00 PM CT. Applications must be submitted to ND 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.

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 from the Application Requirements Section into any format to draft their responses. However, final answers must be submitted through the Qualtrics survey.

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

7) Technical Assistance

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

- Wednesday June 3, 12-12:45 p.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 7 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 an FAQ resource. Questions submitted following the call will be answered and added to the published FAQ resource on the webpage. Questions submitted within 7

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 may also be directed to Regional Development Councils (RDCs) assisting with RHTP. Please find information for the RDCs on the [RHTP webpage](#).

Application Requirements

Interested entities are required to submit an application to be considered for the Rural Hospital Clinical Equipment 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 for the application. ND HHS will provide a budget template. All application components will be submitted through [Qualtrics](#).

- 1) Background Information
- 2) Project Narrative
 - a. Identified Need and Proposed Goals
 - b. Strategies, Activities and Measurable Outcomes
- 3) Action Plan
 - a. Timeline and Milestones
 - b. Metrics
 - c. Key Personnel
- 4) Budget

The application questions, along with full details, are provided in this section, 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 must be submitted through the Qualtrics survey.

1) Background Information

Provide the following organizational information:

- Organization Name and Background – Provide the organization name, location, additional facilities and the estimated population served. Identify the licensure classification of the rural hospital.
- 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.

- Documentation demonstrating formal approval of the grant application by the organization's governing body.
 - For privately or nonprofit-owned hospitals, this should include either:
 - A copy of the board of trustees, board of directors or similar governing body meeting minutes showing approval of the grant application, or
 - A letter of approval signed by the chair of the board of trustees, board of directors, or similar governing body.
 - For county owned hospitals, applicants must also provide documentation of approval from the County Commission, such as approved meeting minutes or a letter signed by the chair of the County Commission.

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 health.

As a reminder, 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. The first strategy must be within a reasonable amount of the estimated award value of \$2,000,000. Applicants may request funds for additional strategies within a reasonable amount of the total dollar amount 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.

a. Identified Need and Proposed Goals

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

a.1. Identify the need for the proposed project. Discuss the challenges the proposed project aims to address. Describe the specific equipment issues impacting the facility and the community. Additionally, please respond to the following questions:

- What specific clinical, operational or patient safety problem does new equipment address? What data identifies the need?
- What equipment is currently in place, and what are its limitations (examples include age, downtime, non-compliance and insufficient capability)?

a.2. Is the facility considering a change of licensure from a Critical Access Hospital (CAH) to a Rural Emergency Hospital (REH)? If yes:

- What specific challenges are driving consideration of a conversion (examples include low inpatient volumes, financial instability and staffing shortages)?
- How does a REH align with the long-term mission and service area needs?
- What alternatives (examples include partnerships or service line reductions) have been evaluated?

a.3. Outline the overarching goal(s) of the proposed project, including the target population who will benefit.

- The goal(s) should describe the broad, high-level change(s) the organization seeks to achieve.
- The target population must include rural, including rural tribal residents, and Medicaid members, but additional populations may be included.
- If the proposed project serves additional populations or is located in an urban area, describe how rural, including rural tribal residents, will be served.
- Reminder: For RHTP funding opportunities, the entities within and the cities of Grand Forks, Fargo, West Fargo and Bismarck are considered urban.

a.4. 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 why expansion or enhancement is needed. Describe how the proposed project will enhance rather than duplicate existing efforts, including how the organization plans to coordinate with partners to prevent duplication.

b. Strategies, Activities and Measurable Outcomes

b.1. Describe, in outcome-focused terms, the specific equipment, including installation and minor renovations for the equipment, the facility is requesting to address identified needs. If there are multiple equipment purchase requests, please number in order of priority.

For each piece of equipment requested, please identify the strategic purpose, clinical quality value and anticipated return on investment.

- Outcomes should be specific, measurable, achievable, realistic and time-bound (SMART) and directly linked to the equipment requested. Consider

- what measurable improvements are expected (examples include reduced transfers, faster diagnosis, improved throughput and reduced infection rates).
- When applicable, provide information justifying how the equipment is evidence-based, evidence-informed or a promising-practice.
 - Each piece of equipment must include sufficient detail to ensure the scope is measurable and aligned with the eligible projects, metrics* and requirements identified in this guidance.

*Applicants must propose strategies, activities and measurable outcomes that align with the RHTP evaluation plan and metrics. The Initiative 3: Bring High Quality Healthcare Closer to Home evaluation plan and metrics are identified in the funding opportunity section of this guidance. Projects should support some or all of the identified metrics.

b.2. How will this equipment support staff efficiency, reduce burnout or improve recruitment and retention?

b.3. The applicant must sustain successful projects after funding ends. Outline the plan for maintenance and continued use after funding ends and detail how this investment strengthens long-term financial stability.

Funding for equipment and technology maintenance costs during the 5-year RHTP period may be considered.

If there are multiple equipment purchase requests, use the prioritized numbers from the identified strategies to explain how each equipment request 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 project 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 project 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.4. [CMS's Notice of Funding Opportunity](#) identified elements to be addressed by RHTP projects. As it relates to the strategies, activities and measurable outcomes, identify which elements apply to the proposed project. For the identified elements, briefly explain the connection to the equipment request.

- 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. Being as concise as possible, the action plan must include timeline and milestones, metrics and key personnel. If there are multiple strategies or activities, please identify the corresponding priority numbers from the project narrative in the action plan.

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 September 30, 2027, and all funds must be expended by this date.

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.
- Include milestones for the projected timeframe of delivery, installation and implementation.

b. Metrics:

- For each measurable outcome, identify specific metrics that will be used to measure progress and success.
- 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 with 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 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](#). Directions for completing the Itemized Subrecipient Budget Template are as follows:

- Please upload a completed budget in Excel format, using the “Itemized Subrecipient Budget Template.”
- If there are multiple equipment priorities, please make a copy of the “budget” tab within the “Itemized Subrecipient Budget Template” and complete a separate tab for each priority. Clearly name the tabs with the corresponding priority numbers from the project narrative.
- Each funding opportunity is unique in its scope and intent. These are the cost categories that may apply to this funding opportunity:
 - Supplies (Medical/Laboratory, Office, Educational).
 - 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.
 - Capital Improvements/Construction.
 - Consultant, Contractual, Sub-Grantees.
- 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.
- Applicants are encouraged to submit a vendor sales quote for the proposed equipment to support cost accuracy; however, a quote is not required for the application to be considered complete.

All goods purchased under this award must be fully delivered no later than Sept. 30, 2027.

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.

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.

Unallowable and Limited Costs

- Modified total direct administrative/indirect costs are not allowable for this funding opportunity.
- Capital expenditures are allowable but limited to minor renovations for installing requested clinical equipment with this funding opportunity. Adequate justification for minor renovations must be included in the completed budget template. Please see Capital Expenditure section below for details.
- Pre-award costs.
- Meeting match 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 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

With this funding opportunity, capital expenditures are allowable but limited to minor renovations for installing requested clinical equipment. Adequate justification for minor renovations must be included in the completed budget template.

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
- Vehicle and mobile clinic purchases

Allowable capital expenditures include investing in existing rural healthcare 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.

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 impact 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 on updated federal guidance or upon further consideration by ND HHS.

Link to Qualtrics Application:

https://ndhealth.co1.qualtrics.com/jfe/form/SV_1WSVcqLVykbtsi

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](#).

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