



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

Competitive Funding Opportunity Application Guidance
Funding Opportunity Name: Suicide Intervention – Health care Systems
Funding Opportunity Solicitation Number: 210-131

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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 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 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, 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

North Dakota Health and Human Services (ND HHS) is seeking proposals from organizations to partner with and support rural and tribal healthcare facilities in implementing widespread use of evidence-based suicide risk screening, referral and standardized follow-up protocols following a suicide attempt*.

These strategies are prioritized based on research identifying the need and risk factors:

- [High risk post-suicide attempt](#): A systematic review with a sample size of 21,385 (14 cohort studies) reported that people with a history of suicidal behaviors are at risk for suicide 25 times higher than the general population.¹
- [Critical Touchpoints](#): Nationally, nearly 50% of people who died by suicide visited a healthcare provider the previous month (nih.gov).

*Identified as recommendations by the North Dakota Suicide Fatality Review Commission

¹ J Neeleman, A continuum of premature death. Meta-analysis of competing mortality in the psychosocially vulnerable, International Journal of Epidemiology, Volume 30, Issue 1, February 2001, Pages 154–162, <https://doi.org/10.1093/ije/30.1.154>

- Proven Impact: Standardized follow-up protocols after a suicide attempt is ranked as a top priority for effective programs on suicide prevention considering feasibility, effect, cost-effectiveness, timeliness and social acceptability. ²

By increasing evidence-based screening and referrals and implementing standardized follow-up protocols within healthcare settings, ND HHS aims to significantly reduce suicide attempts and deaths across the state.

The awarded proposal must:

Provide outreach to and engage rural and tribal healthcare facilities throughout the state to implement evidence-based suicide intervention strategies.

- Assist healthcare providers in developing and implementing an evidence-based plan to screen and assess all individuals for suicidal ideation, including those at risk for suicide.
- Assist healthcare providers in implementing evidence-based suicide care management guidelines and policies to include implementation of standardized follow-up protocols after a suicide attempt.
- Incorporate activities aligned with recommendations from the North Dakota Suicide Fatality Review Commission (www.hhs.nd.gov/suicide-fatality-review-commission) and the national Zero Suicide framework (zerosuicide.edc.org).
- Assist providers in establishing collaboration with community partners, as applicable, to supplement and not duplicate existing efforts.
- Connect efforts to already existing North Dakota behavioral health resources and programs, including but not limited to: Parents Lead (www.parentslead.org) and the Behavioral Health Program Directory (www.hhs.nd.gov/behavioral-health/directory).
- Ensure strategies are recovery-oriented, trauma-informed and person-centered.
- Make any necessary project modifications as deemed necessary by the State.

Preference will be given to applicants who can document existing collaborations with ND rural and tribal healthcare facilities.

This funding opportunity aims to support improvement in the metric identified for Initiative 1: Make North Dakota Healthy Again, found on page 55 of the [project narrative](#):

- 7.4% of North Dakota high school students attempted suicide one or more times in the 12 months before the survey [ND YRBS, 2023].

Additionally, this funding opportunity aims to support improvement in the following data metrics:

- 17.5% of North Dakota high school students seriously considered attempting suicide (during the 12 months before taking the survey) [ND YRBS, 2023].

² Fakhari A, Azizi H, Farahbakhsh M, Esmaeili ED. Effective Programs on Suicide Prevention: Combination of Review of Systematic Reviews with Expert Opinions. *Int J Prev Med.* 2022 Mar 12;13:39. doi: 10.4103/ijpvm.IJPVM_454_20. PMID: 35529514; PMCID: PMC9069150.

- 5.4% of North Dakota adults (age 18 and older) reported serious thoughts of suicide in the past year [NSDUH, 2023-2024].
- 164 individuals died by suicide in 2025 (ND Violent Death Reporting System, preliminary data as of April 15, 2026).

3) Eligibility

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

- 501(c)(3) non-profit organizations
- Private sector agencies
- Educational Institutions
- Hospitals and clinics
- Other health care providers

4) Funding

This is a competitive funding opportunity application process for year one of RHTP funding; with the potential to renew 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 September 30, 2027, and all funds must be expended by this date.

Approximately \$400,000.00 in total federal funds is available in year one for the Suicide Intervention – Healthcare Systems grant funding opportunity. One award is expected under this funding opportunity. 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 toward achieving project goals and objectives, timely submission of required data and reports and compliance with all terms and conditions of the award.

HHS reserves the right to negotiate the applicant's budget based on the content of the proposed project work plan and total budget of the Suicide Intervention – Healthcare Systems grant 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 Friday, June 12th, 2026, at 5:00 p.m. CT.

Applications must be submitted to HHS through [Qualtrics](#).

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:

Tuesday, May 19, 2026, 3:00 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 you 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 a 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.

Application Requirements

Interested entities are required to submit an application to be considered for the Suicide Intervention – Healthcare Systems 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](#).

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

1) 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 and/or Tribal health.

a. Identified Need and Proposed Goals

Identify the need for the proposed project.

a.1. Discuss the challenges the proposed project aims to address. Describe the specific need or issue impacting the organization or community. Use qualitative and quantitative data to substantiate this need.

a.2. 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 rural or Tribal residents, but additional populations may be included. If the proposed project serves additional populations or is located in an urban area, describe how rural or Tribal residents will be served.
- The goal(s) should describe the broad, high-level change(s) the applicant seeks to achieve. Goal(s) must be specific, measurable, achievable, relevant and time-bound (SMART).

a.3. 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

b.1. Describe the specific strategies, services, tasks or activities the project will implement in order to achieve the proposed goal(s).

Strategies must be evidence-based and include the following:

- Widespread screening and referral, and
- Standardized follow-up protocols after a suicide attempt.

Strategies must be aligned with the recommendations from the North Dakota Suicide Fatality Review Commission (www.hhs.nd.gov/suicide-fatality-review-commission) and the national Zero Suicide framework (zerosuicide.edc.org)

- If there are multiple strategies and activities, please number in order of priority.
- Each strategy, task or activity must include sufficient detail to ensure the scope is measurable and aligned with program goals.

b.2. 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):

- 7.4% of North Dakota high school students attempted suicide one or more times in the 12 months before the survey [ND YRBS, 2023].
- 17.5% of North Dakota high school students seriously considered attempting suicide (during the 12 months before taking the survey) [ND YRBS, 2023].
- 5.4% of North Dakota adults (age 18 and older) report serious thoughts of suicide in the past year [NSDUH, 2023-2024].
- 164 individuals died by suicide in 2025 (North Dakota Violent Death Reporting System, preliminary data as of April 15, 2026)

b.3. The applicant must sustain the successful outcomes of the project after funding ends. Using the prioritized numbers from the identified strategies, explain how the outcomes 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 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?

b.4. The strategies, activities and measurable outcomes should address one or more elements identified by [CMS's Notice of Funding Opportunity](#). Identify which elements apply to the proposed project. For the identified elements, briefly explain the connection to the project by responding to the stated questions.

- 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 funding period will start upon execution of the agreement, with all required approvals and signatures. The funding period will end on September 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:

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 ND 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 indirect administrative costs are allowable but limited to 10 percent 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 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 expenditure 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
 - Were 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 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 reviewing committee will score applications based on criteria in the [Funding Opportunity 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 Funding Agreement” document. Due to the limited timeframe associated with the funding source for this funding opportunity, HHS will not entertain any changes to the funding agreement Terms and Conditions.

Questions

Learn More: [Rural Health Transformation | Health and Human Services North Dakota](#)
 Contact: [Rural Health Transformation Frequently Asked Questions](#)

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.