



North Dakota Health and Human Services | Rural Health Transformation Program

Competitive Funding Opportunity Application Guidance

Funding Opportunity Name: Community-Based Walking Program

Funding Opportunity Solicitation Number: 210-122

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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 is administered by the Centers for Medicare and Medicaid Services (CMS) and 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. 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 programs:

- Program 1: Make North Dakota Healthy Again
- Program 2: Strengthen and Stabilize Rural Health Workforce
- Program 3: Bring High-Quality Health Care Closer to Home
- Program 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

This funding opportunity is positioned under Program 1: Make North Dakota Healthy Again and is specifically targeted toward providing leaders of North Dakota's rural and tribal communities with the opportunity to develop and deliver a community-based walking program. This is the time it takes for behavior to become habit.

Because walking is a highly effective, low-impact exercise that improves cardiovascular health, manages weight, strengthens bones, boosts immunity, enhances mental well-being, and improves social connection, we are making funds available to develop and deliver 20 community-based walking programs in North Dakota's rural and tribal communities.

The impact of Community-Based Walking Program is well established.

Decades of research reveals that, when properly executed, multi-week, community based, walking programs have the power to improve the health and well-being of participants, as well as improve and expand social connections, increase community engagement, and boost community pride.

When residents band together to walk their way to better health, they serve as inspiring role models for the rest of the community. The more people walk together, the healthier they become, attracting more people to take part in the program.

For example, consider the outcomes of a multi-week community walking program conducted in the rural town of Macks Creek, MO (pop. 290). Commencing on National Walking Day (April 3), campaign participants were provided with in-depth instruction by health and medical professionals. Upon completion of this orientation session, participants were then given step counters and tracking logs. With social support provided by leaders of community walking clubs, and continuous encouragement via social media, participants began their journey to better health.

The results were significant.

At the completion of the program, not only did participants increase the number of steps they took by nearly 20%, but their perceptions and attitudes about the power and efficacy of walking shifted dramatically. And, perhaps best of all, the evaluation results of this multi-week program also captured residents' desire to participate in additional community walking programs.

From this, and other similar studies, we can draw several important lessons that will help to ensure success.

To be maximally effective, science reveals that best-in-class, community-based, multi-week, walking programs must contain the following specific components.

These components include:

- A dynamic individual and/or community team that champions and oversees all walking program activities
- Active, enthusiastic, and vocal community leadership (e.g., mayors, doctors, nurses, business leaders, pastors, influencers, etc.)
- Energetic recruitment—coupled with a multi-week communications campaign—alerting residents when, where, and how the program is going to be delivered (and why they should take part!).
- An open-registration period whereby residents can sign-up to take part and receive their step trackers and mileage logs.

- Participant health screening opportunities to establish a baseline
- Careful delivery of the multi-week program supported by weekly community walks
- Targeted coaching opportunities for those who need additional assistance
- An ongoing communications campaign to keep participants energized
- Recognition and celebration of individual and collective achievements
- Evaluation and analysis of results and outcomes

Because of the proven impact of these 10 components, all eligible funding submissions must include how these 10 components will be incorporated into the overall program strategy.

In terms of outcomes, this funding opportunity aims to support improvement in the metrics identified for Program 1: Make North Dakota Healthy Again, found on pages 19-26 of the [project narrative](#), and pages 11-15 of the project [appendices](#).

Specifically, these improvements and outcomes include, but are not limited to:

- Increases in individual participation in wellness activities
- Increases in preventive health and wellness screening
- Improvements in preventive care appointment adherence
- Increases in physical activity
- Enhanced mental well-being
- Enhanced social connection
- Improvements in policies, systems, and environments that help to make the healthy choice, the easy choice.

3) Eligibility

Funding eligibility is restricted to North Dakota's rural and tribal communities.

4) Funding

This RHTP competitive funding opportunity (under Program 1: Make North Dakota Healthy Again) is for the development and delivery of a community-based walking program. Eligibility is restricted to North Dakota's rural and tribal communities.

Groups that are encouraged to apply include, but are not limited to, tribal programs/tribal partners, hospitals, cultural centers, communities of faith, municipalities, chambers of commerce, Boys and Girls Clubs of America, parks and recreation, libraries, nonprofit organizations, public health units, civic groups and community centers. It is also conceivable that an entire community could join to apply for one of

these grants with many of the groups listed above partnering together to deliver this program.

All funds must be solely used for the development and delivery of the community's program, as well as improving the health and well-being of the participants.

Approximately \$2,500,000 in federal funding is available in year one. An estimated 20 awards of approximately \$125,000 each are expected to be made. With successful progress, and contingent upon continued federal funding, these programs may be renewed each year, for up to five years.

If you are the recipient of one of these awards, the operating period will begin once the agreement has been fully executed, following all required approvals and signatures. The operating period will end on Sept. 30, 2027, and all funds must be fully expended by that date.

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 requested by the community for this Make North Dakota Healthy Again funding opportunity, prior to issuing the notice of award.

Additional funding opportunities are also available for other RHTP activities and programs. Eligible applicants may apply for more than one funding opportunity. There is no limit to the number of applications that can be submitted.

For a full listing of opportunities, visit hhs.nd.gov/rural-health-transformation/funding.

5) Reporting Requirements

The successful applicant(s) will be required to submit reimbursement requests 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.

In addition, successful applicants will also be required to take part in additional training and participate in quarterly meetings and updates.

Finally, 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 May 22, 2026, at 5 p.m. CT. Applications must be submitted to ND 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:

- May 6, 2026, 3 p.m. CT.
- [Register to attend](#)

The link to register for the technical assistance call will be posted on the RHTP webpage under Funding Opportunities > Making North Dakota Healthy Again.

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](#) at least 7 days prior to 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 this Make North Dakota Healthy Again: Community-Based Walking Program funding opportunity. Do not include any proprietary or confidential information in application materials as the applications are subject to public record laws.

All application components must be submitted through [Qualtrics](#).

Below is the outline that specifies how your application must be structured. Specifically, each application must include the following sections:

- 1.) Background Information

- 2.) Project Narrative
 - a. Identified Need and Proposed Goals
 - b. Target Population, Strategies, Activities, and Measurable Outcomes
 - c. Sustainability
- 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 a brief introduction to your community and/or organization noting its location and the number of residents.

Project Lead and Contact Information – Identify the project lead who will serve as the primary point of contact to receive communications about your application. Provide first and last name, title, phone number, and email.

Project title and brief description of why you're applying. Provide a project title for your proposed program and a brief description of why you are applying.

2) Project Narrative

The Project Narrative portion of your application is a detailed description of your proposed project's need, goals, strategies, activities, and anticipated outcomes.

Addressing the questions in this section, we encourage you to be as specific and concise as possible and to keep your narrative focused on how your proposed project will improve the health and well-being of your community.

a. Identified Need and Proposed Goals

In this section:

- Discuss the specific well-being challenges that stem from physical inactivity in your community (e.g., overweight/obesity, type 2 diabetes, stress, loneliness, etc.) and the impact that it is having on your community.
- Please include any local data that supports the urgency of your proposed program.
- Although this walking program is targeted toward the entire community, are there specific segments of your population you are most concerned about?

- Please outline the specific goals of your proposed walking program (e.g., increasing the percentage of residents who walk daily, changing the attitudes that people have toward physical activity, increasing the number of people who take part in walking groups, etc.).
- Here is an example of how your core program’s goals should be presented in your application.

EXAMPLE: Through the implementation of an eight-week walking program, we will increase the number of people who walk four or more times per week by 20%.
- Having successfully articulated your proposed goals, please take a few minutes to identify any similar projects, undertakings, or programs already in place within your community (and, where appropriate, other entities).
- What is the source of their wellness funding? Explain how your proposed wellness project will enhance, rather than duplicate existing efforts.
- Important Note: RHTP funds cannot be used to duplicate or replace existing funding, known as “supplanting.” However, RHTP funds may be used to expand or enhance an existing project. See the Budget section for additional details.

Having successfully completed the first section of your project’s narrative, it’s now time to turn your attention to the next major section which addresses your target population, strategies, activities, and measurable outcomes.

b. Target Population, Strategies, Activities, and Measurable Outcomes

Building on the 10 components of a best-in-class, community-based walking program, please address:

The Target Population(s)

- How many people are you hoping to engage in this community-based walking program? Are there specific segments (in addition to general community) that you are hoping to dedicate particular attention to? If so, who are they?

The Program Champion and Team

- Who will lead the day-to-day activities of this program? Is this person already in place or will grant funds be used to bring on someone new? What are their credentials (or what credentials will the new hire have?) What other community personnel /or community partners will participate in the community’s walking team?

Leadership Support

- In what specific ways will your community's leaders (e.g., tribal leaders/tribal partners, civic groups, business, pastors, doctors, elders, coaches, etc.) communicate this program to your community's residents? Will they participate in the program? How will they serve as cheerleaders?

Communications Campaign

- To create enthusiasm and inform your community about this program, it is important that you conduct a comprehensive pre-event communications campaign. What news media will you leverage? (e.g., local radio, newspapers, social media, etc.?) To what groups will you make presentations in-person? (e.g., civic clubs, churches, businesses, hospitals, etc.) When will your communications campaign begin? When will it end? Will you use specific community influencers or personalities? How will you know if your communications campaign is working?

Open-Registration

- Having completed your pre-event communications campaign, open registration will need to take place. How many weeks before the campaign will you conduct open registration? How will people sign up for your program? What information will you collect? How will you acknowledge that their participation has been confirmed? Do you have a health waiver/liability-release form that participants will sign? How will you disseminate participant's step trackers and mileage logs? How will you keep people excited and engaged until the day of the event? Will you accommodate those who want to register after the program has already begun? If so, how?

Participant Health Screening to Establish a Baseline

- Before you kick-off your community program, it is imperative that you offer health screening opportunities so that you can establish a baseline. What specific health issues will you offer screening for? How will you engage your program's participants to take part in your health screening opportunities? Who will conduct the screening? Where will it take place? What is your participation goal? How will this undertaking be communicated throughout the community? Will an aggregate report (using unidentifiable health information) be formatted so that you can get a better picture of the overall health status of your program's participants?

Campaign Delivery

- How will you encourage your participants to walk during the week? Will you work with different groups (tribal programs/tribal partners, health centers, cultural

centers, communities of faith, chambers of commerce, Boys and Girls Clubs of America, parks and recreation, libraries, nonprofit organizations, public health units, civic groups and community centers, etc.) to have them structure walking opportunities for the populations who are participating? Will your walking groups have team leaders? Will your campaign be a competition?

- To maintain momentum and provide peer support, it is strongly encouraged that you offer a once-weekly walking opportunity whereby all program participants can come together to enjoy a community walk. Where will your location be? (Local track, community park, neighborhood walking route, etc.?). Will your weekly walk be led by local personalities (e.g. coaches, doctors, mayor, pastors, etc.?) Will you invite the local media? How will you capture the event on social media?
- What precautions will you take in the event of a medical emergency? Will you provide people with information (e.g., pamphlets, online info, etc.) or additional instruction (e.g., stretching, etc.)? Will you make water available?

Targeted Coaching

- What are your plans to provide coaching opportunities to those participants who need more intensive support? Who will deliver these services? Will confidentiality of all those who are receiving coaching services need to be protected?

Community Communication

- How will you leverage your community's communication channels to maintain a high level of enthusiasm and energy throughout the campaign?

Recognition and Celebration

- How will you recognize and celebrate participant's success? Will you have a culminating event? What are your plans to communicate success stories community-wide?

Outcomes

- What specific outcomes are you hoping to achieve? (e.g., increases in participation, changes in attitudes, changes in behavior, etc.) How will you evaluate and capture these outcomes (e.g., surveys, mileage logs, interviews, testimonials, etc.)

*Applicants must propose strategies, activities, and measurable outcomes that align with the RHTP evaluation plan and metrics for the Make North Dakota Healthy Again

Program, found on pages 19-26 of the [project narrative](#) and pages 11-15 of the project [appendices](#).

Specifically, these improvements and outcomes include, but are not limited to:

- Increases in individual participation in wellness activities
- Increases in preventive health and wellness screening
- Improvements in preventive care appointment adherence
- Increases in physical activity
- Enhanced mental well-being
- Enhanced social connection
- Improvements in policies, systems, and environments that help to make the healthy choice, the easy choice.

c. Sustainability

Answer the following questions:

- How will the applicant continue supporting the well-being activities that prove most effective?
- Are there opportunities to integrate these strategies into existing operational budgets or workforce support efforts?
- If the proposed project includes the purchase of equipment or technology, outline the plan for maintaining and continuing to use these tools beyond the funding period.

3) Action Plan

With the first two sections of your narrative now complete, it's time to format your Action Plan.

To do this, address the sections below.

Remember, the operating period will start upon execution of the agreement, with all required approvals and signatures. If your submission is funded, you can assume a project start date of Aug. 1, 2026.

Importantly, the operating period will end on September 30, 2027, and all funds must be expended by this date.

a. Timeline and Milestones:

Milestone #1: The Program's Champion and Wellness Team

- By what date do you plan to have your program's director on board and in place?
- By what date do you plan to have your program's wellness team in place?

Milestone #2: Leadership Support

- By what date do you plan to have the support of your community's leadership secured?
- How do you plan to document this support?

Milestone #3: Pre-Event Communications Campaign

- By what date do you plan to launch your pre-event communications campaign?

Milestone #4: Registration and Sign-Up

- By what date do you plan to have your step-trackers and mileage logs purchased? By what date do you plan to offer registration and sign-up?

Milestone #5: Health Screening

- By what date do you plan to have your health screening conducted?

Milestone #6: Program Delivery

- What dates do you plan to deliver your actual community-based walking program?

Milestone #7: Targeted Coaching

- By what dates will you begin making health coaching available?

Milestone #8: Ongoing Communications

- By what date do you plan to have your ongoing community-based walking program supporting communications campaign in place to keep participants' energy levels high?

Milestone #9: Recognition and Celebration

- When do you plan to recognize and celebrate the achievements of your participants?

Milestone #10: Evaluation of Outcomes

- When do you hope to have your post-evaluations completed? (e.g., surveys, mileage logs, interviews, testimonials, etc.)

b. Metrics:

For each of your program's goals, document how you expect to capture these outcomes. (e.g., participation rates, step counts, health indicators).

Note: If your project is selected for funding, templates will be provided for reporting requirements. Due dates and additional information will be provided in the agreement.

c. Key Personnel:

Please identify key personnel, including your project lead. Describe the type of work each person will perform in carrying out the project. Include their relevant credentials.

To assist you in the development and delivery of your community-based walking program, ND HHS will provide you with important online and in-person training opportunities. To cover the costs of in-person training, grant funds may be used.

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. Please apply the corresponding priority numbers from the project narrative to the related budget items.

RHTP funds are governed by applicable provisions of [2 CFR Part 200](#) and [2 CFR Part 300](#), with guidance from the federal RHTP [Notice of Funding Opportunity](#) and CMS's [Frequently Asked Questions](#) document. The limits and unallowable costs detailed in this section come from federal guidance and are non-negotiable.

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

5) Application Review and Selection

Applications will be reviewed and scored solely on what is presented within the application materials. The review committee will score applications based on criteria in the [Scoring Tool](#).

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 HHS RHTP commitments are upheld. Additionally, ND HHS may require applicants to supplement responses. HHS operates under 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.

Questions

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

Learn More: [Rural Health Transformation Program webpage](#).

Contact: rhtp@nd.gov

This RHTP funding opportunity is supported by CMS of the U.S. Department of Health and Human Services as part of a financial assistance award totaling \$198,936,969.55 with 100% 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.

*The following is language required by CMS and ND HHS. It may be useful to you as you complete your application.

Capital Expenditures and Remodeling

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

Unallowable capital expenditures include:

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

Allowable capital expenditures include investing in existing rural health care facility buildings and infrastructure, such as minor building alterations or renovations and equipment upgrades. Minor renovations or alterations must be clearly linked to RHTP and funding opportunity outcomes. Minor renovations or alterations cannot exceed 20% of total funding in a budget period. *

Davis-Bacon and Related Acts Compliance

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

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

Vehicle Purchases

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

Additional Unallowable and Limited Costs

- Pre-award costs.
- Meeting matching requirements for any other federal funds or for local entities.
- Services, equipment or supports that are the legal responsibility of another party under federal, state, Tribal, or civil rights law.
- Supplanting existing state, local, Tribal, or private funding of infrastructure or services (ex. staff salaries).
- The cost of independent research and development.
- Funds related to any activity are designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order.
- Meals, unless in limited circumstances such as:
 - Subjects and patients under study.
 - Where specifically approved as part of the project or program activity, such as in programs providing children's services.

- As part of a per diem or subsistence allowance provided in conjunction with allowable travel in accordance with the U.S. General Services Administration (GSA) established rates.
- Replacing payment(s) for clinical services that could be reimbursed by insurance.
 - Direct health care services may be funded if not currently reimbursable, will fill a gap in care coverage, and/or may transform current care delivery.
- Provider payments cannot exceed 15% of total funding in a budget period. *
- Funding toward projects similar to the “Rural Tech Catalyst Fund Program” 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.