



North Dakota Health and Human Services | Rural Health Transformation Program

Competitive Funding Opportunity Application Guidance

Funding Opportunity Name: Community Gardens Project

Funding Opportunity Solicitation Number: 210-113

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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 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 initiatives:

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

Following approval from CMS, 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

At ND HHS, we believe that the benefits of being healthy are indisputable.

In fact, when our state's citizens are healthy, we know full-well that they have the unparalleled opportunity to live the lives of which they have always dreamed.

In good health, North Dakotans have the strength and stamina necessary to work hard, so that they can provide for their families. In good health, North Dakotans have the spirit and zest required to raise strong children. In good health, North Dakotans have the energy and vigor necessary to care for aging family members. Finally, in good health, North Dakotans have the vitality and liveliness to take advantage of every opportunity that comes their way.

But to be truly healthy, we also know that the food people eat matters a great deal.

Because of these truths, we are making RHTP funding available to leaders of North Dakota's rural and tribal communities (under Initiative 1: Make North Dakota Healthy Again) for the development and delivery of community gardens.

By definition, a rural, community garden initiative is a collaborative undertaking whereby people from all walks of life come together to plant and grow food.

Logistically, community gardens can take many forms.

Sometimes, they are orchestrated by the local school.

In this capacity, a school-based community garden acts as an outdoor classroom for hands-on learning—covering subjects like biology, nutrition and math—while, at the same time, increasing access to fresh produce, promoting healthy eating habits and fostering lifelong engagement.

In other instances, community gardens are delivered by local townspeople who possess broad-ranging life experiences and represent diverse sectors of the community, including but not limited to, senior citizens, gardening enthusiasts, civic/service organizations, clergy and communities of faith and others.

But regardless of who takes the lead, decades of evidence-based practice reveal that community-based gardening initiatives possess the power to deliver significant and powerful outcomes.

Specifically, these outcomes include:

- **Improved Health and Nutrition:** Community gardens promote healthier eating habits by providing access to affordable fresh fruits and vegetables, thereby reducing reliance on expensive, processed and/or fast food. What's more, studies reveal that those who participate in the creation and maintenance of these undertakings significantly increase their own personal consumption of fruits and vegetables.
- **Enhanced Physical and Mental Well-Being:** Caring for a community garden serves as a powerful form of physical exercise for those who participate—thus increasing overall fitness and reducing the incidence of obesity. Furthermore, working in and with nature is known to reduce stress, improve mental health and provide a calming, therapeutic escape.
- **Community Building, Volunteering and Social Connection:** These spaces have also been proven to foster abundant social interaction, build trust and enhance collaboration among diverse community members—thus creating a sense of belonging and neighborhood pride.

- **Environmental Sustainability:** Community gardens have long been proven to improve local air and soil quality, encourage biodiversity, provide green space, and reduce the carbon footprint associated with transporting food.
- **Economic Opportunity:** Community gardens provide economic relief by lowering grocery bills as they carry with them the potential to produce hundreds of pounds of food per plot annually. Additionally, they have even been documented to increase surrounding property values.

To be maximally effective, evidence reveals that best-in-class community garden initiatives must contain the following six components to successfully impact the well-being of the community's residents.

Success Component #1: The Right People. Developing a community garden requires participation from a variety of groups including local residents, volunteers, and key stakeholders. Specifically, key participants include people like municipal departments for land and water access, Extension Master Gardeners for technical support, and community groups (4-H youth development programs, child care, schools, tribal colleges, cultural centers, communities of faith, parks and recreation, nonprofits, residents, senior centers, health care facilities and the local foodbank, etc.) to manage the day-to-day operations and site maintenance.

Success Component #2: The Right Plan. To develop the perfect plan for a community garden, the dedicated attention of a core group of 3–5 organizers who work closely together is required. Specifically, it is this small group that takes the lead on establishing the goals for the project (e.g., who, what, where, how, and by when).

Success Component #3: The Right Place. With the right people on board and the right plan in place, arguably the most important task of the entire initiative is the selection of the actual location for the community's garden project. Ideally, the location will be a visible, sunny, and accessible site with reliable water access—preferably within walking (or a short driving distance) for residents.

The best spots are often central, such as near schools, parks, churches, or in a "hidden" vacant lot that can be easily accessed by the community.

Many times, these plots are donated or leased for an insignificant amount of money (e.g., \$1 per year).

Success Component #4: The Right Policies. To further enhance their effectiveness, community garden initiatives need to be supported by the right policies. Specifically, these policies include things like negotiating a written lease (ideally for five+ years, for low or no cost to ensure the garden's future), obtaining liability insurance to insulate the landowner, and creating written, community-approved rules covering plot maintenance, weeding schedules, organic practices, etc.

Success Component #5: The Right Publicity. To inform the community and create momentum, leaders of community garden initiatives must make it a priority to leverage local media sources (e.g., newspapers, radio, civic clubs, social media, etc.). In addition, particular attention is paid to celebrating the launch with a ribbon-cutting ceremony, photo opportunity and a picnic.

Success Component #6: The Preparation. With everything in place, the sixth and final step is the actual preparation of the site. This includes things like establishing the actual layout that includes plots, paths (at least 3 feet wide), compost areas, and tool storage just to mention a few. In addition to preparing the plot, attention also needs to be paid to maintaining these plots when the growing season is complete.

Because of the proven impact of these six components, all eligible funding submissions must include how these six components will be incorporated into their community's garden initiative.

In terms of outcomes, this funding opportunity aims to support improvement in the metrics identified for Initiative 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 physical activity
- Increases in nutrition
- Enhanced mental well-being
- Improvements in policies, systems and environments that help to make the healthy choice, the easy choice.
- Reductions in chronic disease, disability, and premature mortality, and
- Improvements in policies, systems, and environments that help to make the healthy choice, the easy choice.

3) Eligibility

Funding eligibility is open to leaders of North Dakota's rural and tribal communities, including but not limited to 4-H youth development programs, civic groups, municipalities, tribal councils, tribal colleges, tribal health departments, health care facilities, senior centers, worksites, public health units, schools, Head Start programs, cultural centers, after-school programs, Boys and Girls Clubs of America, communities of faith and nonprofit organizations.

4) Funding

This RHTP Community Garden competitive funding opportunity (under Initiative 1: Make North Dakota Healthy Again) is being made available to leaders of North Dakota's rural and tribal communities including but not limited to 4-H youth development programs, civic groups, municipalities, tribal councils, tribal colleges, tribal health departments, health care facilities, senior centers, worksites, public health units, schools, Head Start programs, cultural centers, after-school programs, Boys and Girls Clubs of America, communities of faith and nonprofit organizations.

Specifically, \$300,000 in federal funding is available in year one. An estimated 10 awards of approximately \$30,000 each are expected to be made. We anticipate that these community garden initiatives will cost more in the initial year of funding. With successful progress, and contingent upon continued federal funding, these projects may be renewed at the appropriate level 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 funding period will end on September 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 initiatives, and 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, go to 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 5, 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 – Make 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 (FAQs) will also be published on the RHTP webpage after the call.

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

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

Application Requirements

Interested entities are required to submit an application to be considered for this Make North Dakota Healthy Again: Community Garden Initiative funding opportunity. Do not include any proprietary or confidential information in application materials as the application will become an open record.

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, 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 Are Applying – Provide a title/name for your proposed Community Garden Initiative 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:

- Briefly summarize the health, well-being, and/or food insecurity challenges your community is experiencing (e.g., low-fitness, obesity, hunger, lack of access, etc.). Include any community data that supports the urgency of your proposed initiative.
- Identify which specific segments of your community's residents you are most concerned about.
- Outline the specific overarching goal(s) of your proposed Community Garden Project (e.g. improve nutritional habits, create social connection, reduce hunger, create new community collaborative partnerships, education, increase fitness levels, etc.).

Here is an example of how your core program goals should be presented in your application.

EXAMPLE: Through the implementation of a Community Garden Project, we will increase the consumption of fruits and vegetables among our residents by 10%.

- Having successfully articulated your proposed goal(s), take a few minutes to identify any similar gardening projects, undertakings, and/or initiatives already in place within your community.

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, this is 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 six components of a best-in-class Community Garden Initiative, please address:

The Target Population(s)

- What specific population(s) will be targeted within your proposal (e.g., entire community, school kids, food insecure, communities of faith, etc.)? Are there specific segments within your community's population that you anticipate will receive more intensive attention? If so, which ones?

The People

- Who will take ownership of your project? Who will lead the day-to-day activities of this project? Is this person already in place or will they need to be recruited? What other people and/or community partners will participate in developing and delivering this initiative? Is this a new or existing collaboration? How many people do you anticipate will support this project and how will you maintain their involvement? Who will maintain the list of names and related contact information for all those involved?

The Plan

- Who are the people who will take responsibility for developing your project's plan? What is the specific goal(s) for your project that will guide your efforts?

The Place

- Where will your community garden(s) be located? How many plot(s) do you anticipate having as part of your project? How big is the plot(s)? Is this location(s) inside or outside the city limits? Is this location(s) easily accessed (preferably in walking distance or a short driving distance for residents)? Is there a reliable water source? If your initiative is highly successful, is there an opportunity for expansion? If so, how will you do it?

The Policies

- Have you negotiated a lease to secure the use of the plot(s)? If so, how long will the lease be in force? Is there a cost associated with the lease of the plot(s)? If so, how much is the annual fee? Do you have liability insurance in place? If not, when will this be executed? What will be the general rules for covering things like plot maintenance, weeding schedules, organic practices, etc.? How will you obtain community buy-in for these policies?

*Grant funding will not cover the purchase of land.

- Are there other supportive community policies that you are planning to put into place?

The Publicity

- How will you leverage local community media sources (e.g., local newspaper, radio, social media, etc.) to increase awareness, create buzz and generate momentum?
- Who will serve as your initiative's ambassadors and influencers? How will you celebrate the launch of your community's garden project?

The Preparation

- Will your community garden project be indoor or outdoor?
*Grant funding will not cover the purchase of a greenhouse or any related structure.
- Will your plot(s) need environmental testing prior to project? Are there water lines available? What type of fencing will you use? Will you be doing raised beds or in-ground planting? How do you envision the layout of your plot(s)? (Please include any details including but not limited to paths, composting areas, tool storage, etc.)? What fruits and vegetables do you envision planting? Are there other key preparations that must be completed to successfully deliver your community's garden project?

The Product

- What kinds of yields do you anticipate? How will the distribution of the harvest be determined? If you exceed your anticipated yields, what will you do to ensure that nothing goes to waste? What specific populations will be directly impacted? How will your community determine if your garden project is successful? How will you document it?

*Applicants must propose strategies, activities, and measurable outcomes that align with the RHTP evaluation plan and metrics for the Make North Dakota Healthy Again Initiative, 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 physical activity
- Increased nutritional practices

- Enhanced mental well-being
- Create new community collaboratives
- Increase volunteerism
- Improvements in community 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 August 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: People

- By what date do you plan to have the support of the community secured?
- By what date do you plan to have your Community Garden Project's champion(s), team, and supporting stakeholders in place?
- By what date do you plan to have your project volunteers secured and onboarded?
- How do you plan to document this support?

Milestone #2: Plan

- What date will your project officially begin? By what date do you plan to have your Community Garden Project in place?
- How do you plan to communicate your project's plan to the community at large?

Milestone #3: Place

- By what date do you plan to have your plot(s) secured?

Milestone #4: Policies

- What date will you have your project's supporting policies in place?

Milestone #5: Publicity

- By what date do you plan to have your publicity plan in place? What date do you plan to kick-off your project?

Milestone #6: Product

- By what date do you anticipate having all the details of your plots ironed out?
By what date do you anticipate you will have your first harvest(s)?

b. Metrics:

For each of your program's goals, document how you expect to capture these outcomes. (e.g., pounds of food, people served, health improvements, etc.).

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's garden initiative, 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 percent 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 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.

Questions

Information may change based on upon updated federal guidance or upon further consideration by ND 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 model.
 - Provider payments cannot exceed 15% of total funding in a budget period.*
- 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.