



# North Dakota Health and Human Services | Rural Health Transformation Program

Competitive Funding Opportunity Application Guidance

Funding Opportunity Name: Expand Rural Health Care Rotations

Funding Opportunity Solicitation Number: 210-212

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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

The Expand Rural Health Care Rotations funding opportunity supports the development, expansion or enhancement of clinical training experiences for health care professional students, including new learner types and/or adding additional slots in rural and tribal communities. This is identified in Initiative 2: Strengthen and Stabilize Rural Health Workforce of North Dakota's RHTP. Proposed projects eligible for this funding opportunity include:

- Expand rural health care rotations to new learner types by facilitating embedding students into rural health care facilities.
- Add additional slots for rural health care rotations.

- Provide short-term housing support (six months or less) for traditional students embedded in rural health care facilities.
  - Housing funds can be used to pay for or to offer a stipend for conventional or nonconventional lodging and recreational vehicle expenses (41 C.F.R. § 301-11.12) up to the U.S. General Services Administration established rates [GSA rate](#). Conventional lodging includes short-stay or long-stay hotel or motel, boarding homes, apartment and residential leases, and renting cabins at RV parks. Nonconventional lodging is only allowed when there are no conventional lodging facilities in the area or when conventional facilities are in short supply and include Airbnb, VRBO and renting rooms in homes. Recreational vehicle (trailer/camper) expenses include parking fees; connection, use and disconnect of utilities, electricity, gas, water and sewer fees; bath or shower fees and dumping fees. Housing funds may not be used to reimburse any expenses associated with the purchase, sale or payment of a recreational vehicle. \*
  - Partnerships with local landlords for short-term lease agreements.

\*Note: Per federal grant guidance, financial incentives are tied to a minimum five-year service commitment. As part of the application review, the Department will determine whether any additional applicant's proposed strategies are subject to the federal five-year service commitment requirement and will notify the applicant accordingly.

Refer to the Project Narrative and Action Plan under Application Requirements for additional details on the five-year service commitment and to the Budget section for information on allowable and unallowable costs.

Additionally, this funding opportunity aims to support improvement in the metrics identified for Initiative 2: Strengthen and Stabilize the Rural Health Workforce, found on pages 52-53 of the [project narrative](#) and pages 4-6 of the project [appendices](#). Please note, not all metrics apply to the Expanding Rural Rotations funding opportunity. The metrics for this and related projects are:

- Increase the rural provider retention rate at 3 and 5 years
- Recruit new rural providers
- Reduce Health Professional Shortage Area (HPSA) counties
- 500 trainees receive Rural Rotations support

### **3) Eligibility**

Applicants must be located in or provide services in locations of rural and tribal North Dakota health care facilities. For RHTP funding opportunities, the entities within the

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

Eligible applicants may include:

- Hospitals, clinics and home care providers
- Long-term care facilities
- Behavioral health providers
- Tribes and Tribal health organizations, excluding Indian Health Services
- Emergency medical services providers
- Other health care providers
- Local public health
- Non-profit organizations
- Education systems

## 4) Funding

This is a competitive funding opportunity application process for year one RHTP funding; a subsequent application process for expanding Rural Health Care Rotation programs is anticipated in future years of the RHTP. The operating period will start upon execution of the agreement, with all required approvals and signatures. The operating period will end on September 30, 2027, and all funds must be expended by this date.

Approximately \$3,000,000 in total federal funds are available in year one for expanding rural health care rotations and adding additional slots. The awards provided will be dependent on the applications received; an estimated 15 awards for approximately \$200,000 are expected to be funded in year one. Applicants may request funding at any level necessary to support their proposed project. However, applicants are encouraged to consider the feasibility of completing the proposed work within the year one timeline.

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 expanding rural and tribal health care rotations 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(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 May 15, 2026, at 5:00 PM 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:

- Thursday, May 7, 2026, 12:00 – 12:45 p.m. CT
- [Registration Link](#)

The link to register for the technical assistance call will be posted on the RHTP webpage under Funding Opportunities – Strengthen and Stabilize Rural Health workforce.

The technical assistance call will be recorded and posted on the RHTP webpage for future viewing.

Resources pertaining to this funding announcement (e.g., Frequently Asked Questions, sample five-year service agreements) will be published on the RHTP webpage after the technical assistance call.

We strongly encourage you to submit questions about 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 Expanding Rural Health Care Rotations. 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. 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

### 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 health care workforce by expanding rural health care rotations and adding additional slots.

## **a. Identified Need and Proposed Goals**

a.1. Identify the need for the proposed project.

- Discuss the challenges the proposed project aims to address. Describe the specific rural workforce and/or student rotation issues impacting the organization or community.
- When available, include relevant local data to demonstrate the scope and urgency of the need.

a.2. Outline the overarching goal(s) of the proposed project, including the target population or trainees who will benefit.

- The goal(s) should describe the broad, high-level change(s) the organization seeks to achieve.
- The target population must include trainees completing rural health care rotations or future health care workforce. Examples of workforce and/or trainee groups include medical and nursing staff, allied health professionals such as behavioral health specialists, radiology technicians, respiratory therapists, laboratory technicians, physical therapists, occupational therapists or dietitians.
- If the proposed project or applicant serves additional populations or is in an urban area, describe how rural rotations will be impacted.
- If proposed project addresses housing needs, describe how housing will expand rural health care rotations.

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 why the 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 strategies, services, tasks or activities the project will implement to address identified needs. If applicable, please number strategies, activities and measurable outcomes in order of priority.

- Outcomes should be specific, realistic, measurable and directly linked to the strategies, services, tasks or activities described. When applicable, strategies and activities should be evidence based, evidence informed or a promising practice.

- Each strategy, service, task or activity must include sufficient detail to ensure the scope is measurable and aligned with eligible projects, metrics\* and requirements identified in the application guidance.

As a reminder, approximately \$3,000,000 in total federal funds is available in year one for the Expanding Rural Health Care Rotations funding opportunity. An estimated 15 awards for approximately \$200,000 are expected to be funded in year one. Applicants may request funding at any level necessary to support their proposed project.

\*Applicants must propose strategies, activities and measurable outcomes that align with the RHTP evaluation plan and metrics. The Initiative 2: Strengthen and Stabilize Rural Health Workforce evaluation plan and metrics are identified in the [funding opportunity section](#) of this guidance. This is identified on pages 52-53 of the [project narrative](#) pages 4-6 of the [appendices](#). Projects should support some or all the metrics.

b.2. If applicable, applicants must have policies, procedures and systems in place to manage a five-year service-commitment agreement with participating staff and a process for monitoring compliance. Refer to the [Funding Opportunity section](#) to determine which incentives are tied to the five-year service commitment.

- Provide a description of the policies and monitoring procedures the organization has established, or plans to establish, to meet the above-described requirements.
- Copies of these policies, procedures and service commitment agreements must be submitted to ND HHS for review and approval before any financial incentive can be issued to an employee and before submission of a request for reimbursement. Instructions on how to submit these will be included in the agreement.

b.3. The applicant must sustain successful projects after funding ends. If there are multiple strategies or activities, use the prioritized numbers from the identified strategies to explain how the project 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 health care costs that could be used to make up gaps in revenue?
- Is there a business plan?
- Is there a fundraising plan?

b.4. Does the proposed project include purchasing equipment or technology? If yes, outline the plan for maintenance and continued use after funding ends. Funding equipment and technology maintenance costs during the five-year RHTP period may be considered.

b.5. [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 project by responding to the stated questions.

- **Improving access:**

How will the proposed expansion of rural health care rotations improve access to care by stabilizing staffing levels? If this project addresses housing shortages for rural rotations, how will it improve access?

- **Improving outcomes:**

What are the baseline metrics (number of trainees)? How will the project improve outcomes listed in the [Funding Opportunity section](#) of this guidance?

- **Technology use:**

How will you use new and emerging technologies to support expanding rural and/or tribal health care rotations? How will you evaluate the suitability of new technologies for rural and/or tribal health care rotations and housing? How will you plan for long-term sustainability of adopted technologies?

- **Partnerships:**

How will strategic partnerships be leveraged to support expansion of rural rotations? Describe any networks, consortiums or affiliations you will create or strengthen among rural and/or tribal providers, federally qualified health centers and other health care providers, as applicable. Describe their governance structure(s) and how it will reflect the communities they plan to serve. What will those partnerships do? How will they be structured? What improvements will those partnerships promote?

- **Workforce:**

How will this support recruitment and retention of students pursuing health care careers in rural health care facilities?

- **Data-driven solutions:**

How will data guide the project's activities and decisions?

- **Financial solvency strategies:**

How will the expansion of rural health care rotations ensure or stabilize the financial stability of the facility or institution?

- **Cause identification:**

How will the proposed project address the root causes of rural rotation challenges and the rural health care workforce shortage?

### 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.

#### 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 "Itemized Subrecipient Budget Template," provide an itemized budget with appropriate justification for each cost category. If applicable, include any indirect cost paid under the subrecipient and the indirect cost rate used. If there are multiple strategies or activities, 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'

[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.

RHTP funding is designed to support expansion and scale to better serve rural and tribal 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 not allowed with this funding opportunity.

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

### **Unallowable capital expenditures 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
- Minor building alterations and renovations
- Minor equipment upgrades

## **Additional Unallowable and Limited Costs**

- Providers currently participating in a state loan repayment program that includes a service commitment are not eligible for financial retention incentives under this funding opportunity.
- Contracted or locum tenens providers are not eligible for retention incentives or projects, as these efforts are intended to focus on developing a long-term provider base.
- Pre-award costs.
- Meeting matches 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 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 like 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.

## 5) Application Review and Selection

Applications will be reviewed and scored solely on what is presented within the application materials. The scoring 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’ 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 applicants 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 | Health and Human Services North Dakota](#)

Contact: [rhtp@nd.gov](mailto:rhtp@nd.gov)

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