



North Dakota Health and Human Services | Rural Health Transformation Program

Competitive Funding Opportunity Application Guidance

Funding Opportunity Name: Train In Place Funding Opportunity

Funding Opportunity Solicitation Number: 210-211

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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 Train In Place Funding Opportunity aims to create opportunities for the existing health care workforce to obtain higher credentials through virtual, evening and/or weekend programs closer to home. Train in place programs are a key factor for expanding the rural health care workforce training pipeline. Train in place programs are defined as those that lead to degrees, certificates, or microcredentials in high-need areas to allow for further specialization. This is identified in Initiative 2: Strengthen and Stabilize Rural Health Workforce of North Dakota's RHTP. Proposed projects eligible for this funding opportunity are:

- Planning for development of a train in place program for the existing workforce, to be implemented in future RHTP years. Planning may include infrastructure

development. Programs may be managed and offered by a health care facility or through partnerships, including those with higher education institutions. Example train in place programs include maternal or behavioral health specialty, dental or imaging upskilling, leadership development and expanded employability factors.

- Support for business-practice training that promotes the sustainable employment of staff receiving training or credentialing in place. This must include training on coding and billing. It may include additional training on workforce planning, effective scheduling models, financial sustainability for training programs, workflow redesign to support new skills, retention-focused human resources practices or other organizational strategies that help ensure employees who have trained in place can remain successfully employed within the organization over time.
- Offering individual employee skill-building awards*. These awards can support the existing workforce in obtaining new credentials, enhancing competencies or completing approved training programs. For example, a provider may provide awards to employees for the costs of a maternal health credential, behavioral health training, or other professional development activities that strengthen workforce capacity. Individual skill-building awards should provide employees with upskilling opportunities in their communities.

*Note: Per federal guidance in CMS's RHTP [Notice of Funding Opportunity](#) and [Service Commitment Fact Sheet](#), individual awards and training, including those leading to a certificate, license or degree, are tied to a minimum five-year service commitment. As part of the application review, ND HHS will determine whether applicant 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 that some metrics correspond to the broader Initiative 2 projects and may not directly apply to the Train In Place funding opportunity. The metrics for this and related projects are:

- Increase the rural provider retention rate at three and five years
- Recruit new rural providers
- Reduce Health Professional Shortage Area (HPSA) counties
- Five new degree- or certificate-granting train in place programs launched

- Eight new microcredential/upskilling programs to enhance train in place training launched
- 200 students complete additional new train in place programs
- 90 businesses trained in sustainable employment of train in place trained staff

3) Eligibility

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% ND rural citizens or the focus of the grant funding will be used for ND rural citizens. RHTP funding must be used to support ND rural citizens.

Applicants must be in, or provide services in, the location of the rural or tribal North Dakota health care workforce. For example, an educational institution located in an urban area may qualify by partnering with rural facilities to provide programming in rural communities. 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

To target year one activities and milestones identified in North Dakota's [RHTP appendices](#), priority consideration for the train in place funding opportunity will be given to applicants who propose to:

- Develop a new degree-bearing, certificate-bearing, or microcredential train in place program, or
- Complete business-practice training, including coding and billing, that supports the sustainable employment of staff participating in train in place programs.

4) Funding

This is a competitive application process for year one RHTP funding; an additional application process for the Train In Place funding opportunity is expected to be offered 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 \$2,025,000 in total federal funds is available in year one for the Train In Place funding opportunity. The awards provided will be dependent on the applications received; an estimated 15 awards for approximately \$135,000 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 Train In Place 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 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 p.m. CT. Applications must be submitted to ND HHS through [Qualtrics](#).

Applications not received in Qualtrics 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:

- Wednesday, May 6, 12:00 – 12:45 p.m. CT

- [Link for registration](#)

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 Train In Place 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. 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 the rural and/or tribal health care training.

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 training, upskilling, or credentialing issues impacting the organization and the current workforce, including the issues of receiving training locally.
- 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 who will benefit.

- The goal(s) should describe the broad, high-level change(s) the organization seeks to achieve.
- The target population must include rural or tribal health care workforce.
- If the proposed project or applicant is located in an urban area, describe how the rural or tribal health care workforce will be served in their communities.

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 your 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 there are multiple strategies and activities, please number 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 the eligible projects, metrics* and requirements in this guidance.

*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. Projects should support some or all of the metrics.

b.2. If an individual financial incentive is provided, 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 programs are tied to the five-year service commitment.

- Provide a description of the policies and monitoring procedures your organization has established, or plans to establish, to meet the above-described requirements.
- Formal copies of these policies, procedures, and service commitment agreements will 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 healthcare costs that could be used to make up gaps in revenue?
- Is there a business plan?
- Is there a fundraising strategy?

b.4. Does the proposed project include purchasing equipment or technology? If yes, outline the plan for maintenance and continued use after funding ends. Continued

funding for equipment and technology maintenance costs during the 5-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.

As a reminder, train in place programs are those that lead to degrees, certificates, or microcredentials. For this funding opportunity, it may also include business practice training on coding, billing and more that promotes the sustainable employment of staff receiving training or credentialing in place.

- **Improving access:**
How will the proposed Train In Place programs leading to degrees, certificates, microcredentials, and improved business practices improve rural residents' access to care?
- **Improving outcomes:**
What health care outcomes of rural residents will be targeted with the new train in place program that results in a degree, certificate, microcredential or improved business practices? How will the project improve outcomes listed in the [Funding Opportunity section](#) of this guidance?
- **Technology use:**
How will new and emerging technologies be used to provide new Train In Place programs for degrees, certificates, microcredentials and sustainable business practices? How will the suitability and sustainability of new technologies be evaluated and planned for?
- **Partnerships:**
How will strategic partnerships be leveraged to support new degree, certificate, microcredential or sustainable business practice train in place programs in rural communities? Describe any networks, consortiums or affiliations that will be created or strengthened among rural providers and other health care providers or organizations, to develop and implement new programs.
- **Workforce:**
How will a new degree, certificate, microcredential and improved business practices support the rural workforce?
- **Data-driven solutions:**
How will data and technology be harnessed to provide training as close to a provider's rural community as possible?
- **Financial solvency strategies:**
How will the degree, certificate, microcredential or business practice Train In

Place program ensure or stabilize the financial stability of the facility? How will the training program be made financially sustainable?

- **Cause identification:**

Why is access to training a problem for the workforce, and how will the train in place program address those causes?

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 and 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 scope of work in the project. External sources, including the timeline and scope of work, 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 resources, including [FAQs](#) and program [fact sheets](#). The limits and unallowable costs detailed in this section come from federal guidance and are non-negotiable.

Modified total direct administrative costs are not allowable for the Train In Place Funding Opportunity.

RHTP funding is designed to support expansion and scale to better serve rural communities, not to replace or duplicate existing funding sources. When using funds to expand an existing pilot program or initiative or to develop a new training program with existing partners, the funds may only be applied to the costs associated with the new population, new activities, new program milestones or expansion.

Staff completing a training program must be employed and on the payroll at the time this funding application was posted. If funds are used for staff to complete a training program, please identify staff person in the budget.

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 build alterations or renovations and equipment upgrades
- Vehicle purchases

Additional Unallowable and Limited Costs

- Contracted or locum tenens providers are not eligible for train in place programs, as these efforts are intended to focus on developing a long-term provider base.
- 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.
 - 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.*
- No more than 5% of total funding in a budget period can support funding the replacement of an Electronic Medical Record (EMR) system if a previous Health Information Technology for Economic and Clinical Health (HITECH) Act certified EMR is in place as of September 1, 2025.* Upgrades, enhancements, added modules, interfaces, or functionality to existing EMR systems are allowable and not subject to the 5% limitation.
- Funding toward projects similar to the “Rural Tech Catalyst Fund Initiative” cannot exceed the lesser of 10% of total funding or \$20 million of total funding awarded in a budget period.*

- Clinician salaries/wages for facilities that subject clinicians to non-compete clauses.
- Demolition of aged buildings.

*Limits apply to ND HHS's spending of RHTP funds. Individual agreements may be considered for costs exceeding the budget limitations.

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 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.

Additional Information

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

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

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