FY2027 Primary Care Residency Expansion Grant Program

GRANT REQUEST FOR PROPOSAL (RFP)

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09/01/2026

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title**: FY2027 Primary Care Residency Expansion Grant Program
- **Minnesota Department of Health (MDH) Program Website**: Primary Care Residency Expansion Grant Program - MN Dept. of Health
- **Application Deadline**: October 16, 2026

1.2 Program Description

In 2015, the Minnesota Legislature enacted Minnesota Statutes Section 144.1506, authorizing the Commissioner of Health to award grants to fund new primary care residency positions. The Primary Care Residency Expansion Grant Program supports the establishment of new primary care residency programs or the training of eligible residents in newly created residency positions within existing programs in Minnesota. This grant program was created to address the shortage of primary care physicians in many areas of the state, with the goal of increasing access to primary care for rural and underserved communities.

The Minnesota Department of Health (MDH) will prioritize supporting programs that demonstrate a strong record of placing graduates in rural and underserved Minnesota communities or, if the program is new, a strong commitment to placing graduates in rural and underserved Minnesota communities.

1.3 Funding and Project Dates

Funding

Total Available Funding

The Minnesota Legislature has appropriated $1,900,000 in grant funds for fiscal year 2027.

Distribution of Funding

Eligible programs may receive up to $75,000 for primary care residency planning projects. For implementing a new primary care residency slot over a three-year residency period, the maximum award will be $150,000 in year 1, $100,000 in year 2, and $50,000 in year 3. For eligible residency programs longer than three years, training grants may be awarded for the duration of the residency, not exceeding an average of $100,000 per residency slot per year.

Eligible applicants must agree to maintain an expanded number of residents and verify the number each year to continue to receive funds.

MDH may award grants to support up to six family medicine, general internal medicine, or general pediatrics residents; five psychiatry residents; two geriatrics residents; and two general surgery residents. If insufficient applications are received from any eligible specialty, funds may

be redistributed to applications from other eligible specialties. Due to the amount of available funding, MDH may award fewer grants in each specialty than the maximum number allowed by the legislation.

Eligible applicants may apply for funding for more than one new residency slot, but due to the competitive nature of the grant, may not receive funding for all new slots. Note that if applying for residency slots in more than one specialty, a separate application should be submitted for each specialty.

Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed and the grant has reached its effective date, whichever is later.

Funding	Estimate
Estimated Amount to Grant	$1,900,000
Estimated Number of Awards	5-6
Estimated Award Maximum	$400,000
Estimated Award Minimum	$75,000

Match Requirement

There is no match requirement.

Project Dates

- **Application open:** September 1, 2026
- **Application due to MDH:** October 16, 2026, 4:30 p.m. Central Time
- **Grant distribution announcement:** Mid-November 2026
- **Grant agreements begin (estimated):** March 1, 2027
- **Grant agreements end (estimated):** June 30, 2030 (grant agreements to support residency programs are typically three years, but may be longer or shorter depending on the residency program specialty)

1.4 Eligible Applicants

Eligible applicants are programs, sponsors, and potential sponsors of primary care residency positions that fulfill all the following criteria:

- Located in Minnesota and train, or propose to train, medical residents in Minnesota.
- Train, or propose to train, medical residents in the following primary care specialties:
    - Family medicine,
    - General internal medicine,
    - General pediatrics,

  - Psychiatry (including child psychiatry fellowships),
  - Geriatrics, or
  - General surgery.

- Demonstrate current accreditation by and compliance with the Institutional and Program Requirements for Graduate Medical Education in the specialties listed above of the Accreditation Council for Graduate Medical Education (ACGME) or submit a credible plan to obtain accreditation.

- Propose to plan or implement one or more new primary care residency slots.

- Applicants that currently train residents must document the baseline number of residents in the eligible specialty and agree to maintain that baseline number of residents as well as the new resident(s) to be supported with grant funding.

- Agree to verify the number of residents in the program each year to continue to receive funds.

Grant funds are not transferrable to any other entity. Applicants that are aware of upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Collaboration

Collaboration between entities is welcome but not required.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email at Health.ORHPC.WorkforceGrants@state.mn.us. All answers will be posted within five business days at Primary Care Residency Expansion Grant Program - MN Dept. of Health.

Please submit questions no later than 4:30 p.m. Central Time on October 12, 2026.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

RFP Part 2: Program Details

2.1 Priorities

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. The Policy 08-02 on Rating Criteria for Competitive Grant Review (PDF) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The Primary Care Residency Expansion Grant program was enacted to address a shortage of primary care residency training slots in Minnesota, which is contributing to a shortage of primary care physicians in many areas of the state.

This grant will serve all Minnesotans by ensuring that the state is increasing the number of physicians in eligible primary care fields (see section 1.4).

Creating new primary care residency slots is expected to increase health care access for underserved populations across Minnesota, including communities experiencing inequities based on race/ethnicity, age, gender, sexual orientation, disability status, income, education, and geography.

Grant outcomes will include:

- Supporting the expansion of Minnesota's primary care physician workforce.
- Introducing primary care physicians to underserved populations while in residency, fostering their interest in and commitment to serving those most in need.

Other Competitive Priorities

- Eligible applicants are encouraged to develop or expand primary care residency programs in rural or underserved areas of Minnesota. Priority will be given to programs that include training rotations in rural or underserved communities.

- For the purposes of this grant program, "rural community" means a statutory and home rule charter city or township that is outside the seven-county metropolitan area as defined in section 473.121, subdivision 2.

- For the purposes of this grant program, "underserved community" means a Minnesota area or population included in the list of designated primary medical care health professional shortage areas, medically underserved areas, or medically underserved populations maintained and updated by the U.S. Health Resources and Services Administration (HRSA). To determine whether a proposed training site is in a designated shortage area, visit the HRSA website and use the search tools: Find Shortage Areas (hrsa.gov).

- Priority will be given to programs that demonstrate a strong record of placing graduates in rural and underserved Minnesota communities or, if the program is new, a strong commitment to placing graduates in rural and underserved Minnesota communities.

- Priority will be given to applications that demonstrate how the curriculum prepares physicians to address health inequities and work cross-culturally.

- Programs are encouraged, but not required, to support residency training for immigrant international medical graduates (IIMGs). Additional funding may be available for residency slots filled by IIMGs. Note that to be eligible for this funding, IMGs must be permanent residents of the U.S. or have entered the U.S. on Humanitarian or Significant Public Benefit Parole, a temporary status based on urgent humanitarian or significant public benefit reasons; J1 visa holders are not eligible.

2.2 Eligible Projects

Grant funds may be used for:

- Planning related to establishing an accredited primary care residency program;
- Obtaining accreditation by the Accreditation Council for Graduate Medical Education or another national body that accredits residency programs;
- Establishing new residency programs or new resident training slots;
- Recruitment, training, and retention of new primary care residents and faculty;
- Travel and lodging for new primary care residents;
- Salary and fringe for new primary care residents, as well as faculty and preceptors related to new residency slots;
- Training site improvements, fees, equipment, and supplies required for new primary care resident training slots; and
- Supporting clinical education in which primary care residents are part of a primary care team model.

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Solicitating donations.
- Taxes, except sales tax on goods and services.
- Lobbyists, political contributions.
- Bad debts, late payment fees, finance charges, or contingency funds.
- Supporting residents who are not permanent residents of the U.S. or holders of a temporary status based on urgent humanitarian or significant public benefit reasons (Humanitarian or Significant Public Benefit Parole). J1 visa holders are not eligible for support through this grant program.
- Supplanting existing program funds.
- Indirect or administrative costs not directly related to the training program.
- Fundraising.

2.3 Grant Management Responsibilities

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and the State's Authorized Representative has notified the Grantee that work may start.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

Applicants can view a sample grant agreement on MDH Grant Resources.

Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all the terms in the grant agreement have been met.

Reports will be submitted through the Office of Rural Health and Primary Care online grants portal. Standard progress report forms will be provided to grantees. Reports will be due 20 days after each quarter ends per the following schedule:

- January 20
- April 20
- July 20
- October 20

Grantees will be required to provide data to help MDH evaluate the program. Data collected will include, for example, employment status and location of program graduates.

Grant Monitoring

Minn. Stat. § 16B.97 and Policy 08-10 on Grant Monitoring (PDF) require the following:

- One monitoring visit during the grant period on all state grants over $50,000.
- Annual monitoring visits during the grant period on all grants over $250,000.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over $50,000.

The program administrator will contact the grantee to schedule the monitoring visit a few weeks in advance of the meeting.

Technical Assistance

Consultation and guidance in completing the online application process is available upon request. MDH will provide forms and templates for invoices and progress reports. MDH is also available to provide technical assistance for grantees. It is the grantee's responsibility to meet all obligations in the contract, and to notify MDH and request approval for any changes to these obligations.

For assistance, email to Health.ORHPC.WorkforceGrants@state.mn.us.

Grant Payments

Per State Policy 08-08 on Grant Payments (PDF), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

Financial reports will be assigned and completed in the online grant portal. The invoicing and payment schedule will be quarterly:

- January 20
- April 20
- July 20
- October 20

Payments will be distributed upon receipt of a progress report that includes certifying the number of residents under contract, an invoice, an expenditure report, and acceptable documentation of expenses.

2.4 Grant Provisions

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees to comply with applicable state and federal laws prohibiting discrimination.

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA); See e.g. Minn. Stat. § 363A.02. The MHRA is enforced by the Minnesota Department of Human Rights. Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status regarding public assistance, membership or activity in a local commission, disability, sexual orientation, or age regarding any position for which the employee or applicant for employment is qualified.

The grantee agrees not to discriminate in public accommodations because of race, color, creed, religion, national origin, sex, gender identity, sexual orientation, and disability.

The grantee agrees not to discriminate in public services because of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status regarding public assistance.

The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability regarding any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minn. Rules, part 5000.3550.

Audits

Per Minn. Stat. § 16B.98, subd. 8, the books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per Minn. Stat.§ 16B.98 and the Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making." (PDF).

Applicants must complete the Applicant Conflict of Interest Disclosure form and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice.
- A grantee's or applicant's objectivity in performing the grant work is or might be otherwise impaired.
- A grantee or applicant has an unfair competitive advantage.

Individual conflicts of interest occur when:

- An applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence.
- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

In cases where a conflict of interest is perceived, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

Non-Transferability

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minn. Stat. § 13.599, all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion

of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the application is public with the exception of trade secret data as defined and classified in Minn. Stat. § 13.37, subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. (Minn. Stat. § 13.599, subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minn. Stat. § 13.37, the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted;
- Include a statement attached to its application justifying the trade secret designation for each item; and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.

This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act (Ch. 13 MN Statutes) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing content and community specialists with regional knowledge. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria and Weight

The review committee will review each applicant on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The evaluation criteria and point values are detailed in Attachment A: Application Evaluation Criteria.

Grantee Past Performance and Due Diligence Review Process

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires states to conduct a pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of $50,000 and higher to a potential applicant in order to comply with Policy 08-06 on Pre-Award Risk Assessment for Potential Grantees (PDF).

Notification

MDH anticipates notifying all applicants via email of funding decisions in mid-October 2026.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications must be received by MDH no later than 4:30 p.m. Central Time on Friday, October 16, 2026.

Late applications will not be accepted. It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer, or technology problems.

Acknowledgement of application receipt. The ORHPC Online Grants Portal will send an automated email to the user who submitted the application to confirm the submission of your application. Additionally, the application status will change from "Draft" to "Submitted" on the Applicant Dashboard and record the date the application was submitted. If the application is still in draft status by the application deadline, you will no longer be able to edit or submit the application.

If you do not receive an automated email confirming submission, or encounter any other issues with the online application, please contact promptly at Health.ORHPC.WorkforceGrants@state.mn.us. We encourage you to submit in advance of the deadline to allow time to address any technical issues.

3.2 Application Submission Instructions

ORHPC requires application submissions to be made through an online ORHPC Online Grants Portal. Please reference the ORHPC Grantee Guide (PDF) for information on account creation, password recovery, application creation, and collaboration.

Read RFP Part 4: Application Guidance within this RFP document for instructions on how to address the application questions in the ORHPC Online Grants Portal.

If you have any questions, please contact at Health.ORHPC.WorkforceGrants@state.mn.us.

3.3 Application Instructions

You must complete all required fields in the online application form and submit all required attachments for your application to be considered complete.

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

All costs incurred in responding to this RFP will be borne by the applicant.

RFP Part 4: Application Guidance

Section 1. Organization and Applicant Information

Basic information about the applicant entity is requested, including legal and business name, address, and tax identification. This information will be used for contracting purposes.

Section 2. Project Information

Contact Overview

This section requests contact information for the organization, including the Authorized Organization Representative (AOR). This person is often the CEO of the organization and must have the authority to enter a contract with the State. An additional program contact is also advised.

Section 3. Organization Background and Capacity

Program Overview

Provide a brief summary of your program, including its history, location, staff and faculty, administrative structure, and organizational partnerships. For planning grants, the description may be of the institution or division that will house the new residency program.

Program Strengths and Unique Features

Briefly discuss the strengths and unique features of your program (or what you anticipate to be the strengths and unique features of your planned program).

Capacity to Train New Residents

Describe the program's ACGME capacity to train new residents, or a plan to obtain adequate capacity.

Need for Physicians in Field

Briefly summarize data showing the need and demand for physicians in this primary care field in Minnesota, particularly in rural and underserved communities.

Placement of Graduates

Provide data on where graduates of your residency program are employed, specifically the number and percentage working in rural Minnesota communities and the number and percentage working in underserved Minnesota communities.

If the program is new and does not yet have graduates, describe your program's commitment to placing graduates in rural and underserved Minnesota communities. How will your program achieve this goal?

Section 4. Project Narrative

Planning or Implementation Project

Indicate whether you are requesting funding for planning or for implementing one or more new residency slots.

New or Existing Residency Program

Indicate whether you are proposing to establish a new primary care residency program or create and maintain at least one new primary care residency slot in an existing program.

Primary Care Field

Indicate the primary care field in which you propose to plan or implement at least one new residency slot: family medicine, general internal medicine, general pediatrics, psychiatry (including child psychiatry fellowships), geriatrics, or general surgery.

Note that a separate application should be submitted for each specialty if applying in more than one specialty.

Number of New Residency Slots

For implementation grants, indicate the number of new residency slots you will establish.

Baseline Number of Residents

Indicate the baseline number of residents in the eligible specialty. Submission of your application constitutes agreement to maintain that baseline number of residents as well as the new residency slot(s) supported by grant funding. Grantees will be asked to verify the number of residents in the program each year to continue to receive funds.

Provide the numbers of residents and graduates over the previous five years, or maximum years available if fewer than five years. Explain any recent reductions or increases in the number of residents.

Length of Training

Indicate the length of your residency training program: two, three, or four years.

Training Locations

Provide the geographic location of each clinical training rotation site. Indicate whether each site is in a rural and/or underserved community (see RFP section 2.1). To determine whether a proposed training site is in a designated shortage area, visit the HRSA website and use the search tools: Find Shortage Areas (hrsa.gov).

Primary Care Team Model

Briefly describe how residents work and learn as part of a primary care team.

Health Equity and Cross-cultural Training

Briefly describe how your program's curriculum and training experiences prepare physicians to address health inequities and work cross-culturally.

Recruitment

Describe recruitment and selection efforts, including recruitment and selection of immigrant international medical graduates, resident match outcomes from recent years, and plans to fill all available residency slots.

Program Sustainability

Describe the program's plan for sustaining the new residency slot(s) beyond the grant period.

Section 5: Budget & Budget Narrative

Provide a detailed justification for each of the estimated expenses to successfully meet the goals of the proposed project.

Budget Line Items

Provide the amount of grant funds requested, as well as the amounts and sources of other funding, in the appropriate fields for each budget area.

Budget categories:

- **Salaries:** Salaries should include the costs of personnel, such as residents and faculty, who work directly for the applicant and are paid a salary or wage directly from the applicant organization. Salaries can be calculated and described in the Budget Narrative as an hourly wage with total hours estimated to be spent on the project, or an annual salary with the estimated percentage of the total FTE.
- **Fringe:** This category includes share of payroll tax, health insurance costs, Medicare/Medicaid, etc. for employees billed to this grant under the Salaries category. In the Budget Narrative, explain how fringe expenses were calculated. Fringe is often calculated at a percentage of salary. Example: $50,000 x 25% fringe = $12,500.
- **Travel:** Describe any proposed travel and/or lodging for new residents as it relates to the direct operation of the program. Allowed and approved travel expenses will be reimbursed in no greater amount than as provided in the current Minnesota Management and Budget Unrepresented Plan (PDF) or at the grantee's established rate, whichever is lower, at the time travel occurred.
- **Supplies:** Include supplies required for new primary care resident training slots. Do not include existing program expenses.
- **Contracted Services:** Include any contracted services, such as costs associated with training sites, on this line.
- **Equipment and Capital Improvements:** Include any equipment or training site improvement costs required for new primary care resident training slots. Equipment has a value of $10,000 or more. Items below $10,000 are considered supplies.

- **Other expenses:** Whenever possible, include proposed expenditures in the categories listed above. If it is necessary to include expenditures in this general category, include a detailed description of the activities as they relate to the direct operation of the program. This category may include costs to obtain accreditation and other eligible expenses as detailed in section 2.2 of this RFP. Note that indirect expenses are not allowed.

Grantees may choose to use the Sample Budget Worksheet (Excel) to calculate budget costs before entering them in the application portal.

Section 6: Required Attachments

Audited Financial Statements

Please upload a copy of the most recent independent audit into the online application. If the audit encompasses multiple entities within a system or umbrella organization, please provide additional financial information, such as an income statement, specific to the applicant entity.

Due Diligence

Please complete the Due Diligence Form (PDF) and attach to the online application form.

Community Health Boards and Tribal Nations do not need to submit this form as part of their application.

If the entity is required to submit a Due Diligence form, a section will become available to allow submission of the form and any accompanying attachments such as audited financial statements.

Proof of Accreditation

Provide documentation of current accreditation by ACGME or another national body that accredits residency programs, or a detailed, credible plan to obtain accreditation.

Section 7: Applicant Conflict of Interest Disclosure

Applicants will complete an Applicant/Recipient Conflict of Interest Form (PDF) in the online application. See a copy of the form on MDH Grant Resources.

RFP Part 5: Attachments

- Attachment A: Application Evaluation Criteria

Attachment A: Application Evaluation Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

The review committee will review each applicant on a 100-point scale as follows:

ORGANIZATION BACKGROUND AND CAPACITY

Evaluation Criteria	**Score**	**Reviewer Comments: Strengths/Weaknesses**
Program overview provides a clear picture of the program (or institution or division, for planning projects).	/5	
Program overview and ACGME capacity demonstrate that program is well-equipped to train new residents.	/5	
Program has compelling strengths and unique features.	/5	
Data show a strong need for physicians in this field in MN, particularly in rural and underserved communities.	/5	
Program graduates are currently working in rural and underserved Minnesota communities: all or nearly all (20 points), more than half (10 points), fewer than half (5 points), none (0 points). If new program, strong commitment to placing graduates in rural and underserved Minnesota communities and clear, effective strategies to achieve this goal.	/20	
Total points for this section	/40	

PROJECT NARRATIVE

Evaluation Criteria	**Score**	**Comments: Strengths/Weaknesses**
Program has had a relatively stable number of residents over the past five years or has grown in a sustainable way.	/5	
Clinical training rotation sites are located in rural or underserved communities: all or nearly all (20 points), more than half (10 points), fewer than half (5 points), or none (0 points).	/20	
Program incorporates a strong model of team-based primary care.	/5	
Curriculum and training experiences prepare physicians to address health inequities and work cross-culturally.	/5	
Applicant describes effective recruitment and selection efforts to fill all residency slots and (for existing programs) successful match outcomes.	/5	
Applicant describes a sound plan for sustaining their new residency slot(s) beyond the grant period.	/10	
Total points for this section	/50	

BUDGET NARRATIVE

Evaluation Criteria	**Score**	**Comments: Strengths/Weaknesses**
Proposed costs in the budget are clear, with enough detail to understand why they are included.	/5	
Proposed expenses seem reasonable and align with the goals and requirements of this program.	/5	
Total points for this section	/10	
Total Score	/100	

Link References

- Primary Care Residency Expansion Grant Program - MN Dept. of Health (https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#pcres)
- Minnesota Statutes Section 144.1506 (https://www.revisor.mn.gov/statutes/cite/144.1506)
- The Policy 08-02 on Rating Criteria for Competitive Grant Review (PDF) (https://mn.gov/grants/assets/POL_08-02_RatingCriteriaforCompetitiveGrantReview_2017-09-15_tcm1093-749640.pdf)
- 473.121, subdivision 2 (https://www.revisor.mn.gov/statutes/cite/473.121#stat.473.121.2)
- Find Shortage Areas (hrsa.gov) (https://data.hrsa.gov/tools/shortage-area)
- Humanitarian or Significant Public Benefit Parole (https://www.uscis.gov/humanitarian/humanitarian_parole)
- MDH Grant Resources (https://www.health.state.mn.us/about/grants/resources.html)
- Minn. Stat. § 16B.97 (https://www.revisor.mn.gov/statutes/?id=16B.97)
- Policy 08-10 on Grant Monitoring (PDF) (https://mn.gov/grants/assets/POL_08-10_GrantMonitoring_2016-12-02_tcm1093-749648.pdf) (https://mn.gov/grants/assets/POL_08-10_GrantMonitoring_2016-12-02_tcm1093-749648.pdf)
- State Policy 08-08 on Grant Payments (PDF) (https://mn.gov/grants/assets/POL_08-08_GrantPayments_2021-04-12_tcm1093-749646.pdf)
- Minnesota Human Rights Act (MHRA) (https://www.revisor.mn.gov/statutes/cite/363A)
- Minn. Stat. § 363A.02 (https://www.revisor.mn.gov/statutes/cite/363A.02)
- Minnesota Department of Human Rights (https://mn.gov/mdhr/)
- Minn. Rules, part 5000.3550 (https://www.revisor.mn.gov/rules/5000.3550/)
- Minn. Stat. § 16B.98, subd. 8 (https://www.revisor.mn.gov/statutes/?id=16B.98)
- Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making." (PDF) (https://mn.gov/grants/assets/POL_08-01_ConflictofInterestforStateGrantMaking_2026-01-01_tcm1093-749639.pdf)
- Minn. Stat. § 13.599 (https://www.revisor.mn.gov/statutes/cite/13.599)
- Minn. Stat. § 13.37 (https://www.revisor.mn.gov/statutes/cite/13.37)
- Ch. 13 MN Statutes (https://www.revisor.mn.gov/statutes/cite/13/full)

- Policy 08-06 on Pre-Award Risk Assessment for Potential Grantees (PDF) (https://mn.gov/grants/assets/POL_08-06_PreawardRiskAssessmentofPotentialGrantees_2025-07-01_tcm1093-762012.pdf)
- ORHPC Online Grants Portal (https://www.grantinterface.com/Home/Logon?urlkey=mdh)
- ORHPC Grantee Guide (PDF) (https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf)
- Find Shortage Areas (hrsa.gov) (https://data.hrsa.gov/tools/shortage-area)
- Unrepresented Plan (PDF) (https://mn.gov/mmb-stat/000/az/labor-relations/unrepresented-plan/unrepresented-plan.pdf)
- Sample Budget Worksheet (Excel) (https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/excel/pcresbud.xlsx)
- Due Diligence Form (PDF) (https://www.health.state.mn.us/about/grants/duediligence.pdf)
- Applicant/Recipient Conflict of Interest Form (PDF) (https://www.health.state.mn.us/about/grants/coiapplicant.pdf)