

2025 Rural and Underserved Clinical Rotations Grant Program Questions and Answers

UPDATED JUNE 27, 2025

Q1. Are Dental Assisting and/or Dental Hygiene programs eligible to apply for this grant?

A1. No. Dental Programs, Dental Therapy Education Programs, and Advanced Dental Therapy Education Programs are eligible, as outlined in RFP section 1.4.

Q2. If we are initiating a new clinical site(s), it would not be possible to place students in that site for the fall semester and the earliest we could do so would be spring and summer semesters. Will this be acceptable? Of course our intention would be to continue student placement beyond the grant period.

A2. Yes, this would be acceptable. We understand it will take time to establish your new clinical training site(s) prior to placing students in those sites. Applicants are encouraged to outline these steps in the Work Plan section of their application.

Q3. Would clinical sites that are FQHCs be considered underserved even if they are not physically located in a health professional shortage area?

A3. Clinical sites, including FQHCs, must meet the criteria for “rural community” or “underserved community” outlined in section 2.2 of the RFP.

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 \(https://www.revisor.mn.gov/statutes/cite/473.121\)](https://www.revisor.mn.gov/statutes/cite/473.121).

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 \(https://data.hrsa.gov/tools/shortage-area\)](https://data.hrsa.gov/tools/shortage-area).

Q4. If our institution currently has a different grant from the MDH Office of Rural Health and Primary Care, may we also apply for this one?

A4. Yes, as long as the work proposed for this grant project is distinct from the work conducted under the other grant. Recipients of an active Health Professionals Clinical Training Expansion Grant through the [Health Professionals Clinical Training Expansion Grant Program](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#hpcteg) (<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#hpcteg>) may not receive Rural and Underserved Clinical Rotations Grant funding for the same program or department; there must be no overlap between clinical training programs or trainees funded by the two grants.

Q5. How many site visits and financial reconciliations will there be for this grant?

A5. Grantees receiving \$50,000 or more will have one monitoring visit and financial reconciliation per grant period. Grantees receiving \$250,000 or more will have one monitoring visit and financial reconciliation per year throughout the grant period.

Q6. Is this grant anticipated to be a recurring opportunity in future years?

A6. ORHPC anticipates being able to offer this funding in future years.

Q7. If I have only been in business less than one year, can I still apply for this grant?

A7. Clinical training programs that meet the eligibility criteria in section 1.4 of the RFP are eligible to apply.

Q8. Would a proposal to develop a certificate program be appropriate for this grant?

A8. Proposals may include a development phase but should also include implementation activities, such as enrolling students in the certificate program.

Q9. If clinical rotations for our students are chosen prior to the start date of the grant period, could those rotations still be eligible for grant funding such as stipends and transportation costs?

A9. As stated in RFP section 1.2, the purpose of this grant program is to augment existing clinical training programs to add rural and underserved rotations or clinical training

experiences. Applicants must describe the new training sites and/or additional training slots resulting from their project.

Q10. How do I verify if my organization has an account in the grants management portal?

A10. If you are not sure whether your organization has an account, or you do not know the login information for your organization's account, please email Health.ORHPC.WorkforceGrants@state.mn.us for assistance.

Q11. Does clinical training include internships where students are employed by organizations and working while also learning, but that are not a requirement of degree programs? Does it have to be an educational requirement progressing toward a degree, or can it be an educational and enrichment activity outside of a degree program?

A11. Clinical training experiences or rotations should be part of a clinical training program. As stated in RFP section 1.2, the purpose of this grant program is to augment clinical training programs to add rural and underserved rotations or clinical training experiences.

Q12. We would like to focus on clinical rotation expansion to tribal health clinics in Minnesota. Can we partner with tribal health clinics/IHS clinic locations as expansion sites?

A12. Yes, tribal health clinics and IHS clinic locations are eligible training sites if they are located in a rural or underserved community, as defined in RFP section 2.2.

Q13. Who do I list as the Primary Contact/Authorized Organization Representative? Is that the grant facilitator or another person within the organization?

A13. The Authorized Organization Representative (AOR) submits grant applications on behalf of an entity and has the authority to sign grant applications, grant agreements and any other certifications or assurances to fulfill the requirements of the application and granting process. If the entity becomes a grantee, the AOR has full authority to represent the grantee in fulfillment of the terms, conditions, and requirements of the grant agreement. Typically this individual is the organization's president or CEO, but it can be someone else as long as they have signatory authority.

Q14. Are there page limits on the application? Are there any types of limits on each section and if so, what type of limitations are they (word/character)?

A14. The application in the [ORHPC online grants portal \(https://www.grantinterface.com/Home/Logon?urlkey=mdh\)](https://www.grantinterface.com/Home/Logon?urlkey=mdh) provides response fields for each required question. Character limits are displayed under each long-form response field.

Q15. Are indirect costs covered in the amount provided?

A15. Yes. Per RFP section 2.2, indirect expenses are allowed at a grantee's federally negotiated rate or up to 10% of direct costs. See RFP Part 4 for further details.

Q16. Can a nonprofit that would provide this service in a metro underserved area apply for this grant?

A16. As referenced in section 1.4 of the RFP, eligible applicants are institutions of higher education, hospitals, or other entities that manage an eligible clinical training program.

Eligible clinical training programs that place students in rotations in an underserved community as defined in RFP section 2.2 are eligible to apply. As noted in RFP section 2.1 and Attachment A: Evaluation Criteria, MDH will prioritize supporting programs serving rural communities.

Q17. Can we apply for this grant if we currently are in the last year of a prior MDH Health Professionals Clinical Training Expansion grant? We would like to be able to continue to provide the assistance to the same program for rural clinical rotations, but our current grant is ending after this next year.

A17. Recipients of an active Health Professionals Clinical Training Expansion Grant through the [Health Professionals Clinical Training Expansion Grant Program \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#hpcteg\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#hpcteg) may not receive Rural and Underserved Clinical Rotations Grant funding for the same program or department; there must be no overlap between clinical training programs or trainees funded by the two grants during the same time period.

If the current Health Professionals Clinical Training Expansion grant will end before the start date for the Rural and Underserved Clinical Rotations grant, then it is permissible to apply for a grant supporting the same clinical training program.

Q18. Our program plan includes funding for salary/honoraria for preceptors. In addition to the preceptors for the new slots, may we include costs for preceptors for the existing slots?

A18. As stated in RFP Part 4, section 5, if you are proposing an expansion, your budget should reflect the costs associated with that expansion (the additional training slots and/or sites), not the costs of operating the entire program. Funds may cover the cost of additional preceptors for the new slots, and/or the cost of the additional time existing preceptors will spend on the new slots.

Q19. Our program plan includes scholarships for students. Is there guidance/precedent for asking scholarship recipients for a service commitment (e.g., student agrees to a minimum of 3 years of service following clinical rotation)?

A19. Currently, the Rural and Underserved Clinical Rotations program does not require a service commitment from students who receive grant funds to assist with their clinical rotations. Grantees may choose to incorporate this practice into their programs. Some other ORHPC grant programs require service commitments for recipients of scholarships or financial support for clinical training.

Q20. Our program plan includes scholarships for students in the second half of the program when they are completing clinical rotations. May we also include costs for scholarships for students in the first half of the program prior to clinical rotations?

A20. No, grant funds may not be used for elements of a student's educational experience that are unrelated to their participation in a rural and underserved rotation or clinical training experience.

Q21. Can you please describe what is meant by "Team-based Primary Care"?

A21. Team-based primary care includes a range of health care professionals working together, such as physicians, nurse practitioners, physician assistants, pharmacists, social workers, mental health professionals, and others. Members of the team share information and make some decisions collaboratively to coordinate patient care.

Q22. We are a mental health training program. Does “Team-based Primary Care” require physicians, physician assistants, nurses, pharmacists, etc. to be present? Our clinical training sites are community mental health clinics where only mental health professionals practice.

A22. Programs with a strong model of team-based primary care will receive priority, but team-based primary care is not a requirement for eligibility. For the purposes of this grant program, there is no required composition of the primary care team; a primary care team may be comprised of various types of health care professionals. Even if your clinical training site has only mental health professionals, if those professionals are in communication with other health care professionals caring for the same patients and make some decisions collaboratively to coordinate patient care, that may be considered working as part of a primary care team.

Q23. Would it be possible to apply on behalf of multiple physician residency programs whose residents would all be eligible to complete the same clinical rotation? We have Internal Medicine residents, Medicine Pediatric residents, and Medicine Dermatology residents who can all elect to participate in Medicine rotations.

A23. Yes, organizations may submit an application on behalf of multiple physician residency programs whose residents would be eligible to complete the same clinical rotations. Applicants should provide clear details on how the clinical rotation slots will be shared across residency programs.

Q24. We are a clinical dental training site. We partner with accredited programs like the University of Minnesota, and they do clinical rotations through us, and we have adjunct faculty at several of those universities as well. Are we eligible to apply for this grant since we still do work in rural and underserved areas, but we are not an accredited program ourselves?

A24. As stated in RFP section 1.4, eligible applicants are clinical training programs that are accredited or candidates for accreditation. Clinical training sites that do not administer accredited programs would not be eligible applicants, but are encouraged to partner with eligible applicants. Eligible applicants must submit letters of commitment from clinical training sites as part of their application.

Q25. Do we need to have training experiences in BOTH rural and underserved areas, or just primarily rural, or can we apply just for augmenting/expanding underserved community training?

A25. Clinical training sites must meet the criteria for “rural community” or “underserved community” outlined in RFP section 2.2. Applicants may choose to partner with sites that meet the criteria for “rural community,” “underserved community,” or both. As noted in RFP section 2.1 and Attachment A: Evaluation Criteria, MDH will prioritize supporting programs serving rural communities.

Q26. Are current Rural and Underserved Clinical Rotations grantees eligible to apply for funding in this cycle for the same program or a different program?

A26. Yes, current Rural and Underserved Clinical Rotations grantees are eligible to apply for funding in response to this competitive RFP. They may seek funding for a different program or, if seeking funding for the same program that is currently funded, they must propose an expansion of that program beyond what is in their current grant project. The expansion may be adding new training sites and/or additional training slots (see RFP section 2.2). Any new funding they are awarded will cover the expansion beyond their current grant project.

All applicants should review the RFP carefully and ensure they are meeting all requirements, as the program and RFP have been updated this cycle.

As noted in RFP section 2.2, recipients of this new cycle of Rural and Underserved Clinical Rotations grants who meet the annual requirements will be eligible for an amendment each year to add funds and extend the time period of their grants for up to five years.

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To obtain this information in a different format, call: 651-201-3838.