



Rural Health Transformation Program 2026: Integrating Community doulas into Clinical Healthcare Teams in Rural New Jersey (NJ)

Request for Applications (RFA)

Issued by:

Maternal and Child Health Services
Division of Family Health Services
New Jersey Department of Health

Application Deadline: April 27, 2026

Submission Portal:

<https://dohsage.intelligrants.com/>

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Important Dates

- **Application Period Opens:** April 9, 2026
- **Application Deadline:** April 27, 2026
- **Award Date:** **May 1, 2026**
- **Note:** While the application period and deadlines are fixed, funding under this RFA is contingent upon the appropriation of funds through the OBBBA. Applications received after the deadline may be considered at the discretion of the program.
- [Post-Award Progress and Expenditure Reporting Dates](#)

Program Overview/Background

Although New Jersey is the most densely populated state in the nation, more than one million residents live in communities that meet federal or state definitions of rurality. Notably, rural New Jerseyans reside across eleven counties, including Atlantic, Burlington, Cape May, Cumberland, Hunterdon, Mercer, Monmouth, Ocean, Salem, Sussex, and Warren, and experience challenges common to rural regions nationwide despite their proximity to urban centers, including fewer healthcare access points and workforce shortages.

Approximately 138,000 New Jersey residents (approximately 1.5% of the state's population) live within 40 federally recognized Rural Census Tracts (RCTs) located across eight (8) counties according to the most recent rural definition maintained by the Health Resources and Services Administration (HRSA)¹. These rural counties include Atlantic, Burlington, Cumberland, Hunterdon, Mercer, Monmouth, Ocean, and Warren. See [Appendix A](#) for federally recognized rural counties and RCTs.

New Jersey also applies a state-specific rural definition, identifying population densities below 500 persons per square mile as rural. Under this definition, seven (7) counties - Atlantic, Cape May, Cumberland, Hunterdon, Salem, Sussex, and Warren - qualify as rural. This state definition acknowledges the unique geographic landscape of rural New Jersey, where most areas are located near urban centers but still face barriers like those in federally defined rural areas. See [Appendix B](#) for state-recognized rural counties.

¹ 2. Health Resources & Services Administration (HRSA). How We Define Rural. [Online] September 23, 2025. <https://www.hrsa.gov/rural-health/about-us/what-is-rural>.

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Rural communities across the United States face significant challenges in accessing quality healthcare. These challenges stem from provider shortages, limited specialized care, financial constraints, geographic isolation, and limited public transportation. Although New Jersey is the most densely populated state in the nation, it contains meaningful pockets of rurality, distributed across several counties, that experience similar challenges found in rural regions nationwide. These challenges are compounded by the state’s rural geographic distribution, diverse population, and significant socioeconomic disparities, all of which influence access to healthcare. The result is unique barriers that require targeted, state specific solutions that strengthen care access. Among the most promising and necessary strategies are preventive programs and activities, as well as telehealth and remote patient monitoring (RPM), which can overcome longstanding obstacles to care and improve health outcomes in communities where traditional healthcare access is limited.

Rural New Jersey communities face significant challenges related to access to healthcare providers, including primary care physicians, specialists, and mental health professionals. These limitations make it difficult for residents to receive quality healthcare, particularly for chronic conditions such as diabetes, heart disease, and hypertension, as well as preventive services like cancer screenings and vaccinations.

Targeted funding for rural communities is essential to expand preventive programs and activities, enhance the use of telehealth and RPM, and implement technology solutions that streamline appointment scheduling, patient registration, check-in, care coordination, and support training and capacity building to strengthen workforce skills, cultural competency, and program implementation.

The Rural Health Transformation (RHT) Program was authorized by the One Big Beautiful Bill Act (OBBBA) (Section 71401 of Public Law 119-21) and empowers states to strengthen rural communities across America by improving healthcare access, quality, and outcomes, with a particular focus on uninsured and underinsured populations, through transformation of the healthcare delivery ecosystem. Through innovative system-wide change, the RHT Program invests in the rural healthcare delivery system to better serve these populations now and for future generations.

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The RHT Program is designed to provide funding for investments that will transform and sustain the way care is delivered in rural communities, specifically to improve access and outcomes, especially for individuals who are uninsured and underinsured. Additional funding opportunities may be found at [Health Department Grants](#). This funding will drive the following strategic goals:

1. **Make Rural America Healthy Again:** Support rural health innovations and new access points to promote preventative health and address root causes of diseases. Projects will use evidence-based, outcomes-driven interventions to improve disease prevention, chronic disease management, behavioral health, oral health, and prenatal care.
2. **Sustainable Access:** Help rural providers become long-term access points for care by improving efficiency and sustainability. With RHT Program support, rural facilities work together, or with high-quality regional systems, to share or coordinate operations, technology, primary and specialty care, and emergency services.
3. **Workforce Development:** Attract and retain a highly skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities. Help rural providers practice at the top of their license and develop a broader set of providers to serve a rural community's needs, such as community health workers, pharmacists, and individuals trained to help patients navigate the healthcare system.
4. **Innovative Care:** Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements. Develop and implement payment mechanisms incentivizing providers or Accountable Care Organizations (ACOs) to reduce health care costs, improve quality of care, and shift care to lower cost settings.
5. **Tech Innovation:** Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients. Projects support access to remote care, improve data sharing, strengthen cybersecurity, and invest in emerging technologies.

For more information about RHT Program's strategic goals, visit the Centers for Medicare & Medicaid Services Rural Health Transformation (RHT) Program [website](#) or access the Notice of Funding Opportunity (NOFO) [here](#).

Funding under the RHT Program is contingent upon appropriations through the OBBBA. These investments will help overcome longstanding barriers to care, improve health outcomes, and

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strengthen access to healthcare in rural New Jersey, with a particular focus on uninsured and underinsured populations.

Eligibility

Eligibility is limited to health care systems that serve uninsured and underinsured individuals in the designated rural target-population counties and RCTs identified under federal, state, or RRS definitions. This includes the combined federal and state rural-designated counties of Atlantic, Burlington, Cape May, Cumberland, Hunterdon, Mercer, Monmouth, Ocean, Salem, Sussex and Warren, as well as ten (10) RCTs in Bergen, Hudson, Morris, and Passaic counties designated as rural under the RRS. In some cases, only certain areas within a county or a RCT may qualify as rural. Eligibility can be verified using [Appendix A](#) for federally recognized rural counties and RCTs and [Appendix B](#) for state recognized rural counties.

Applicants are not required to serve exclusively uninsured or underinsured populations across their entire organization, and programs or positions supported by this grant may interact with or serve insured individuals. However, grant funds may not be used to pay for or support any services or activities that are reimbursable by Medicaid, Medicare, or private insurance.

Eligible applicants are health care institutions that can and will employ community doulas such as hospitals and healthcare providers such as clinics and health centers.

Note: Applicants serving areas that meet the federal Health Resources and Services Administration (HRSA) definition of rural may receive priority consideration in the funding process.

Scope of Work

The NJDOH's ***Rural Health Transformation Program 2026: Integrating Community Doulas into Clinical Healthcare Teams in Rural NJ*** focuses on expanding healthcare access, strengthening preventive services, integrating technology-driven solutions, and supporting training and capacity building to improve health outcomes in rural New Jersey. To achieve this goal, the program supports targeted initiatives that include preventive programs, telehealth and RPM, technology-enabled tools to streamline care delivery, and training to enhance workforce skills, cultural competency, and program implementation.

Background and need:

The Need

Maternal mortality in the United States continues to be a major issue, and the nation exceeds in maternal mortality compared to other high-income countries, according to the Organization for Economic Cooperation and Development.² Data from the CDC's Pregnancy Monitoring Surveillance System (PMSS) indicated the national pregnancy-related mortality ratio (defined as the number of pregnancy-related deaths per 100,000 live births) was 33.2 deaths per 100,000

live births.³ By race/ethnicity, non-Hispanic (NH) American Indian/Alaska Native and non-Hispanic Native Hawaiian/Pacific Islander women experienced the highest pregnancy-related mortality, with rates of 118.7 deaths per 100,000 live births and 111.7 deaths per 100,000 live births, respectively. New Jersey's maternal mortality and severe maternal morbidity outcomes continue to persist, with disparities evident among the Black, NH population.⁴

New Jersey Data

From 2019-2021, the NJ statewide PRMR was 20.5 deaths per 100,000 live births. This ratio represents an increase in pregnancy-related mortality compared to 14.4 deaths per 100,000 live births from 2016-2018. For pregnancy-related deaths from 2019-2021, the Pregnancy-Related Mortality Ratio (PRMR, number of deaths for every 100,000 live births) was 20.5 deaths per 100,000 live births; however, among Black, NH women, the PRMR was 65.1 per 100,000.⁵

As maternal health outcomes are a continuing issue, so are infant health outcomes. When assessing infant mortality across OECD countries (2021), the United States has the 6th highest infant mortality at 5.4 deaths per 1,000 live births.⁴ In 2021, the infant mortality rate in New

² ^[1]<https://www.oecd.org/en/data/indicators/infant-mortality-rates.html>

³ CDC. (2025, April 29). Data from the Pregnancy Mortality Surveillance System. Maternal Mortality Prevention. https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/?CDC_AAref_Val=https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance/index.html

⁴ Nantwi, A.K. & Slutzky, C.B. (2026). New Jersey Maternal Mortality Report 2019-2021. Retrieved from: <https://www.nj.gov/health/fhs/maternalchild/mchepi/mortality-reviews>.

⁵ Nantwi, A.K. & Slutzky, C.B. (2026). New Jersey Maternal Mortality Report 2019-2021. Retrieved from: <https://www.nj.gov/health/fhs/maternalchild/mchepi/mortality-reviews>.

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Jersey was 3.5 deaths per 1,000 live births. The Black, NH infant mortality rate was nearly four times that of their White, NH counterparts (7.8 deaths per 1,000 live births compared to 2.2 deaths per 1,000 live births).⁶ By geographic location of residence, the Southern region had the highest infant mortality rate (5.3 deaths per 1,000 live births) when compared to Central and Northern regions (3.4 and 2.7 deaths per 1,000 live births, respectively).⁷ The Southern region is predominantly rural, with the four most Southern counties in NJ meeting the federal and state definitions of rural. With limited and/or inconsistent access to necessary healthcare, many rural residents face compromising situations that have negative and long-term impacts on their health, including women seeking perinatal care during and after pregnancy.

A Solution: NJFamilyCare Doulas (“Community doulas”)

Doulas are trained professionals who provide physical, emotional, and informational support before, during, and after childbirth. Multiple studies show that doula care can improve maternal and infant health outcomes; reduce pre-term births and low-birth-weight infants; lower rates of cesarean sections; and increase rates of breastfeeding.^{8, 9, 10}

Community doulas are doulas who are trusted members of the communities they serve and who often offer services at low to no cost to the recipient. Community doulas often provide an expanded set of services beyond those seen through a private-pay doula, including connecting individuals with community-based resources and increasing the number of home visits prenatal and postpartum.

The New Jersey Department of Health (NJDOH) is requesting proposals to integrate NJ FamilyCare Community doulas into the maternal child health care landscape. **The program is intended to bolster services offered by maternal health professionals in healthcare institutions that serve**

⁶ OECD. “Infant Mortality Rates.” OECD, 2021, www.oecd.org/en/data/indicators/infant-mortality-rates.html.

⁷ Department of Health. (2022). NJSHAD - Summary Health Indicator Report - Infant Mortality. Nj.gov. <https://www-doh.nj.gov/doh-shad/indicator/summary/EPHTInfMort.html>

⁸ Farewell, C. V., Gahrns, J., Pangalangan, J., Curl, E., & Pangalangan, A. (2025). Community-based doulas and medicaid expansion: a resource-based approach to support the well-being of low-income postpartum women. *BMC Pregnancy & Childbirth*, 25(1), 1–12. <https://doi-org.resources.njstatelib.org/10.1186/s12884-025-07855-y>

⁹ Heuberger, A., Ramos, G., Weerasuriya, W., Barrientos, N., Applequist, J., & Louis-Jacques, A. F. (2025). Doula Support and Breastfeeding Outcomes: A Systematic Review. *Breastfeeding Medicine*, 20(10), 685–706. <https://doi-org.resources.njstatelib.org/10.1177/15568253251367430>

¹⁰ Dias, Y., Achebe, N. E., Doering, M. M., Montiel, C., Paul, R., Lawlor, M., Malloy, A. T., McMillian, C., Frazier, T., Standard, V., Haley, S., Urrutia, R., Tang, J. H., Slaughter-Acey, J., Frolova, A., Raghuraman, N., Kelly, J. C., & Carter, E. B. (2025). Intrapartum Doula Support and Cesarean Delivery Rates: A Systematic Review and Meta-analysis. *Obstetrics and Gynecology*, 146(1), 73–84. <https://doi-org.resources.njstatelib.org/10.1097/AOG.0000000000005937>

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rural NJ residents.

The primary goal of this RFA is to grow the size and capacity of the NJ FamilyCare Community doula workforce serving rural NJ and support their engagement in various health environments. The opportunity for such workforce development will expand the possibilities for pregnant and post-partum women who reside in rural areas of our State and help to reframe the current healthcare model.

These initiatives promote early detection, health education, and interventions that reduce disease progression, while telehealth and RPM help bridge provider gaps by giving residents access to specialists, follow-up care, and chronic disease management without the need for travel. Additionally, technology-enabled tools, such as scheduling platforms, digital registration systems, automated appointment reminders, and electronic check-in processes, can further reduce barriers to care by decreasing wait times, improving workflow efficiency, and simplifying patient navigation. As New Jersey invests in transforming its rural health care delivery system, there is a need for comprehensive training and capacity building that strengthens cultural competency, supports stigma-sensitive approaches, and equips providers and community partners with the knowledge and skills necessary to engage diverse rural populations and ensure more equitable access to care.

By expanding provider access, integrating technology-driven care and prevention programming, and supporting training and capacity building to strengthen workforce readiness and cultural competency, the funding helps reduce health disparities and strengthens the overall health of rural New Jersey communities, in line with the state's vision of making New Jersey the healthiest state in the union.

Available Funding

Funding for this program is dependent on the final award received by NJDOH through the OBBBA. NJDOH anticipates distributing funds among eligible applicants that propose activities benefiting uninsured and underinsured residents within the designated rural target areas.

Applicants serving areas that meet the federal HRSA definition of rural, providing Letters of Collaboration from planned partners, and/or submitting vendor quotes for proposed grant activity purchases may receive priority consideration in the funding process.

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Note: NJDOH may adjust eligibility or prioritization criteria if the federal award limits or excludes the use of state-specific rural designations or the RRS.

Total Funding Available:

- Activity A – **Integrating Community doulas into Clinical Healthcare Teams in Rural NJ:** \$1,875,000 for 3 to 5 awards, depending on number of applicants and availability of funds.

Program Goal and Objectives:

Component A: The primary goal of this COMPONENT is to support the integration of one or more Community doulas into Interdisciplinary healthcare teams (Hospitals/Clinics/FQHC's) within or adjacent to rural areas of the State and mentor(s) to provide support for newly trained doulas. The doulas will be hired as **full-time** or **part-time** staff, and work the same shifts as **doctors, nurses and midwives**. A secondary goal of these funds is for pregnant individuals throughout the state to have access to **person-centered, community-based, and culturally competent** healthcare services throughout the perinatal period.

Strong applicants will demonstrate an ability to expand interdisciplinary team function within their health center/hospital system by creating and implementing a plan for Community doula integration beyond the grant period. **Eligible applicants are clinics, hospitals and federally qualified health centers (FQHCs) that serve pregnant and post-partum populations in NJ.** Awardees must possess the ability to serve rural counties within the state of New Jersey.

Applicants should note which tier they are applying for. The selected Tier will affect the amount of funding received.

Tier 1 – recruit, deploy, and support 1 – 2 doulas and 1 mentor – MAX \$300,000

Tier 2 – recruit, deploy, and support 3-5 doulas and 2 mentors– MAX - \$500,000

Tier 3 – recruit, deploy, and support 6 or more doulas and 3 or more mentors. - MAX \$750,000

Number of awards will be determined by the number of successful applicants and funding availability.

- 1) Hiring, training and integrating Community doulas into interdisciplinary maternal health serving clinical care teams within or adjacent to rural areas of the State



- 2) Hiring/contracting a doula mentor to ensure that newly hired and/or trained Community doulas are receiving the support they need as they transition into the interdisciplinary team
- 3) Creating a plan or policy that standardizes the integration of the Community doula role into an interdisciplinary team within a health system

Rural health systems and organizations must be in or adjacent to one of the State’s rural areas as defined by federal and state definitions of rurality (see Appendix A and B for specific areas) and clearly establish that they are serving rural health residents:

I. Component A: Integration of Community doulas within Maternal and Child Health (MCH) Clinical Care teams Serving, Adjacent to or Located Within Rural Areas of the State

Objective 1:

The hiring and integration of Community doulas into an Interdisciplinary Team in a healthcare should be conducted in Year 1. One or more of these community doulas must serve as a mentor to newly trained community doulas from community doula training organizations across the state. NJFamilyCare Doulas (“Community doulas”). NJ FamilyCare is defined as a program that is currently approved by NJDOH/DHS for doulas interested in serving NJ FamilyCare members and receiving NJ FamilyCare reimbursement for doula care. These Community doulas will be integrated into a rural-serving health system’s Maternal and Child Health professional’s team. Examples of Maternal and Child Health teams include Labor and Delivery (L&D) Units and Primary Care teams located within clinics/FQHCs/hospitals that serve maternal and child health populations. If the health care facility will seek reimbursement from Medicaid or other insurance or funding source for services rendered by the community doula as part of these grant activities, this needs to be reflected in the budget clearly. These funds cannot be used for services and activities that are rendered or billed from other sources.

Successful applicants are expected to facilitate the creation and full integration of this position into the maternal health interdisciplinary team at the grantee organization. Core Clinical Team Practices reflect expectations for all grantee sites to support doula integration per (P.L. 2023, c. 286).

Grantees must ensure the following:

- 1) Clinical team understands the doula’s scope of practice and role on the team
- 2) Doulas are welcomed into huddles to discuss patient needs and desires, and participate in clinical care team recommendations
- 3) Doulas have access to all clinical care team training materials
- 4) Doulas are given a doula point of contact (*See below regarding “Community doula mentors”*)
- 5) Hospital check-in procedures for doulas are clearly defined
- 6) Legislation (P.L. 2023, c. 286) is well understood by the entire interdisciplinary team
 - a. “Authorizes every hospital and birthing center maintain policies and procedures, authorizing a patient to select a doula of the patient's choice to accompany the patient within the facility's premises for the purpose of providing support before, during, and after labor and childbirth”

Additionally, grantees are expected to:

- 1) Hire a community doula mentor to support the integration of community doulas into an interdisciplinary team within a clinical setting.
 - b. Community doula mentors will be hired on a **per diem** basis

The addition of this position mandates:

1. The production of an implementation plan (Logic Model), as well as protocols and materials associated with the plan such as implementation guidelines, educational materials, training design, etc. **by the end of Year 1 (October 30, 2026)**
2. The production of a formal timeline related to the creation of the position, hiring and full integration of the Community doula staff **by the end of Year 1 (October 30, 2026)**.
3. Logic Model within 30 days of grant award, to include quantifiable outcomes expected from the activities engaged:
 - 1) Huddle #'s
 - 2) Team meetings/process orientation
 - 3) Training organization connections

Ex. Logic Model

Objectives	Responsible Parties	Process			Outcomes and Data Collection Methods		
		Resources/Inputs	Activities	Outputs (numerical and quantifiable)	Short	Medium	Long
What do you hope to accomplish by implementing this activity?	Who is responsible for Data Gathering?	Funding/Program Staff/Resources (# of Community doulas hired, Training materials disseminated to Interdisciplinary Team)	Processes/Events/Tools applied to reach the intended goal (Training of interdisciplinary team on doula legislation, role of a Community doula on a healthcare team)	Direct products of a program's activities (# of birthing people connected with a doula during the perinatal period; # of staff trained on the Interdisciplinary Team regarding benefit of the integration of Community doulas)	Changes in knowledge/skills (increase team awareness of role of the Community doula during the perinatal period using a post-test survey)	Changes in behavior (increase utilization of Community doulas on an Interdisciplinary Team within Year 1 using a follow-up survey)	Positive and meaningful changes in condition (increased feelings of satisfaction and physical health of service recipients; Interdisciplinary team members feeling increased satisfaction in their work within one (1) year after giving birth via key informant interview)

Subsequent Years and Sustainability of the Doula Integration Model

Funding for subsequent years is not guaranteed; however, it is the goal of this initiative to ensure sustainability of the Doula Integration Model. It is expected that awardees outline a sustainability plan during this period funding and submit it to the NJDOH before the end of Year 1 (October 30, 2026). If the sustainability plan is to eventually seek reimbursement through Medicaid or other insurance or funding source because they are currently not billing for these services, please note this in the plan.

Note: NJDOH reserves the right to adjust award amounts, and the number of awards based on project scope and available funding. **Funding for subsequent years may be available and disbursed based on meeting the grant requirements and availability of funds.**

Note: Grant funds may not be used to support services, activities, or costs that are reimbursable by Medicaid, Medicare, or private insurance nor should they be used to cover costs that are covered by other sources of funding. If the applicant or the doula is receiving reimbursement or funding from other sources, in addition to these funds, it cannot be for the same service or activity.

Objective 2:

Plan and Evaluation of the process of Implementation of Integrating Community doulas onto MCH Healthcare Teams

Evaluation provides important feedback to planners and implementers, elucidating the impact of implementation strategies. All grantees are expected to engage an evaluation of the process of implementation of the additional role of Community doulas into an Interdisciplinary team of maternal and child health professionals. Important to note, this is an evaluation of the *process of implementation* rather than measuring potential impact on a population.

Utilizing the RE-AIM¹¹ (Reach Effectiveness Adoption Implementation and Maintenance) Framework, grantees need to conduct semi-structured interviews with staff at the conclusion of Q4 [each year of the grant], to understand the Reach, Effectiveness, Adoption Implementation and Maintenance of the Implementation of Doulas onto an interdisciplinary team. The evaluation plan outline must be complete by the end of Year 1, with evaluation beginning Q1 of Year 2 (should funds be available).

The evaluation protocol and timeline must be submitted by the end of Year 1, with a final evaluation summary to be submitted by close of Year 1.

- Outline the specific strategies, activities, or approaches that will be implemented to achieve project goals and objectives.
- Outline the methods, techniques, or procedures that will be implemented to address project goals and objectives.
- Provide a program timeline for the scope of work with key performance indicators, milestones, or deadlines and the person responsible for each.
- Ensure methods are feasible, realistic, and achievable.
- If the project involves collaborations with other organizations or institutions, describe the collaboration and how it will be measured and enhance the project.
- Describe when and how the project will be monitored, accessed, and evaluated to ensure outcomes are being achieved.

Submit a proposed budget:

- a. Agency(s) should submit a proposed budget based on training and integration of community doulas at a full-time basis into the L&D Unit/Maternal Healthcare Team.

¹¹ [RE-AIM – Home – Reach Effectiveness Adoption Implementation Maintenance](#)

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NEW JERSEY
RURAL HEALTH TRANSFORMATION

- i. Include a separate line item in the budget mentor hourly support, ranging from \$40-50 an hour.
- b. Budgets should be adjusted if the applicant health care facility or the doula plans to seek reimbursement through Medicaid or other insurance for the services provided by the community doula.
- c. Both objectives of Component A are expected to be met by any grantee agency to receive the grant award.

Five-year Commitment and Enforcement (summary below; see Appendix F for full terms):

- a. If the Community doulas are fully trained before becoming onboarded into the role, then **no fixed term commitment is necessary**. However, if Community doulas are hired while becoming trained, or finishing training, and grant funds are needed to pay for the training hours in part or full, then these doulas must commit to five-years of service in the role of Integrated Community doulas (see Attachment G for details).
- b. If a trained community doula leaves the position before the five-year commitment has been completed, a full re-coup of the funds spent is required.

II. FUNDING

For Year One (1), a total of up to **\$1,875,000** in funding is expected to be available for the Integration of Doulas in rural NJ Serving Healthcare Institutions and training of doulas to serve rural communities in the State **each year for up to five years**. The final funding amount will depend on project structure and abilities to carry out the RFA components. Awards will be made based on the quality of the applicant's proposal(s) and the availability of funds. Funding decisions will be made to ensure the greatest alignment with the goals of the RFA.

This competitive RFA is for a period of six (6) months (5/1/26 through 10/30/26), with the potential for additional years of funding. In subsequent years, the grantee must submit a noncompetitive multi-year health service grant application. Continuation of funding for subsequent years is contingent upon the availability of funds; timely accurate submission of reports; an approved annual plan; and satisfactory progress toward completion of the current year's grant objectives.



Reporting Requirements and Timeline

Project and Budget Period

The first annual project and budget period is May 1, 2026 – October 30, 2026.

Note: *Although the OBBBA funding period is December 31, 2025 - October 30, 2026, the first annual project and budget period for grantees is estimated to be February 1, 2026 - October 30, 2026, to allow for posting, application review, and award processing.*

Reporting Requirements

Grantees are required to submit quarterly Progress Reports in SAGE and monthly Metrics and Expenditure Reports according to the schedule established at the time of account set up with the NJDOH.

Report Period*	Metric Report #	Report Due Date
May 1 – June 1, 2026	1	June 1, 2026
June 2, 2026 – July 1, 2026	2	July 1, 2026
July 2, 2026 – August 1, 2026	3	August 1, 2026
August 2, 2026 – September 1, 2026	4	September 1, 2026
September 2, 2026 – October 1, 2026	5	October 1, 2026

Grantees are also required to submit quarterly Progress Reports according to the timelines outlined by the NJDOH. These progress reports must include the following information:

- 1) Current process of deliverables
- 2) Challenges & ways the organization is working through the challenges
- 3) Next steps

**Applicants should plan to submit quarterly Progress Reports following the established schedule, which may be adjusted by NJDOH after award.*

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IMPORTANT: Timely submission of required reports is a key performance indicator and may influence future funding decisions, budget modifications, and grant amendments. Failure to submit reports on time may result in delays in payment or other administrative action.

If an extension is needed for any report, grantees must submit written justification to the NJDOH Project Management Officer (PMO) and Grant Management Officer (GMO). The extension is only valid upon written approval by NJDOH.

The final expenditure report must be submitted no later than November 15, 2026. If additional time is needed, a final submission must be received by November 30, 2026, or the grant may be closed based on the last report submitted.

Note: For projects that utilize the full project and budget period for start-up or implementation, NJDOH reserves the right to continue programmatic and fiscal oversight, monitoring, and reporting requirements beyond the grant end date, regardless of whether continuation funding is awarded. All grantees remain responsible for required reporting and close-out activities until the grant is formally closed.

Reporting Procedures and Documentation Requirements

• Expenditure reporting

- Grantees must upload supporting documentation to the expenditure report for any staff positions. This documentation must include:
 - The name of the individual
 - The title of the position
 - % dedicated
 - Salary
- Grantees must upload supporting documentation to the expenditure report for all Schedule B items. While NJ SAGE may not require documentation for every expense, providing clear records help ensure transparency and supports reimbursement.
 - The format of this summary document is at the discretion of the grantee, but it must clearly reflect reimbursable expenses by budget category.

Note: Expenditure reports will only be approved after the corresponding progress report has been submitted and any required modifications have been satisfactorily addressed.

• Progress/Metrics Reporting



- Upon receiving award, the NJDOH will provide grantees with a progress report template and a supplemental data collection tool for submitting quarterly progress reports.
 - **The content and metrics required in each report may change based on program priorities. Any updates will be communicated directly to the grantee by the NJDOH PMO for the respective activity (Activity A, B, or C).**

Programmatic and Administrative Requirements

Grantees are responsible for ensuring effective program implementation, staff accountability, fiscal stewardship, and compliance with all grant requirements. This section outlines key operational and administrative expectations under the ***Rural Health Transformation Program 2026: Integrating Community doulas into Clinical Healthcare Teams in Rural New Jersey (NJ)***.

Program Staffing and Oversight

- All staff must devote time according to the percentage allocations outlined in Schedule A - Personnel Costs.
- Ensure staffing levels and time allocations are aligned with the scope of work.
- Be prepared to adjust staff time percentages if the scope of work changes, subject to review and approval by NJDOH as appropriate.

Performance and Reimbursement Conditions

- Reimbursement is contingent on the Grantee's ability to:
 - Meet all grant terms and conditions.
 - Complete activities by established deadlines.
 - Demonstrate measurable progress.
- Timely submission of required reports is a performance indicator and may affect:
 - The Grantee's risk rating.
 - Eligibility for future funding, budget modifications, or grant amendments.
- NJDOH reserves the right to terminate, reduce, or suspend the grant in whole or in part, under any of the following circumstances:
 - Unavailability of funds - if anticipated funding becomes unavailable, is reduced, or is withdrawn.

- Changes in program priorities - if programmatic priorities, statutory requirements, or organizational strategies change such that continuation of the grant is no longer aligned with NJDOH objectives.
- Failure to meet performance requirements - if the grantee fails to make satisfactory progress toward stated goals, deliverables or performance benchmarks, or otherwise fails to comply with the terms and conditions of the award.
- Failure to expend funds in a timely manner - if the grantee does not demonstrate adequate fiscal management or fails to draw down or spend funds within the established timelines.

Note: *In the event of termination, reduction, or suspension, NJDOH will provide written notice specifying the reason and effective date of the action. The grantee will be permitted to submit final requests for reimbursement for allowed costs incurred up to the effective date, and NJDOH will issue payment for those allowable final expenditures in accordance with applicable closeout requirements.*

Reporting and Monitoring Requirements

- Grantees must:
 - Comply with all site visits and program meetings for monitoring and technical assistance.
 - Submit all required reports and request for information in accordance with NJDOH deadlines.
 - Use NJDOH supplied templates and tools as directed.
- NJDOH reserves the right to withhold, reduce, or deny payment due to:
 - Delinquent or deficient reporting
 - Inadequate progress
 - Poor stewardship of funds
 - Failure to meet stated goals, objectives, or deliverables

Fiscal Accountability and Procurement

- Grantees are responsible for all purchasing and fiscal oversight in accordance with:
 - The grant specifications
 - NJDOH Terms and Conditions for Administration of Grants
- Expenses reimbursed under this program must not be submitted for reimbursement through:
 - Other NJDOH grants



- Insurance or other federal/state funding channels
- All procurement of professional services, contracts, or vendors must follow:
 - The grantee’s internal procurement policies, including any competitive bidding requirements. Grantees are responsible for ensuring that all vendor selections and agreements comply with applicable state and federal laws, regulations, and grant requirements.
 - NJDOH does not endorse or show preference for specific vendors.

Note: For reference, a comprehensive vendor list can be requested by contacting your Project Management Officer.

Sub-Grantee and Third-Party Oversight

- Any agreements with third-party service providers under this grant must be pre-approved by NJDOH through the PMO and GMO.
- Reimbursement for sub-grantee services will only be authorized if a legal agreement has been submitted to and approved by the NJDOH.
- The Grantee must:
 - Ensure sub-grants are managed in accordance with all primary grant conditions and deliverables and requirements specified in the Attachment C.
 - Monitor sub-grantee expenditures and compliance through:
 - Adequate financial controls
 - Required audits and performance reviews
 - Submission of a compliance report to NJDOH verifying the sub-grantee has fulfilled all obligations

Allowable Costs and Funding Restrictions

Allowable Costs

Allowable expenditures under this grant must directly support the ***Rural Health Transformation Program 2026: Integrating Community doulas into Clinical Healthcare Teams in Rural New Jersey (NJ)***.

Funding Restrictions and Exclusions

The following restrictions apply to the use of grant funds:

- No purchases may be made until the grant period begins and NJDOH has provided written approval.
- Pre-award costs, including salaries or expenditures incurred before the start date of the grant, are not reimbursable.
- All sub-awards, professional service agreements (PSAs), and consultant agreements must be submitted for NJDOH review and approval before execution.
 - Exception: Consultants used solely for auditing grant compliance or expenditures are exempt from this pre-approval requirement.
 - Once executed, signed agreements must be uploaded to the Shared Documents folder in SAGE.
- Funds may be used to supplement, but not supplant, existing state or federal funding for proposed activities.
- Due to federal funding caps, administrative and indirect costs are restricted under this grant. Applicants interested in requesting these costs must include them in the applicable section of the Project and Budget Submission Form for NJDOH review and consideration.

Note: *Inclusion of administrative and indirect costs does not guarantee approval and is dependent on the availability of funds within the established cap.*

Note: *A separate cost category with a defined funding limit may be created to support approved administrative and indirect costs.*

Note: *NJDOH reserves the right to modify requirements related to administrative and indirect costs at any time and is not bound by the current guidance.*

- Funds may not be used for:
 - Supplanting existing funding: use of grant funds to replace, reduce, or offset existing or anticipated funding from other sources (including federal, state, local, private, or third-party reimbursement)
 - Food, catering, or light refreshments for staff or participants
 - Fundraising activities or costs
 - Personal use goods or services
 - Lobbying or legislative activities
 - Repayment of bad debt or interest on loans
 - Promotional items, memorabilia, gifts, souvenirs, or similar materials
 - New construction of any kind
 - Supplanting funding of in-process or planned construction projects, or directing funding towards new construction builds



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RURAL HEALTH TRANSFORMATION

- Using grant funds to support staff or activities unrelated to the approved program scope
- Offsetting reductions in Medicaid reimbursement or other payer rate cuts
- Replacing payment for clinical services that are reimbursable, or otherwise billable, to Medicaid, Medicare, private insurance, or other third-party payers
- Broadband infrastructure or connectivity efforts
- Payments to employees not tied to specific quality improvements or an initiative within the scope of the RHT Program
- Enhanced payment rates or incentives for currently billable services without ties to outcomes
- Uncompensated care that is not tied to a specific initiative within the Rural Health Transformation Plan
- Student loan or educational loan repayment programs

Note: For a full list of unallowable expenses, please refer to [Public Law 119-21, Section 71401](#).

Funding Requirements and Non-Compliance

Failure to comply with grant terms may result in enforcement actions by NJDOH. If a Grantee or sub-grantee materially fails to meet award requirements, NJDOH may take one or more of the following actions:

- Temporarily withhold cash payments pending correction
- Disallow costs not in compliance
- Suspend or terminate the grant in whole or in part
- Withhold future funding under the program
- Implement any other remedies legally available

Hearings and Appeals

Before taking enforcement action, NJDOH will provide the Grantee an opportunity for a hearing, appeal, or other administrative process, as applicable.

Effects of Suspension or Termination

Costs incurred during suspension or after termination are not allowable unless:

- Specifically authorized in writing by NJDOH
- Result from non-cancelable obligations made before the effective suspension/termination date and would have been allowable if the grant continued normally

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Grant Termination

Grants may be terminated:

- By NJDOH with mutual agreement from the Grantee, including negotiated terms and effective date
- By the Grantee, via written notice including the reason, effective date, and any portion of the project being terminated
 - If a portion of the project is discontinued after receiving funding, or if equipment is purchased or facility improvements are made but associated program activities are not implemented, the grantee must provide a plan for proper use of the completed project or resources to support program goals.
- By NJDOH in full if it determines that a partial termination would not fulfill the intended program purpose
- Due to the unavailability of funds, changes in program priorities, failure to meet performance requirements or inadequate expenditure of funds

Budget Revisions and Grant Amendments

All budget revision and grant amendment requests must receive prior approval from the NJDOH before any actions are initiated in the SAGE.

Submission Process

- Step 1: Initiation
 - Upon NJDOH approval to proceed, the Grantee must initiate the request in SAGE within three (3) business days, or by the deadline specified by NJDOH
- Step 2: Submission
 - After NJDOH unlocks the applicable forms or sections in SAGE, the Grantee must complete and formally submit the budget revision or grant amendment request within ten (10) business days, or by the NJDOH-specified deadline

Limitations

- Grantees are permitted a maximum of two (2) budget revision or grant amendment requests during the approved grant period, unless otherwise authorized by NJDOH.
- NJDOH reserves the right to extend submission deadlines or nullify requests not submitted by the designated due date.

Future Funding Consideration

- Based on program performance, availability of funds, and public health need, Grantees may be invited by NJDOH to apply for a continuation of funding, in one or more subsequent years, through October 30, 2030.

Review and Evaluation Criteria

Grant applications will be reviewed by a panel designated by the NJDOH. Applications must be complete and fully compliant with all RFA requirements. Please refer to [Appendix C](#) for RFA Application Guidance.

Applications will be evaluated on the information submitted through the electronic grants system, including the required project and budget submission form (see the appropriate appendix for [Activity A](#), [Activity B](#), or [Activity C](#)). Scoring will be based on the materials submitted and how well they align with the criteria outlined in RFA Application Scoring Guide included in [Appendix D](#). Refer to [Appendix E](#), and [Appendix F](#), for corresponding forms.

Final funding decisions will be based on the application scores, available funding, and alignment with NJDOH priorities, including the RHT program priorities, with priority given to applications serving areas designated as rural under the federal HRSA definition.

Grant Compliance Requirements

If awarded funding, the Grantee must comply with the following:

- The Terms and Conditions for Administration of Grants issued by the New Jersey Department of Health (NJDOH), available at: www.nj.gov/health/grants/documents/terms_conditions.pdf.
- All applicable federal cost principles, based on the Grantee's organization type (e.g., 2 CFR Part 200 for non-profits and government entities).
- The general and specific programmatic compliance requirements as detailed in Attachment C - Program Specifications, which are incorporated into the grant agreement executed by NJDOH.

Duplication of Efforts



Applicants must disclose any potential overlap between this application and existing activities, other applications or awards received or submitted to other funding sources within the same fiscal year. Overlap can occur in the following ways:

- **Programmatic Overlap**
Occurs when substantially the same project or objectives are proposed in more than one application or awarded funding from multiple sources. This includes situations where the project design or specific goals are identical or closely related across existing activities, applications or awards, regardless of the funding source.
- **Budgetary Overlap**
Occurs when duplicate or equivalent budget items (e.g., equipment, personnel salaries) are requested in this application but are already covered by other funding sources.
- **Commitment Overlap**
Occurs when an individual’s total time commitment across all funded projects exceeds 100%, regardless of whether salary support is requested for that time.

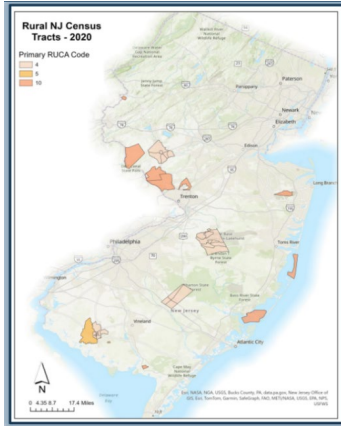
Duplication of effort whether programmatic, budgetary, or commitment overlap is prohibited. Any identified overlap must be resolved with the NJDOH in collaboration with the applicant’s Project Coordinator prior to award.

Applicants must upload a detailed report addressing programmatic, budgetary, commitment overlap, and potential supplanting on the Attachments Form in SAGE. The document should be clearly labeled

- “Report on Programmatic, Budgetary, Commitment Overlap, and Supplanting”

Applicants must also submit a signed certification confirming that grant funds will not be used to supplant existing funding from any source.

APPENDIX A - Rural New Jersey: Federal Definition



Federally Recognized Counties	
Atlantic	Mercer
Burlington	Monmouth
Cumberland	Ocean
Hunterdon	Warren

Federally Recognized Rural Census Tracts (RCTs)					
Atlantic County RCTs					
108	109	110	111		
Burlington County RCTs					
7021.01	7022.06	7022.07	7022.08	7022.09	7022.10
7048.01	9821.11	9822			
Cumberland County RCTs					
101.03	104.02	106	107.02	201	202
203.01	203.02	204	205.02	205.03	206
Hunterdon County RCTs					
113.01	113.03	113.04	113.05	113.06	114
115	118	119			
Mercer County RCTs					
33.04	38				
Monmouth County RCTs					
8099.03					
Ocean County RCTs					
9800	9801				

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Warren County RCTs	
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[Rural Health Grants Eligibility Analyzer](#)
[2020 Census - Census Tract Reference Map](#)

Rural Health Transformation Program 2026

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APPENDIX B - Rural New Jersey: State Definition

State-Recognized Counties	
Atlantic	Salem
Cape May	Sussex
Cumberland	Warren
Hunterdon	



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APPENDIX C - RFA Application Guidance

Rural Health Transformation Program 2026: Integrating Community doulas into Clinical Healthcare Teams in Rural New Jersey (NJ).

New Jersey Department of Health (NJDOH) requires all grant applications to be submitted electronically through SAGE at [Login \(intelligrants.com\)](https://intelligrants.com). If your organization does not have an existing account in SAGE, an account will need to be created to apply for this grant.

If you are a first time NJDOH applicant whose organization has never registered in the NJDOH SAGE system, you must contact the SAGE System Administrator via email at njdoh.grants@doh.nj.gov or at 609-376-8508. A new organization form can be found at nj.gov/health/grants/documents/SAGE_registration_form.pdf and must be completed and submitted to NJDOH. The submitted documents will be reviewed to ensure that applicants have satisfied all applicable requirements. Please allow up to three (3) business days for processing.

When approved, the organization's status will be activated in SAGE. The SAGE System Administrator will inform the organization's Authorized Official via email or by phone of their authorized access to the grant application in SAGE. Organizations will not have access to any application in SAGE until all documents are received and all procedures are satisfied.

Note: All forms within the grant application should be completed as per the instructions on each page and saved. This document provides guidance and additional information for some of the forms. Adherence to this guidance will facilitate timely review and approval of a grant application. NJDOH reserves the right to extend grant application closing dates.

Please refer to the [FAQ for Applicants and Grantees](#) that is available in SAGE under the "Training Materials" tab. This resource outlines how to initiate, compile, and submit your application in SAGE.

Note: SAGE will automatically reject applications after the closing date and time listed in the RFA.



Log in and search for the “Rural Health Transformation: Technology Innovation & Preventive Programming 2026” application in SAGE [Login \(intelligrants.com\)](https://intelligrants.com).

FORM - ORGANIZATION PROFILE

- Name of Organization & Contact Information
- Name of CEO & Contact Information
- Name of CFO & Contact Information
- Officers/Directors
- Annual Audit Report - Upload your organization’s most current Annual Audit Report
 - If your organization is not required to submit to an annual audit, please submit a letter on letterhead explaining the reason this is waived. You must also submit a copy of your most recent submitted tax return.
- Organization Type
- IRS Determination Letter (For Non-Profits)
- NJ Charities Registration Letter (For Non-Profits)
- Tax Clearance Certificate - required for all entities
- Minority Managed
- Minority Population Served
- Languages in Which Services Are Provided

FORM - PROJECT CONTACTS

- Name of Project Director, title, and contact information
- Name of Fiscal Contact, title, and contact information

FORM - GRANT PERIOD AND PAYMENT

- Both project period and budget period: February 1, 2026 - October 30, 2026
- Payee: NJ Vendor ID Number - remittance address
- Payment method: Monthly cost reimbursement

FORM - SERVICE AREA

- Area of Impact – local, statewide
- If applicable, select the county(s) and municipality(s) where the program will be implemented

FORM - NEEDS & OBJECTIVES

- **Assessment of Need(s)**

- Describe the need(s) to be addressed through this pilot program, with supporting up-to-date data and facts. Data sources should be referenced.
 - Define the organization’s mission, purpose, and population serviced. Data sources should be referenced.
 - Describe current organizational capabilities, the need to sustain or enhance those capabilities, and the required work to complete requirements in accordance with this RFA.
 - Share a brief description of current technology innovation and/or preventive programming experience.
- **Objective(s) of Program**
 - Set and share SMART (Specific, Measurable, Attainable, Realistic, and Timebound) program goals and objectives.
 - Describe the goals and scope of work/activities and strategies to achieve, key performance indicators or outcomes to measure success.
 - Describe the target population(s) and the geographic area(s) where the program will be implemented.
 - Describe how the funding will help improve or expand upon your existing work/efforts.
 - Provide a program timeline for the scope of work with key performance indicators, milestones, or deadlines and the responsible person for each.

FORM - METHODS & EVALUATIONS

- Outline the specific strategies, activities, or approaches that will be implemented to achieve project goals and objectives.
- Outline the methods, techniques, or procedures that will be implemented to address project goals and objectives.
- Provide a program timeline for the scope of work with key performance indicators, milestones, or deadlines and the responsible person for each.
- Ensure methods are feasible, realistic, and achievable.
- If the project involves collaborations with other organizations or institutions, describe the collaboration and how it will be measured and enhance the project.
- Describe when and how the project will be monitored, accessed, and evaluated to ensure outcomes are being achieved.

FORM - SCHEDULE A, PART 1 - PERSONNEL COSTS



Note: All staff positions funded through this grant must be limited to allowable programmatic activities. Administrative functions are not allowable.

- Enter Position Title(s).
- Enter legal first name, last name of person(s) listed in position(s).
- Annual Salary/Wages - enter the total amount to be paid to the employee(s) by the organization for work performed during the budget period; for temporary employee(s), this is the total amount to be paid for the actual period, within the annual budget period, that work is performed.
- Percentages of Time on Project - enter the employee(s) percentage of time that will be devoted to this project. Do **NOT** use a modified percentage solely to produce a desired result.

Note: An individual's time commitment should not exceed 100 percent across all activities and should not be duplicated on other grant programs.

- Fringe Benefit Rate - enter the employee's fringe benefit rate.

Note: Upload of the organization's fringe benefit breakdown is required. If there are different rates for individuals, include a justification with the uploaded fringe breakdown.

FORM - SCHEDULE A, PART 2 - PERSONNEL JUSTIFICATION

- Weeks on the Project - enter the number of weeks over which work will be performed by the employee on the project.
- Weekly Work Hours - enter the average number of hours that are devoted each week to the project.

Note: This number must align with the percentages of time on the project that was entered in the Schedule A, Part 1 - Personnel Costs.

- Roles and Responsibilities - state the role and responsibilities for the position, not the incumbent.
- Minimum Qualifications - state the minimum qualifications for the position, not the incumbent. Briefly state education/degree, years of experience, license/certifications, etc. required for the position.

FORM - SCHEDULE B - OTHER DIRECT COSTS

- Complete the Schedule B form, listing other direct costs by cost category for the project.
- A budget narrative/basis for cost estimate is required for each line item - provide a brief item description, basis for its need, itemization (unit price and quantity needed), and supporting documentation if applicable.

Note: Sufficient detail must be included so that it is clear to the NJDOH application reviewers as to what specifically is being requested with the funds. Any vague and/or unclear budget items submitted will result in the return for modifications or may result in being denied.

- Cost Category - Equipment

- As per the Department’s Terms and Conditions for Administration of Grants, organizations may follow their own equipment policy. Non-profit organizations, excluding governments and hospitals, that do not have a written policy shall capitalize equipment with an acquisition cost of \$500 and a life expectancy of 1 year or greater. Grantees may use a different acquisition threshold provided it is in a written policy, is customary and reasonable for the organization type, is agency-wide, and complies with Generally Accepted Accounting Principles and the applicable Federal cost principles. Any exception requires prior approval by the awarding division.” Items that do not meet the equipment criteria must be classified as Supplies or Other and should not be referred to as “equipment” in its justification.
- A vendor generated quote must be obtained and uploaded directly to the corresponding Schedule B line, “Supporting Documents”.
- Grantees may allocate funds for the purchase, lease, or upgrade of technology or equipment necessary to support the approved project activities.

- Cost Category - Facility

Note: Facility costs funded under this grant must align with allowable programmatic functions. Administrative functions are restricted. General office space, workstations, or other facilities used solely for administration tasks, routine office operations, or activities not directly tied to the approved program are restricted. All facility costs must be clearly justified in the budget and linked to specific project activities.

- Facility costs, including office space, meeting, or conference facilities, are restricted unless they are directly attributable to the implementation of program activities. Examples of allowable facility costs include:
 - Training or workshop space required for program participants or staff development.
 - Audio-visual equipment for presentations or program activities.



- Space used for delivering health screenings, counseling sessions, or other program interventions directly to participants.
- Meeting space used for grant program activities required to implement the project.
- Cost Category - Professional Service Agreements
 - Professional Service Agreements (PSA) must be reviewed and approved by the New Jersey Department of Health (NJDOH) prior to its execution, with the exception of auditing. Basis for cost estimate must be clearly stated.
 - A draft contract must be uploaded directly to the corresponding Schedule B line, “Supporting Documents”.
 - A cost reimbursement payment method is required for PSAs.
 - Grantees must ensure that any contracts with subgrantees contain clauses necessary to guarantee that all data security, retention, and access requirements will be satisfied. Additional information may be found in the New Jersey Statewide Information Security Manual, (effective 2/21/2021), at [NJ Statewide Information Security Manual](#).
 - All PSAs must comply with the terms outlined in this RFA, including rules regarding allowable cost categories, including personnel costs, facility costs, equipment/technology costs, travel costs, and administrative/indirect costs.
 - PSAs must follow all other applicable federal, state, and NJDOH requirements listed herein the RFA.
- Cost Category - Subaward
 - Subaward agreements must be reviewed and approved by the New Jersey Department of Health (NJDOH) prior to its execution, with the exception of auditing. Basis for cost estimate must be clearly stated.
 - A draft agreement must be uploaded directly to the corresponding Schedule B line, “Supporting Documents”.
 - A cost reimbursement payment method is required for subawards.
 - Grantees must ensure that any agreements with sub awardees contain clauses necessary to guarantee that all data security, retention, and access requirements will be satisfied. Additional information may be found in the New Jersey Statewide Information Security Manual, (effective 2/21/2021), at [NJ Statewide Information Security Manual](#).

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- All subawards must comply with the terms outlined in this RFA, including rules regarding allowable cost categories, including personnel costs, facility costs, equipment/technology costs, travel costs, and administrative/indirect costs.
- All subawards must follow all other applicable federal, state, and NJDOH requirements listed herein the RFA.
- Cost Category - Supplies
 - All tangible personal property other than “equipment” that directly support or benefit the project.
 - Itemization of office supplies is not required.

- Cost Category - Travel

Note: *Travel costs funded under this grant are subject to federal funding caps and fall under the administrative and indirect cost restrictions. Applicants interested in requesting these costs must include them in the applicable section of the Project and Budget Submission Form for NJDOH review and consideration.*

- Travel costs are subject to the administrative and indirect cost restrictions and federal funding caps. Inclusion in the budget does not guarantee approval. The following guidance applies for travel if approved under the grant:
 - Organizations must follow their established travel policy. Travel costs for employees working on the project may include associated per-diem or subsistence allowances and other travel-related expenses, such as mileage allowances if travel is by personal automobile.
 - Local and domestic travel is allowable where such travel will provide direct benefit to the project, i.e., travel for a conference or training that is significant to the scope of work or professional development.
 - Itemization of travel expenses for project personnel is required.
 - Foreign travel is not permitted.
- Cost Category - Training
 - Training costs are allowable if necessary to accomplish scope of work.
 - Conferences, courses, workshops for employees working on the grant or stakeholders providing education, support, or intervention related to technology solutions, telehealth services, or remote patient monitoring.



- Cost Category - Other
 - Various other expenses that don't neatly fit into the other predefined cost categories but are specific to the project.
 - Other cost items should be listed separately by type and itemized if applicable.

FORM - COST SUMMARY

- Verify the direct costs listed, and if applicable enter indirect costs and program income.
- Indirect Costs
 - Due to federal funding caps, administrative and indirect costs are restricted under this grant. Applicants interested in requesting these costs must include them in the applicable section of the Project and Budget Submission Form for NJDOH review and consideration.

Note: *Inclusion of administrative and indirect costs does not guarantee approval and is dependent on the availability of funds within the established cap.*

Note: *A separate cost category with a defined funding limit may be created to support approved administrative and indirect costs.*

Note: *NJDOH reserves the right to modify requirements related to administrative and indirect costs at any time and is not bound by the current guidance.*

FORM - DISCLOSURE & CERTIFICATION

- Review and respond to each statement listed.

FORM - FFATA CERTIFICATION

- In accordance with the Federal Funding Accountability and Transparency Act (FFATA), review and answer each question. Additional information may be found at www.fsr.gov.

FORM - ATTACHMENTS

- Upload the project/budget submission form to support the application.

Note: *Applicants may apply to one or more activities (Activity A, Activity B, and/or Activity C). Separate project and budget submission forms must be submitted for each activity. Each activity must be designed to benefit uninsured and underinsured populations.*

Upload and submit a signed certification confirming that grant funds will not be used to supplant existing funding from any source. See section on [duplication of efforts](#).

- If applicable, attach other documents to support the application. For each document attached, provide a brief description in the space indicated in SAGE.



APPENDIX D - RFA Application Scoring Guide

Applications will be evaluated on the information submitted through the electronic grants system, including the required project and budget submission form (see the appropriate appendix for [Activity A](#), [Activity B](#), or [Activity C](#)). Scoring will be based on the materials submitted and how well they align with the criteria outlined in RFA Application Scoring Guide.

Final funding decisions will be based on the application scores, available funding, and alignment with NJDOH priorities, including the RHT program priorities, with priority given to applications serving areas designated as rural under the federal HRSA definition.

Grant Program: Rural Health Transformation Program 2026: Advancing Technology, Prevention, and Workforce Capacity in Rural New Jersey

Assessment of Need Total Point Value = 5
<ul style="list-style-type: none"> Description of need(s) that illustrate the reason for the project.
Project Design, Objective(s) of Project Total Point Value = 35
<ul style="list-style-type: none"> The importance of the project is addressed and is supported by known facts and current quantitative or qualitative data. Identified gaps in existing research or surveillance data. The project’s target population and service area are clearly defined, including demographics, geographic location, needs, or other specific characteristics. The organization’s purpose aligns with the grant’s goals. The organization demonstrates the qualifications and capacities needed to implement the project. The project timeline is described, with realistic planning and expectations. The timeline includes important milestones, deadlines, or benchmarks for the project to be executed successfully and the responsible party for each. The project goals and objectives are described and aligned with the grant program. The objectives clarify what changes are expected as a result of the proposed work. The strategies and indicators for measuring success are described. Goals and objectives adhere to SMART (Specific, Measurable, Achievable, Relevant, and Time-Limited) goal principles.

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- The project activities and sub-activities to be completed and their respective outcomes are described for each objective. The project activity list contains a detailed description of each activity, including the sequence of their completion, their timeline, the start and end dates, and any required resources.
- The project design describes proposed collaborations with potential partners or stakeholders and how the proposed collaboration will benefit the overall project is described.
- Project risks and challenges that could negatively impact the project progress are identified. Mitigation strategies plans and strategies for potential problems are described.
- All requirements and criteria for the grant program are addressed and grant application sections are completed.

Methods and Evaluation

Total Point Value = 30

- The project methods, strategies, and approaches to achieve project objectives are described and includes a timeline.
- The reasoning for chosen project methods, strategies, and approaches is described and supported by research, expert opinion, or experience.
- The project methods detail who will perform particular activities.
- The project methods are reasonable and feasible/achievable given the applicant/organization’s resources and the project’s time frame and budget.
- The project evaluation plan/strategy is developed and describes the intended outcomes/results of the project and details the plans to evaluate the project during its implementation and after the completion of the project.
- The project evaluation plan/strategy includes progress monitoring and improvement, and modification plans to adapt to project risks or challenges.

Project Budget

Total Point Value = 20

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- The project costs and budget are well defined, align with the proposed project goals and objectives, and are reasonable, precise, and itemized. Project costs should take into consideration current organization capacity, patient needs, and programmatic needs.
- The Schedule A - Personnel Justification, Part 1 and 2, and respective supporting document sections are completed in NJ SAGE.
- For each position - the position title, name (if available), annual salary/wages, percentage of time devoted to the project, fringe benefit rate, number of weeks and weekly hours on the project, the roles/responsibilities, and minimum qualifications are completed. NOTE: if the applicant organization or the doula plans to seek reimbursement for services rendered under this grant funding, budgets need to be adjusted to reflect this.
- The project budget includes a Project Coordinator/Project Director to serve as the primary contact for the grant and oversee grant management and compliance requirements.
- The Schedule B - Other Direct Costs, and respective supporting document sections are completed in NJ SAGE.

RHT Grant Program Key Principals

Total Point Value = 10

- The project demonstrates potential for significant change in rural healthcare, including improvements to services or systems, lasting impact, innovative solutions to unmet needs, and scalability or replicability.
- The project includes a clear plan to sustain activities and outcomes beyond the grant period, addressing financial, operational, and community engagement strategies to maintain long-term impact and continued benefits for the rural population.

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APPENDIX E - Project and Budget Submission Form (Activity A)

Rural Health Transformation Program 2026: Integrating Community doulas into Clinical Healthcare Teams in Rural New Jersey (NJ).

Section 1: Applicant Information

1. Organization Name:
2. Project Director:
 - a. Email:
 - b. Phone:
3. Fiscal Contact:
 - a. Email:
 - b. Phone:

Section 2: Project Overview

1. Project Title:
2. Rural counties, Rural Census Tracts (RCTs), and target rural populations this project will serve. See Appendix A, B, and C for eligible areas:

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3. Project Start and End Dates:
4. Provide a summary of the project (2-3 sentences):
5. Describe the project goals and expected outcomes for the grant period. Include whether these goals are expected to be achieved within the proposed timeframe and whether additional funding or time may be needed.
6. Describe the transformational impact of this project on rural health, including how it will improve healthcare, services, or systems, create lasting change, address unmet needs innovatively, and/or be scalable or replicable.
7. Describe how this project is not duplicating existing programs or supplanting other funding. Describe any other projects under RHT funding for which the organization is applying or has applied.

Section 3: Project Activities

1. List the specific activities the project will carry out to achieve the project goals and expected outcomes.
2. Please explain your organization's readiness to develop the project plan. What is the anticipated timeline for project planning and execution over the 9-month grand period?
3. List each collaborating organization and indicate whether the partnership currently exists or will be established upon award. For existing partnerships, describe any current contracts or agreements and include Letters of Collaboration, if available. For new partnerships, include Letters of Collaboration, if available, and provide a timeline for establishing a formal agreement.

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4. Describe risks or challenges and how they will be addressed timely.

Section 4: Staffing

1. Are positions already filled or still to be hired? If to be hired, describe whether they are new, being dedicated, or enhanced.

Section 5: Administrative/Indirect Cost Request

1. Complete the table by providing all administrative/indirect costs being requested for NJDOH review and consideration.

Administrative/Indirect Cost Request Table			
<i>Note: Due to federal funding caps, administrative and indirect costs are restricted under this grant. The costs listed in this table are considered administrative and indirect and are subject to the overall cost cap. Applicants interested in requesting these costs must list them below for NJDOH review and consideration. Inclusion of administrative and indirect costs does not guarantee approval and is dependent on the availability of funds within the established cap.</i>			
Cost Category	Description/Justification	Total Amount Requested	Notes
Personnel			
Travel			
Facility			
Other Administrative/ Indirect Costs			
Total Amount Requested			

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REQUIRED - If requesting these funds, briefly explain why they are essential for the project's implementation and whether the project could proceed without them. Click or tap here to enter text.

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APPENDIX F – Required Employment Commitment for Community Doulas Trained Using Rural Health Transformation Funds

1. Employment Commitment Requirement

As a condition of funding, applicants that use these funds to train and certify community doulas, they must commit to employing each Community doula funded through this grant for a **minimum period of five (5) years** from the Community doula’s initial date of hire in the rural communities outlined in the application subject to the terms outlined below. This commitment is intended to promote workforce stability, continuity of community-based services, and long-term investment in the Community doula workforce in rural communities.

2. Eligible Employment Arrangements

Community doulas funded through this grant must be:

- Employed directly by the applicant organization **or**
- Employed by a partner organization identified in the application, provided that the partner organization agrees in writing to all grant requirements, including the five-year employment commitment.

3. Documentation of Commitment

Applicants must submit, as part of the application:

- If a community doula voluntarily resigns, is terminated or is otherwise unable to continue employment, the 100% of funds need to be recouped and returned to DOH.
- Documented hardships will be reviewed on a case by case basis to determine if recoupment of funds is required.

Failure to submit requirement documentation may render the application incomplete and ineligible for funding.



4. Conditions and Allowable Exceptions

The five-year employment commitment is subject to the following conditions:

- If a community doula voluntarily resigns, is terminated for cause, or is otherwise unable to continue employment, the 100% of funds need to be recouped.
- Periods of approved leave (e.g. medical, family, or military leave) do not constitute a break in the employment commitment.

5. Reporting and Monitoring

Funded organizations will be required to:

- Report annually on Community doula retention, turnover, and vacancies
- Notify NJDOH within 5 business days of any Community doula separation; and
- Provide documentation demonstrating continued compliance with the employment commitment upon request.

6. Non-Compliance

Failure to make good-faith efforts to meet the five-year employment commitment may result in:

- Corrective action requirements
- Withholding of funds
- Repayment of grant funds; and/or
- Ineligibility for future funding opportunities at the discretion of NJDOH