



Rural Health Transformation Program 2026: Advancing Access to Care, EMS, and Dispatch Capability in Rural New Jersey

Request for Applications (RFA)

Issued by:

Office of Emergency Medical Services
Division of Disaster Preparedness, Resiliency,
and Emergency Medical Services

Application Deadline: April 8, 2026

Submission Portal:

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

This RFA is being issued in advance of the receipt of funds appropriated through the Rural Health Transformation (RHT) Program, as authorized by the One Big Beautiful Bill Act (OBBBA) (Section 71401 of Public Law 119-21).

Issuance of this RFA does not obligate the New Jersey Department of Health (Department) to award funding. Any awards under this RFA are contingent upon the availability of funds appropriated through OBBBA and applicable state approvals.

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TABLE OF CONTENTS

Contents

Project Contacts 3

Important Dates..... 3

Technical Assistance Webinar..... 3

Program Overview/Background 4

Eligibility..... 6

Scope of Work..... 7

Available Funding..... 9

Scope of Work - Activities A, B, C, D 11

 Activity A – Mobile Integrated Health (MIH) 11

 Activity B – Pre-Hospital Whole Blood Administration..... 12

 Activity C – EMS Dispatch and Clinician Triage 12

 Activity D – Administrative and Indirect Costs..... 13

Reporting Requirements and Timeline 14

Programmatic and Administrative Requirements 15

Allowable Costs and Funding Restrictions 18

Budget Revisions and Grant Amendments..... 22

Review and Evaluation Criteria 22

Grant Compliance Requirements..... 23

APPENDIX A - Rural New Jersey: Federal Definition 26

APPENDIX B - Rural New Jersey: State Definition 27

APPENDIX C - Rural New Jersey: Rural Ruggedness Scale (RRS) 28

APPENDIX D - RFA Application Guidance..... 29

APPENDIX E - RFA Application Scoring Guide 38

APPENDIX F - Project and Budget Submission Form (Activity A) 41

APPENDIX G - Project and Budget Submission Form (Activity B) 44

APPENDIX H - Project and Budget Submission Form (Activity C)..... 47

Project Contacts

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Important Dates

- **Letter of Intent (LOI) to Apply with FAQs:** March 13, 2026
- **Technical Assistance Webinar:** March 18, 2026
- **Application Period Opens:** March 19, 2026
- **Application Deadline:** April 8, 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 program's discretion.
- **Post-Award Progress and Expenditure Reporting Dates:** See page 14.

Technical Assistance Webinar

A technical assistance webinar will be held on March 18, 2026, to provide an overview of the Department's *Rural Health Transformation Program 2026: Advancing Access to Care, EMS, and Dispatch Capability* in Rural New Jersey funding opportunity, review application requirements, and answer applicant questions.

Date: March 18, 2026

Time: 2:00 PM

Platform: Virtual via Microsoft Teams

Link Information: [<https://teams.microsoft.com/meet/2781386568689?p=311VXiaWORhugk6Y16>]



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 uses a state-specific rural definition, identifying areas with 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 near urban centers but still face barriers similar to those in federally defined rural areas. See Appendix B for state-recognized rural counties.

Other metrics, such as the Road Ruggedness Scale (RRS), developed by the United States Department of Agriculture, identify additional areas in northeastern New Jersey that are considered rural. Under this metric, ten (10) RCTs across four (4) counties - Bergen, Hudson, Morris, and Passaic - are designated as rural. See Appendix C for RRS-designated rural counties and RCTs. These examples exemplify how rural barriers persist even within the nation's most densely populated state.

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 face similar challenges to those in rural regions nationwide. These challenges are compounded by the state's rural geography, diverse population, and significant socioeconomic disparities, all of which affect 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 mobile integrated health programs and clinician-based 9-1-

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>.



1 triage programs, which can overcome longstanding barriers to care and improve health outcomes in communities with limited access to traditional healthcare.

Rural New Jersey communities face significant challenges in accessing 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 is essential to expand access to care and EMS, enhance EMS dispatch, address disparities in rural New Jersey communities, and strengthen the EMS workforce.

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.

The RHT Program is designed to fund investments that will transform and sustain the delivery of care in rural communities, with a focus on improving access and outcomes, particularly for uninsured and underinsured individuals. Additional funding opportunities are available at <https://healthapps.nj.gov/noticeofgrant/noticegrants.aspx>. 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 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 that incentivize 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 the 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) at <https://grants.gov/search-results-detail/360442>. 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 strengthen access to healthcare in rural New Jersey, with a particular focus on uninsured and underinsured populations.

Eligibility

Eligibility is limited to applicants who operate programs or propose activities 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 an RCT may qualify as rural. Eligibility can be verified using Appendix A for federally recognized rural counties and RCTs, Appendix B for state-recognized rural counties, and Appendix C for RRS-designated RCTs.

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. Additionally, reimbursement for care provided to non-citizens is not allowed under the RHT Program.

Eligible applicants include:

- **Activity A: Mobile Integrated Health (MIH):** Agencies licensed, or eligible for licensure as an MIH program in accordance with N.J.A.C. 8:49-1.1 et seq.



- **Activity B: Prehospital Whole Blood Administration:** Agencies licensed as a Mobile Intensive Care program in accordance with N.J.A.C. 8:41-1.3, and who hold a current blood bank license pursuant to N.J.S.A. 26:2A-2 et seq., and N.J.A.C. 8:8-1.1 et seq.
- **Activity C: EMS Dispatch and Clinician Triage:** State, municipal, and county governments; hospitals; public and private nonprofit organizations that operate a Public Safety Answering Point (PSAP) or Public Safety Dispatch Point (PSDP).

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.

Note: Applicants for Activity A who are eligible for but are not yet licensed as an MIH program by the Department must complete the licensure process no later than June 1, 2026.

Scope of Work

The Department's **Rural Health Transformation Program 2026: Advancing Access to Care, EMS, and Dispatch Capability** in rural New Jersey focuses on expanding primary care access through MIH programs, enhancing the capabilities of Emergency Medical Services to effectively care for patients suffering from significant traumatic injuries, integrating technology-driven solutions, and bolstering the capabilities and consistency of dispatch to improve overall health and health outcomes in rural New Jersey.

To achieve this goal, the program supports targeted initiatives, including MIH programs, pre-hospital whole-blood administration, and enhanced dispatch center capabilities and consistency to integrate clinician-based triage, evidence-based protocols, and standardized guide cards. These initiatives promote continuity of care, access to primary care, and care coordination, all while advancing and diversifying the capabilities of the EMS workforce. MIH programs have a unique ability to be integrated into rural New Jersey communities and to address social determinants of care, such as transportation and barriers to provider access. These programs can connect rural New Jersey to advanced resources and monitoring by integrating the latest patient-monitoring and telehealth technologies, bringing vulnerable communities access to services that are often out of reach.

Furthermore, pre-hospital administration of whole blood provides access to the latest, most advanced clinical trauma care by enabling early, definitive hemorrhage control in the field. This ensures patients suffering from significant traumatic injuries have access to timely, evidence-based lifesaving care shown to improve survival and reduce morbidity. Making pre-hospital whole blood available throughout the state eliminates geographic barriers, ensuring equitable access to lifesaving care and strengthening the statewide trauma system.



As we expand resource availability and types across the state, we aim to enhance dispatch capabilities by establishing the first regionalized resources through partnerships that foster collaboration to standardize, update, and advance processes in each region. Additionally, funding is available to support the integration of clinician-based triage into the call-taking operations, enabling the diversion of low-acuity calls to a qualified clinician who can facilitate access to non-emergent resources when appropriate.

By expanding access to care, the type of treatment available, and streamlining the process that delivers these resources, the funding helps promote the overall health and wellness of the rural New Jersey communities, protects public health, and continues to improve the quality of health care in line with the state's vision of making New Jersey the healthiest state in the union.

LETTER OF INTENT & RFA QUESTIONS

On March 9, 2026, OEMS announced the *2026 Rural Health Transformation Program* RFA via email to eligible entities, as defined in the Rural Health Transformation Program Notice of Funding Opportunity (MC-RHT-26-001). A copy of the RFA, the Rural Health Transformation Program Letter of Intent To Apply Template, and upcoming application due dates were provided in the email.

Entities interested in applying for this funding opportunity are to complete the ***Rural Health Transformation Program 2026: Advancing Access to Care, EMS, and Dispatch Capability - Letter of Intent To Apply Template***, to include the following information:

1. Contact information (name, title, phone number, email address), submitting the application in SAGE;
2. Applicant Federal Employer Identification Number (FEIN);
3. Rural communities served by the entity;
4. Name of grant funding opportunity and confirmation of interest to receive grant funds under
 - a. ***Activity A – Mobile Integrated Health (MIH);*** and/or
 - b. ***Activity B – Pre-hospital Whole Blood Administration;*** and/or
 - c. ***Activity C – EMS Dispatch and Clinician Triage;*** and/or
 - d. ***Activity D – Administrative and Indirect Costs;*** and
5. Questions about the RFA.



Important to Note: The deadline to submit an LOI to RHT-EMS@doh.nj.gov is **5:00 PM** on March 13, 2026. *No new Letters of Intent will be accepted for this RFA after this date/time.*

Although submitting an LOI does not obligate an entity to complete an application for this funding opportunity, an application will only be accepted if an LOI is submitted. Entities that did not submit an LOI by the deadline are not eligible to apply for this funding opportunity.

To apply for this funding opportunity, an eligible entity must be listed in SAGE. Visit the following website to apply/manage your SAGE access <https://dohsage.intelligrants.com>. The Request for Application (RFA) will open in SAGE on March 19, 2026, and applications must be received by 5:00 PM (EDT) on April 8, 2026. Applications received after this date/time will not be accepted.

Applicants must complete the required SAGE forms and their respective budget pages with sufficient detail. Applications may be returned for revisions and/or additional information; if the applicant fails to complete this process or fails to provide revisions and/or additional information by the requested due date, the Department reserves the right to deny further review of the application.

Available Funding

Funding for this program is dependent on the final award received by the Department through the OBBBA. The Department anticipates distributing funds to eligible applicants proposing activities that benefit uninsured and underinsured residents in 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.

Note: *The Department 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:

- \$11,000,000 annually for up to five (5) years
 - Activity A - Mobile Integrated Health (MIH)
 - Activity B - Pre-hospital Whole Blood Administration
 - Activity C - EMS Dispatch and Clinician Triage

Award Amounts:

- **Activity A – Mobile Integrated Health (MIH)**
 - Up to \$1,000,000 per applicant, depending on project scope.
 - Expected number of awards: Up to 18.

- **Activity B - Pre-hospital Whole Blood Administration**
 - Up to \$100,000 per applicant, depending on project scope.
 - Expected number of awards: Up to 12.
- **Activity C – EMS Dispatch and Clinician Triage**
 - Up to \$1,000,000 per applicant, depending on project scope.
 - Expected Number of Awards: Up to five (5).

Note: *The Department reserves the right to adjust award amounts and the number of awards based on project scope and available funding.*

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. Refer to Appendix F, Appendix G, and Appendix H for corresponding forms.*

Note: *Applicants may select one or more allowable activities or cost components to include in their project, based on their proposed scope. Grant funds may not be used to support services, activities, or costs that are reimbursable by Medicaid, Medicare, or private insurance.*

Note: *Administrative titles such as but not limited to coordinator or manager may not be included in personnel costs and are subject to federal funding cap of administrative and indirect costs.*

Cost-Sharing/Match Requirements:

- There are no cost-sharing or matching funds requirements for this program. However, applicants are strongly encouraged to leverage other resources and align with related efforts to promote the long-term sustainability of funded activities.

Enhancement Guidance:

- Applicants may propose enhancements to existing programs. While overall programs may serve a broader population, grant-funded enhancements must primarily benefit uninsured and underinsured individuals. These may include, but are not limited to, the following:
 - Staffing enhancements
 - Service delivery enhancements
 - Technology enhancements
 - Education/outreach enhancements
 - Equipment or supply enhancements

Scope of Work - Activities A, B, C, D

Activity A – Mobile Integrated Health (MIH)

The purpose of Activity A – Mobile Integrated Health funding is to improve health outcomes in rural communities by promoting chronic disease management, health education, increasing access to care, and increasing compliance with post-hospital discharge care that reduces disease progression, supports overall well-being, and decreases repeat hospital admissions with a particular focus on uninsured and underinsured populations. Programs should address chronic conditions such as diabetes, hypertension, and heart disease, immunizations, mental health, substance use disorders, and other preventive services. Funding is intended to support community-based approaches that increase access to care, strengthen patient engagement and compliance, and foster a healthier population.

Mobile Integrated Health - Example Initiatives

Funded initiatives may include, but are not limited to, the following:

- Health screenings, medication adherence, and disease education for mental health, substance use disorders, and chronic condition management.
- Providing same-day in-home urgent assessments as an alternative to low-acuity emergency department utilization.
- Conducting post-discharge home visits for high-risk patients to reduce hospital readmissions.
- Integrating MIH services with 9-1-1 triage to redirect eligible non-emergent calls to in-home evaluation and care coordination.
- Providing crisis intervention, de-escalation, and handoffs to community mental health services.
- Deploying MIH services to provide primary care support for rural residents facing transportation and provider access barriers.
- Providing MIH follow-up care for frequent EMS users, connecting patients to primary care, housing, food assistance, and social services.
- Screening for non-clinical factors affecting patient well-being (e.g., food insecurity, housing instability, transportation barriers) and connecting individuals to community resources or on-site support services.
- Hiring staff (e.g., nurses, paramedics, emergency medical technicians, social workers) to deliver screenings, education, and follow-up services.

Mobile Integrated Health - Equipment and Supply Items

Allowable purchases may include, but are not limited to, the following:

- Screening and diagnostic tools (e.g., blood pressure cuffs, glucose meters, cholesterol kits, weight scales, wearable biometric devices).
- Point-of-care testing devices for A1C, INR, urinalysis, and infectious disease monitoring.
- Personal protective equipment (PPE).

- Educational materials and printed handouts.
- Computers, tablets, or software for HIPAA-compliant telehealth consultations.
- Remote patient monitoring devices.

Activity B – Pre-Hospital Whole Blood Administration

The purpose of Activity B – Pre-Hospital Whole Blood Administration funding is to increase access to pre-hospital whole blood in rural New Jersey communities through licensed mobile intensive care and aeromedical programs. Projects should focus on increasing the number of and access to these resources across rural New Jersey that carry whole blood for patients suffering from significant traumatic injuries.

Note: *All programs must comply with all applicable federal and state laws, regulations, and standards. Awarded grantees will be responsible for ensuring that all services and products adhere to current national guidelines, state-specific requirements, and any future regulatory updates throughout the term of the grant.*

Pre-Hospital Whole Blood Administration – Example Initiatives

Funded initiatives may include, but are not limited to, the following:

- Supplying mobile intensive care units with whole blood to be administered to patients suffering from significant traumatic injuries.
- Equipping supervisor or physician vehicles with whole blood to respond to high acuity requests for service within a given provider area.
- Equipping aeromedical units with whole blood to be administered to patients suffering from significant traumatic injuries requiring transport via an aeromedical unit when specialized trauma services are not locally available.

Pre-Hospital Whole Blood Administration - Equipment and Supply Items

Allowable purchases may include, but are not limited to, the following:

- Autonomous portable refrigeration units (APRU) for storage of whole blood.
- Thermometers for monitoring patient reaction(s) to blood administration and monitoring of blood storage.
- Fluid warming devices.
- Pressure infusion devices.
- Software for monitoring of whole blood storage and administration.
- Point-of-care testing equipment.

Activity C – EMS Dispatch and Clinician Triage

The purpose of Activity C – EMS Dispatch and Clinician Triage funding is to advance EMS dispatch by coordinating with regional partners to implement and provide training that leads to standardization and updates of guide cards, call-taking procedures, and triage algorithms. Programs may also seek to advance EMS dispatch by expanding access to primary care for low-

acuity calls and establishing a process to triage calls to a clinician who can coordinate resources, including primary care, prescriptions, and mental health services. Projects may focus on addressing low-acuity complaints requesting emergency medical services that could be better handled through alternative channels. Projects should prioritize uninsured and underinsured populations.

EMS Dispatch and Clinician Triage - Example Initiatives

Funded projects may include, but are not limited to, the following:

- Coordinating with multiple dispatch centers in a region to provide training and educational materials that standardize and update guide cards, call-taking procedures, or triage algorithms throughout the region.
- Integrating online clinician triage for low acuity 9-1-1 medical calls.
- Establishing telehealth consultations for callers with low acuity medical complaints.

EMS Dispatch and Clinician Triage - Equipment and Supply Items

Allowable purchases may include, but are not limited to, the following:

- HIPAA-compliant telehealth software and hardware to facilitate clinician-based triage.
- Computer-aided dispatch software that will advance the ability of the center to standardize or regionalize EMS dispatch.
- Console hardware to allow for expansion related to grant activities.

Activity D – Administrative and Indirect Costs

Due to federal funding caps, administrative and indirect costs are restricted under this grant. Applicants interested in requesting these costs must budget them under **Schedule B** as ‘*Other Direct Costs*’, under **Activity D – Administrative and Indirect Costs**, as well as include them in the applicable section of the Project and Budget Submission Form (*Appendixes F, G, H*) for Department review and consideration.

- Including administrative and indirect costs does not guarantee approval, and is awarded at the Department’s discretion and contingent on the availability of funds within the established administrative/indirect cost cap.
- This separate cost category with a defined funding limit was created to support approved administrative and indirect costs.
- The Department reserves the right to modify requirements related to administrative and indirect costs at any time and is not bound by the current guidance.

Reporting Requirements and Timeline

Project and Budget Period

The first annual project and budget period is April 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 April 1, 2026 - October 30, 2026, to allow for posting, application review, and award processing.*

Reporting Requirements

Grantees are required to submit Progress and Expenditure Reports according to the schedule established below:

Report Period*	Progress/Expenditure Report #	Report Due Date
April 1 - May 31, 2026	1	June 12, 2026
June 1 - July 31, 2026	2	August 14, 2026
August 1 - October 30, 2026	3 (Final)	November 30, 2026

**Applicants shall submit Progress and Expenditure Reports following the above schedule.*

***Supplemental expenditure reports are permitted under this grant. Supplemental expenditure reports are submitted in addition to the expenditure reports to be submitted, as per the established schedule noted above, and are not intended to be submitted in lieu of. Supplemental expenditure reports are intended to provide awardees with an opportunity to request additional reimbursement opportunities during the applicable budget period.*

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 payment delays or other administrative action.

If an extension is needed for any report, grantees must submit a written justification to the Department's Project Management Officer (PMO) and Grant Management Officer (GMO) at **RHT-EMS@doh.nj.gov**. The extension is valid only upon written approval from the Department.

The final Progress and Expenditure reports must be submitted no later than November 30, 2026.

Note: *For projects that utilize the full project and budget period for start-up or implementation, the Department 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 Time and Salary
 - If requesting reimbursement for any positions that were listed as vacant in the grant application and have not been updated in the approved grant via a budget revision, an attachment **MUST** be uploaded with the expenditure report indicating the position, the name of the individual, and the effective date. Other staffing changes, such as replacements, terminations, and/or resignations, must also be reported to the Department.
- Grantees must upload supporting documentation to the expenditure report for all Schedule B items. Providing clear records helps 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.
- Supporting documentation may include a copy of the agency's accounting ledger identifying items/costs charged to the grant or copies of invoices/bills. Please be advised that Purchase Orders (POs) are not an acceptable document for reimbursement. In addition, the Department may request supplementary information for review, if needed.

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

• Progress Reporting

- Upon award, the Department 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 Department's PMO(s) 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: Advancing Access to Care, EMS, and Dispatch Capability** in Rural New Jersey.

Program Staffing and Oversight

- The Grantee must appoint a Program Coordinator, who will serve as the Project Director and primary point of contact for the ***Rural Health Transformation Program 2026: Advancing Access to Care, EMS, and Dispatch Capability*** in Rural New Jersey.
 - This individual will lead the coordination and implementation of program activities, ensure progress toward project goals, and provide required program updates to the Department’s Office of Emergency Medical Services.
 - Administrative functions are restricted in this role.
- Staff funded under this grant 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 the Department 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.
- The Department 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 Departmental 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.
 - Applicants awarded funding under activity A must complete licensure to provide services for which they were awarded funds no later than August 1st, 2026. Failure to do so will result in immediate termination of the grant with ineligibility to reapply for future RHT funding opportunities.
- 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, the Department will provide written notice specifying the reason and effective date of the action. The grantee may submit final reimbursement requests for allowable costs incurred up to the effective date, and the Department 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 requests for information in accordance with Department deadlines.
 - Use Department-supplied templates and tools as directed.
- The Department 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 terms and conditions of the Awarding Agency,
- The Department's Terms and Conditions for Administration of Grants, and
- 2 CFR 200 (Uniform Guidance) – Code of Federal Regulations as applicable to federal grants - <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>.
- Expenses reimbursed under this program must not be submitted for reimbursement through:
 - Other Department 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.
 - The Department does not endorse or show preference for specific vendors.

Sub-Grantee and Third-Party Oversight

- Any agreements with third-party service providers under this grant must be pre-approved by the Department 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 Department.

- The Grantee must:
 - Ensure sub-grants are managed in accordance with all primary grant conditions, deliverables, and requirements specified in Attachment C.
 - Monitor sub-grantee expenditures and compliance through:
 - Adequate financial controls
 - Required audits and performance reviews
 - Submission of a compliance report to the Department 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: Advancing Access to Care, EMS, and Dispatch Capability*** in Rural New Jersey.

Eligible costs may include, but are not limited to, the following:

- Personnel (full-time, part-time, temporary, student workers, and contract staff) and associated fringe benefits.
 - Positions that require evening or weekend work must have these responsibilities included in the regular job scope, as overtime is not permitted, unless specifically reviewed and approved by the Department.
- Screening and diagnostic tools (e.g., blood pressure cuffs, glucose meters, cholesterol kits, weight scales, wearable biometric devices).
- Vaccine-related supplies and equipment (e.g., vaccines, storage and refrigeration units, syringes, personal protective equipment (PPE)).
- Educational materials and printed handouts.
- Translation of educational materials and program resources for individuals.
- Computers, tablets, or software for patient tracking, scheduling, education, and follow-up.
- Portable health kiosks, telehealth-enabled stations, or community outreach equipment.
- Contracts with organizations that service, support, or treat uninsured and underinsured populations.
- Hosting focused workshops, trainings, or continuing education sessions.
- Travel costs for grant-funded staff involved in activities.
- Purchase or lease of vehicles, subject to review and approval by the Department.
- Kiosks, tablets, or computers for registration and scheduling.
- Software for electronic health records (EHR) and patient portals, subject to review and approval by the Department.
 - No more than 5% of the total funding CMS award in a given budget period can support funding the replacement of an EMR system if a previous HITECH-certified EMR system is already in place as of September 1, 2025.

- Technical support tools and software for troubleshooting.
- Mobile hotspots to improve connectivity in rural areas.
- AI-enabled analytics platforms or workflow optimization tools.
- Computers, laptops, tablets, or smartphones for video visits.
- Webcams or devices with front-facing cameras.
- Landline phones for areas with unreliable internet.
- Software for video conferencing and telehealth management.
- Marketing materials (brochures, signage, social media ads, etc.)
- AI-powered virtual assistants, chatbots, or triage software.
- Remote monitoring devices (e.g., blood pressure cuffs, glucose meters, cholesterol kits, weight scales, wearable biometric devices).
- Computers, tablets, or devices to integrate monitoring data with EHR systems.
- Software or platforms to collect, analyze, and securely store patient-generated health data.
- Communication tools for provider-to-provider or provider-to-patient data sharing.
- Technical support tools for troubleshooting remote monitoring devices.
- AI-enabled remote patient monitoring platforms or software for predictive analytics and decision support.

Funding Restrictions and Exclusions

The following restrictions apply to the use of grant funds:

- All licensing, application, and processing fees are not reimbursable.
- No purchases may be made until the grant period begins and the Department 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 Departmental 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 budget them under **Schedule B** as 'Other Direct Costs', under **Activity D – Administrative and Indirect Costs**, as well as include them in the applicable section of the Project and Budget Submission Form (*Appendixes F, G, H*) for Department review and consideration.



Note: Including administrative and indirect costs does not guarantee approval and is contingent 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: The Department 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 of 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
 - 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
- Costs related to providing Continuing Education Units (CEUs) for professional or academic purposes.

Note: For a complete 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 the Department. If a Grantee or sub-grantee materially fails to meet award requirements, the Department 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
- Require the grantee to return funds to DOH
- Implement any other remedies legally available

Hearings and Appeals

Before taking enforcement action, the Department 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 the Department
- Result from non-cancelable obligations made before the effective suspension/termination date and would have been allowable if the grant continued normally

Grant Termination

Grants may be terminated:

- By the Department 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 fails to complete state or federal licensure requirements, the grantee must provide a plan for proper use of the completed project or resources to support program goals.
- By the Department 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 Department before any action is initiated in SAGE.

Submission Process

- Step 1: Initiation
 - Upon Departmental approval to proceed, the Grantee must initiate and submit the request in SAGE within three (3) business days, or by the deadline specified by the Department
- Step 2: Submission
 - After the Department 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 Department-specified deadline

Limitations

- Grantees are permitted a maximum of two (2) budget revisions or grant amendments during the approved grant period, unless otherwise authorized by the Department.
- The Department 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 the Department to apply for a continuation of funding, in one or more subsequent years, through October 30, 2030.

Review and Evaluation Criteria

A panel designated by the Department will review grant applications. Applications must be complete and fully compliant with all RFA requirements. Please refer to Appendix D 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 the RFA Application Scoring Guide included in Appendix E.

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. Refer to Appendix F, Appendix G, and Appendix H for corresponding forms.

Final funding decisions will be based on the application scores, available funding, and alignment with the Department’s 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 (Department), 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 the Department.

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 when funding is awarded 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 Department in collaboration with the applicant’s Project Coordinator prior to award.

Applicants must upload a detailed report addressing programmatic, budgetary, and commitment overlap, and potential supplanting, via 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 supplant existing funding from any source.

Completeness and responsiveness criteria

The Department will review your application to ensure it meets the requirements in Eligibility, Application contents and format, and Application submission and deadlines.

The Department will not consider an application that:

- Is from an organization/entity that doesn't meet all eligibility criteria.
- Is submitted after the deadline.
- Is not submitted through <https://dohsage.intelligrants.com/IGXLogin>
- Does not include all components required in the application checklist.

The Department may allow you to correct minor errors if there is time before our decision deadline, but this is not guaranteed.

It is the applicant's responsibility to ensure the submission is complete and compliant.



Application Checklist

RFA Component	
<input type="checkbox"/> <u>Eligibility</u>	Ensure entity/organization meets the Eligibility requirements for Activity A – Mobile Integrated Health (MIH), Activity B – Pre-hospital Whole Blood Administration, Activity C – EMS Dispatch and Clinician Triage , and if requested, upload any required documentation under the SGE Attachments section.
<input type="checkbox"/> <u>Scope of Work</u>	Ensure initiatives and allowable costs align with the examples provided under each Activity (A, B, and/or C).
<input type="checkbox"/> <u>Allowable Costs and Funding Restrictions</u>	Ensure submitted costs meet the eligibility and restriction criteria.
<input type="checkbox"/> <u>Funding Restrictions and Exclusions</u>	Ensure submitted costs do not fall under any funding restrictions/exclusions.
<input type="checkbox"/> <u>Duplication of Efforts</u>	Under the SAGE Attachments section, submit a detailed report labeled as “ <i>Report on Programmatic, Budgetary, Commitment Overlap, and Supplanting.</i> ”
<input type="checkbox"/> <u>Duplication of Efforts</u>	Under the SAGE Attachments section, submit a signed supplanting certification.
<input type="checkbox"/> <u>APPENDIX E - RFA Application Scoring Guide</u>	Review each section for the scoring elements (application information and point value). If additional space is needed for the Needs/Objectives and Methods/Evaluation sections, a narrative document may be uploaded under the SAGE Attachments section.
<input type="checkbox"/> <u>APPENDIX F - Project and Budget Submission Form (Activity A)</u>	Use the <i>Appendix F Attachment</i> form and submit it under the SAGE Attachments section.
<input type="checkbox"/> <u>APPENDIX G - Project and Budget Submission Form (Activity B)</u>	Use the <i>Appendix G Attachment</i> form and submit it under the SAGE Attachments section.
<input type="checkbox"/> <u>APPENDIX H - Project and Budget Submission Form (Activity C)</u>	Use the <i>Appendix H Attachment</i> form and submit it under the SAGE Attachments section.



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				
Warren County RCTs					
317					

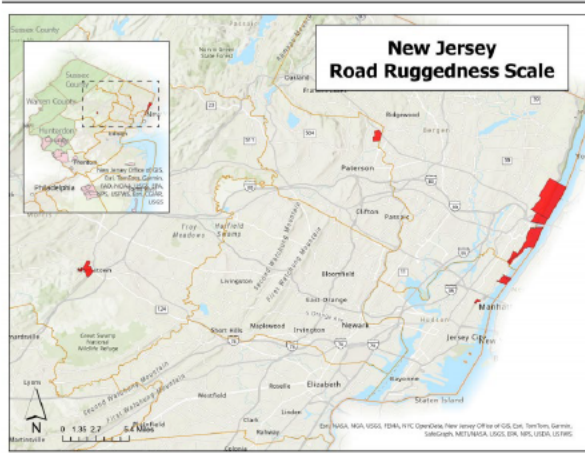
[Rural Health Grants Eligibility Analyzer](#)
[2020 Census - Census Tract Reference Map](#)

APPENDIX B - Rural New Jersey: State Definition



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

APPENDIX C - Rural New Jersey: Rural Ruggedness Scale (RRS)



RRS - Designated Counties	
Bergen	Morris
Hudson	Passaic

RRS - Recognized Rural Census Tracts (RCTs)				
Bergen County RCTs				
63.02	130.02	130.04	160	191.02
Hudson County RCTs				
150.01	152.01	173		
Morris County RCTs				
438.01				
Passaic County RCTs				
1434.02				

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



APPENDIX D - RFA Application Guidance

Rural Health Transformation Program 2026: Advancing Access to Care, EMS, and Dispatch Capability in Rural New Jersey

Preparing a budget and working with SAGE (System for Administering Grants Electronically) can be one of the most confusing aspects of applying for a grant. 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.

NOTE: If you are completing an application for the same grant program(s) for the subsequent year, you may select the option to copy the information from your current grant over to the new grant year, when initiating, and updating the appropriate forms, as necessary. Please advised that not all of the data transfers over, ie: attachments, therefore you will need to review all of the forms for accuracy and completeness, as well as RFA requirements for the new grant cycle.

IMPORTANT TO NOTE - NEW FOR FY26: review sections that contain “NEW FOR FY26” information, which include updates to select SAGE grant application forms.

General. The “Instructions” that appear at the top of each application form include the most current system navigation instructions. Additionally, to improve form load times, for all forms with repeating sections, those sections are now limited to 10; additional copies of those forms may still be added to applications as necessary.

IMPORTANT NOTE Regarding Personally Identifiable Information (PII): As a general reminder, our SAGE manual advises users to redact any confidential/sensitive data from documents uploaded into the system.

Log into SAGE at <https://dohsage.intelligrants.com/IGXLogin> and search for the **DPRE26AED** application. Please review the details below in each section for recent form updates and for additional form instructions.

The Department of Health Terms and Conditions for Administration of Grants, effective for Project Periods Beginning on or After July 1, 2025, can be accessed below:

http://nj.gov/health/grants/documents/terms_conditions.pdf

2 CFR 200 (Uniform Guidance) – Code of Federal Regulations can be accessed below:

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>

SAGE FORMS

ORGANIZATION PROFILE

*****FEDERAL ID REQUIREMENT FOR FEDERALLY FUNDED GRANT RECIPIENTS - ENSURE THE ORGANIZATION PROFILE HAS BEEN UPDATED WITH THE UNIQUE ENTITY ID #*****

IMPORTANT TO NOTE: The zip codes included under the Organization Information in SAGE must be the entities *physical* address only and match the information entered into SAM.gov

- Follow instructions on form. Note item #3 in the instructions directs applicants to make any changes to this form via the ‘click [here](#)’ link.
- **IMPORTANT:** Ensure changes made under the Organization Details section populate correctly by re-saving the Organization Profile grant application form after the Organization Details form has been updated.
- Officers and Directors (Current List with Addresses): Provide the most recent Officers and Directors list and revise the “Last Updated” date. The *Officers and Directors* list must be uploaded under the Organization Details page and will not be accepted as an upload on the Attachment and/or Shared Documents pages.
- Fiscal Year End (mm/dd): Provide the Organization’s Fiscal Year End not the end year of the grant
- Accounting System: Provide the Organization’s accounting system. *Cash Basis* are challenged, so please double-check with your accounting staff if the current basis shows Cash.
- Annual Audit Report (Most Current): Provide the Organization’s most current Annual Audit Report. The *Audit Report* must be uploaded under the Organization Details page and will not be accepted as an upload under the Attachment and/or Shared Documents pages.
- IRS Determination Letter (For Non-profits): Required for not-for-profit 501(c)3 designated organizations only. The *IRS Determination Letter* must be uploaded under the Organization Details page and will not be accepted as an upload under the Attachment and/or Shared Documents pages.
- NJ Charities Registration Letter (For Non-profits): Required for not-for-profit 501(c)3 designated organizations only. The *NJ Charities Registration Letter* must not be expired at the time of application, expired letter will not be accepted, and the expiration date must be updated to show the correct date. The *NJ Charities Registration Letter* must be uploaded under the Organization Details page and will not be accepted as an upload on the Attachment and/or Shared Documents pages.
- Tax Clearance Certificate: A current Tax Clearance Certificate is required for **all** entities, including any government entity. A current certificate may be obtained at <https://www.nj.gov/treasury/taxation/busasst.shtml>. The valid Tax Clearance Certificate must be shown on the Organization Profile page and is not accepted as an upload on the Attachment and/or Shared Documents pages. The expiration date must be updated to show the correct date for the current certificate and neither a Tax Clearance Certificate application nor an expired certificate will be accepted. The filing fee for government entities is waived; if you are a government entity, complete the application <https://www.state.nj.us/treasury/taxation/pdf/busasstTaxClear.pdf> and email directly to the following email box for processing: BusinessAssistanceTC.Taxation@treas.nj.gov

SERVICE AREA

NEW FOR FY26: The following question has been added to the “Service Area” form to account when funding is being provided directly to a Local Health Department (LHD).

Will grant funding directly support a Local Health Department (Municipal, County, or Regional)?

Yes

No

GRANT PERIOD & PAYMENT

- **Project Period and Budget Period:** Refer to RFA for the grant’s *Project and Budget Periods*. Funds must be encumbered/obligated (Purchase Orders (POs) issued) within the *Budget Period* identified in the RFA. Obligations/POs outside of the designated *Budget Period* are not eligible for reimbursement, unless noted under Section #11 - *Remarks* on the Notice Of Grant Award (NOGA) form.
- **Payee:** NJ Vendor ID Number field is the remittance address. If multiple locations are available, contact your organizations’ fiscal office for remittance address confirmation.
- **Payment Method:** Cost Reimbursement is the preferred payment method. Requests for Advance Payment for non-profits only require strong justification and supporting documentation showing the need for advanced funding. Government entities, institutions of higher learning and hospitals are not eligible for Advance Payment.

NEEDS AND OBJECTIVES

NEW FOR FY26 – Needs and Objectives: the ‘Objectives’ section has a 1,500 character limit. If character limit was exceeded in prior year(s) and applicant elected to copy data forward, the additional characters will be cut off.

LIST Objectives that are specific, measurable, realistic, and attainable to meet the goals of this project.

Activity	No.	Objective	Estimated Completion Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>

0 of 1500

- Refer to the RFA for programmatic requirements when completing these forms.
- **Objective(s) of Project:**
 - Review the RFA for activity code(s) selection for your respective grant program(s).
 - Estimated completion date must not exceed the last day of the budget/project period.

METHOD(S) AND EVALUATION

- Refer to the RFA for programmatic requirements when completing these forms.

SCHEDULE A – PERSONNEL COSTS

The *Standard Weekly Work Hours*, *Weekly Work Hours on Project*, and *Weeks on Project* fields that were merged onto this form in FY25 are now set as required. An error message will fire if the *% of Time on Project* field has been completed and any of these fields are blank. Applicants are not permitted to submit any applications with unresolved errors.

- Complete one Schedule A form per Activity Code, if applicable.
- Complete one Schedule A form per Fiscal Year (FY), if grant award exceeds a standard 12-month budget/project period. For example, for an 18-month grant, one Schedule A form will be needed for the 12-month period and a second Schedule A to cover the 6-month period.
- Executive Level II Compensation: Federal Executive Level II compensation is capped at \$225,700. If requesting partial reimbursement, the percent of time spent on grant must be calculated based on the \$225,700 federal cap and not the actual salary.
- If the same position is repeated on another Schedule A, the Position Title should be consistent.
- Legal First Name, Legal Last Name: The Department gathers statistics from these fields, so they must be shown correctly and consistently across all Activities. Typos will be returned for correction.
- Annual Salary/Wages: the *Annual Salary/Wages* field should represent the listed individual’s salary/wages for the annual period aligned with the award, not only the amount being requested for the project.
 - Note: Administrative titles such as but not limited to coordinator or manager may not be included in personnel costs and are subject to federal funding cap of administrative and indirect costs.
- % of Time on Project: Enter the percentage of the employee’s total work time, as defined above, that will be devoted to this project. An individual’s time commitment should not exceed 100% across all Activities and should not be duplicated on other grant programs.
- Position Title: If required by program, effective dates for resignations, terminations, replacements and hire dates must be included in the position title column. This information must be included for temporary employees as well. Review RFA for details.
- Fringe Benefit Rate: Upload organization’s fringe benefit breakdown. If there are different rates for individuals, include a fringe breakdown for each requested rate.
- There is no cost sharing or match required. Do not enter anything in the cost sharing/matching column.
- Standard Weekly Work Hours: Enter number of entity weekly work hours, ie: 35, 40
- Weeks on Project: Enter the number of weeks accordingly.
- Weekly Work Hours: Enter the number of weekly hours dedicated to each grant activity accordingly.
- Role & Responsibilities: State the role and responsibilities of the position, not the incumbent.
- Minimum Qualifications: State the minimum qualifications of the position, not the incumbent. Briefly stated education/degree, years’ experience, license/certification, etc., fulfills the requirement of this field. Statements such as “see attached resume, on file, previously submitted” will not be accepted.

SCHEDULE B – OTHER DIRECT COSTS

- Complete one Schedule B form per Activity Code, if applicable.
- Justification/Basis for Cost Estimate: brief narrative justification should be provided for each line item and the total cost must align with the ‘Total Cost Estimate’ & ‘Grant Funds Requested From State’ columns
- Total Cost: Please enter the total cost of the category line
- Grant Funds Requested from State: Please enter the total cost of the category line
- Cost Sharing: There is no cost sharing or match required. Do not enter anything in the cost sharing/matching column.
- Supporting Documents: Please upload corresponding attachments accordingly.
- Supplies: the Supplies category is for items related to administrative functions of the agency, specifically associated with office use resulting from grant program objectives, not to exceed \$1,000 per person. All other supplies, materials, or services must be itemized.
- Other: The Other category is for costs associated directly with program activities or outcomes, including materials, services, communication devices/services or supplies specifically needed to deliver grant program objectives, that do not fit under any other budget line/category.
 - Administrative/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 Department review and consideration as well as include under **Schedule B – Other Direct Costs, Activity Code AEDD: Administrative and indirect costs** and budgeted under the ‘Other’ line.
- Use the “*If other, specify:*” field to describe items, such as IT, Communications, fees, administration costs, indirect costs, etc.
- Training: The Training category is for grant-funded staff training only. Training of others (such as volunteers) is to be categorized as Other.
 - For any in-State conferences, seminars, etc., that include training opportunities, the only allowable expenses are registration fees and any specific costs related to the trainings (ie: CEUs, etc.). Lodging and meals are not an allowable cost for attending any in-State training events.
- Travel: Costs under the ‘Travel’ line are for **recipient staff travel only**. Travel for consultants should be included under the Professional Service Agreements line and for any other non-recipient staff travel (ie: advisory/committee members), the costs should be placed under the ‘Other’ line. Travel category must show basis of cost estimate. For each travel event, clearly indicate name of conference/event, dates/location, attendee(s), and estimated itemized costs. For mileage, indicate the estimated number of trips planned, by whom, number of miles and cost per mile. **Please note:** *Per diem and other costs (ie: food, incidentals) are not allowable/reimbursable for in-state-travel.*
 - As per *Section 200.475 Travel Costs of the Federal Cost Principles and the State of New Jersey, Department of Treasury, Office of Management and Budget, Circular NO.:20-04-OMB, Subject Travel Regulation*, travel costs must be considered reasonable, charged consistently and in accordance with organization’s policy
 - As per *State of New Jersey, Department of Treasury, Office of Management and Budget, Circular NO.:20-04-OMB, Subject Travel Regulation*



NEW JERSEY

RURAL HEALTH TRANSFORMATION

Out-of-State Travel: – “For all official business travel, allowable per diem reimbursement for lodging and meals will be actual reasonable costs, not to exceed the federal per diem rates as established in the Federal Register for the current year. If an employee’s destination is somewhere other than the locations listed in the Federal Register, then the maximum per diem allowance is \$55 for meal/incidental expenses and \$96 for lodging.”

The federal per diem rates can be found at <http://www.gsa.gov>

- In-State-Travel: ‘No allowance for lodging or meals is permitted for in-State travel.’
- Additional information regarding the State’s travel regulation can be found at
- **NOTE:** Applicants/grantees shall review the OMB State Travel Policy for ineligible expenses and prohibited benefits such as:
 - More than one (1) baggage fee per traveler, per flight,
 - Overweight/oversized additional baggage fees,
 - Charges for Business/First Class, provided the exceptions outlined in the Travel Policy are not met,
 - Travelers are prohibited from:
 - Benefits earned, such as future travel or financial vouchers resulting from flight delays
 - Earning ‘Frequent Flyer’ benefits
- Equipment: As per the Department Of Health’s **Terms and Conditions for Administration of Grants, SUBPART A – GENERAL, 1.2 Definitions**, “Equipment” means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the grantee or subgrantee for financial statement purposes, or \$10,000.” As per **SUBPART N – REAL PROPERTY, EQUIPMENT, SUPPLIES AND COPYRIGHTS, 14.2 Prohibition against additional requirements**, “Grantees and subgrantees may follow their own property management policies and procedures provided they observe the requirements of this subpart. Awarding divisions and grantees may not impose on recipients property requirements (including property reporting requirements) not authorized by this subpart unless specifically approved by the Department Grant Approval Officer.” Items that do not meet the equipment criteria per item must be classified as Supplies or Other. Applicants that elect to use their own policy shall provide a copy of the organizations’ equipment/capital policy. Additional information related to equipment can be found in the **Terms and Conditions for Administration of Grants, SUBPART N – REAL PROPERTY, EQUIPMENT, SUPPLIES AND COPYRIGHTS, 14.5 Equipment**. Please note: Costs for equipment maintenance or rental fees, is applicable, should be included under the ‘Other’ line.
- Facility costs: costs may include but not limited to building/space rental, heat, light, etc. For rent/lease costs, if applicable, upload lease under “Supporting Documents” column.
- Professional Service Agreements: Agreements/contracts are not required at the time of application, however they must be reviewed and approved by the Department prior to execution, except for auditing. All consultants used for the sole purpose of auditing compliance with the grant/or expenditures funded by the grant are exempt from this restriction. The basis for cost estimate must be clearly stated. If draft (unsigned) agreements are available, upload under the “Supporting Documents”

column for review. *Signed/executed contracts are required for reimbursement and must be uploaded by the Grantee to the Shared Documents folder of the grant file in SAGE once available.*

- Sub-awards – if applicable under the grant, review the ***Terms and Conditions for Administration of Grants, SUBPART A*** for additional information.
- Construction/Alternation & Renovations – if applicable under the grant, review the ***Terms and Conditions for Administration of Grants*** for additional information.

COST SUMMARY

- **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 the Department review and consideration as well as include under **Schedule B – Other Direct Costs, Activity Code AEDD: Administrative and indirect costs** and budgeted under the ‘Other’ line.
- Applicants must budget indirect costs under **Schedule B – Other Direct Costs**, do not include any indirect costs under the ‘Indirect Costs’ budget line on the Cost Summary form.
- Due to the indirect costs restrictions under this grant and limited funds available for these costs, applicants are not required to upload an indirect rate cost agreement, if one exists, or provide attestation that an indirect rate cost agreement does not exist.

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

Requesting / Reporting administrative and/or indirect costs

Activity Codes – review to ensure the allowable amount/percentage has not been exceeded between all of the activity codes.

Quarterly Reporting – amount requested for reimbursement should be based on the actual costs incurred for the reporting period, it should not be divided evenly by the number of quarters in the grant period

Charging indirect costs – grant recipients electing to use indirect costs must ensure the following:

- costs must be consistently charged as direct or indirect across all activity codes.
- **cannot double-charge** - any costs charged as administrative costs, **cannot** also be charged as indirect costs.



NEW JERSEY

RURAL HEALTH TRANSFORMATION

DISCLOSURES AND CERTIFICATIONS

NEW FOR FY26: The following updates have been made to this form:

- The following question links to the “Terms and Conditions for Administration of Grants, Effective for Project Periods Beginning on or After July 1, 2025,” which can be reviewed online at: www.nj.gov/health/grants/documents/terms_conditions.pdf.

<input type="radio"/>	<input type="radio"/>	I have read the Terms and Conditions for Administration of Grants and certify that this organization will comply with all of the general terms and conditions applicable to grant awards made by the New Jersey Department of Health and all grant-specific terms and conditions included in the grant agreement.
Yes	No	

- The following question links to an updated version of our “Data Privacy Terms and Conditions,” which is attached here for reference. Sections 8 and 9 are newly added.

<input type="radio"/>	<input type="radio"/>	I have read the Department’s Data Privacy Terms and Conditions and certify that this organization will comply with the Data Privacy Terms and Conditions applicable to grant awards made by the Department.
Yes	No	

- A new question has been added to address the new federal regulation at 2 CFR 200.415(b). The system will require all applicants to select “Yes.”

<input type="radio"/>	<input type="radio"/>	I am duly authorized by the governing body of the applicant organization to sign this application on its behalf, and I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.
Yes	No	

- Complete all sections accordingly.

FFATA CERTIFICATION

- Both questions must be answered.
- Additional information can be found at www.fsd.gov

ATTACHMENTS

Any required attachments referenced in the RFA for the Needs/Objectives, Methods/Evaluation and for those that may not fall under Schedules A/B, may be uploaded under the Attachments section.

See attachment examples below that can be directly uploaded to Schedules A and/or B:

- Fringe benefit breakdown – upload directly under Schedule A – Personnel Costs
- List of communication devices/assignees, if applicable – upload directly to Schedule B
- Equipment Quote – upload directly to Schedule B
- Lease/Maintenance Agreements – upload directly to Schedule B
- Professional Services Agreement – upload directly to Schedule B
- Subgrant Agreement – upload directly to Schedule B

Post – Award Document: please note that the Attachment A form referenced below will not be available until after the Notice Of Grant Award (NOGA) has been issued.



ATTACHMENT A

NEW FOR FY26: Two updates have been made to this form

- The link in Section I points to the "Terms and Conditions for Administration of Grants, Effective for Project Periods Beginning on or After July 1, 2025"

I. Terms and Conditions

The Department's [Terms and Conditions for Administration of Grants](#) is hereby made a part of this award and contains the following requirements:

- A. Administrative
- B. Compliance
- C. Audit

- A term has been added to the reporting requirements section (at Sections IV.E. and III.B., respectively) to underscore the importance of timely reporting.

E. Payments under this Grant will be dependent on the timely submission of required expenditure and performance reports.

B. Payments under this Grant will be dependent on the timely submission of required reports.

APPENDIX E - 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 their alignment with the criteria outlined in the RFA Application Scoring Guide.

Final funding decisions will be based on the application scores, available funding, and alignment with DEPARTMENT 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 Access to Care, EMS, and Dispatch Capability

<p>Assessment of Need Total Point Value = 5</p> <ul style="list-style-type: none"> Description of need(s) that illustrate the reason for the project.
<p>Project Design, Objective(s) of Project Total Point Value = 35</p> <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. 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 the 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 include 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

- 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 account the organization's current capacity, patient needs, and programmatic needs.
- The Schedule A - Personnel Costs 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.
- 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.



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

Rural Health Transformation Program 2026: Advancing Access to Care, EMS, and Dispatch Capability Activity A – Mobile Integrated Health

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 the target rural populations this project will serve. See Appendix A, B, and C for eligible areas:
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.
4. Describe risks or challenges and how they will be addressed in a timely manner.

Section 4: Staffing

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

Section 5: Administrative/Indirect Cost Request

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

Administrative/Indirect Cost Request Table			
<p><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 DEPARTMENT 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></p>			
Cost Category	Description/Justification	Total Amount Requested	Notes
Personnel			
Travel			
Facility			
Other Administrative/ Indirect Costs			
Total Amount Requested			
<p>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.</p>			



APPENDIX G - Project and Budget Submission Form (Activity B)

Rural Health Transformation Program 2026: Advancing Access to Care, EMS, and Dispatch Capability Activity B – Pre-Hospital Whole Blood Administration

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 the target rural populations this project will serve. See Appendix A, B, and C for eligible areas:
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.
4. Describe risks or challenges and how they will be addressed in a timely manner.

Section 4: Staffing

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

Section 5: Administrative/Indirect Cost Request

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

Administrative/Indirect Cost Request Table			
<p><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 DEPARTMENT 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></p>			
Cost Category	Description/Justification	Total Amount Requested	Notes
Personnel			
Travel			
Facility			
Other Administrative/ Indirect Costs			
Total Amount Requested			
<p>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.</p>			



APPENDIX H - Project and Budget Submission Form (Activity C)

Rural Health Transformation Program 2026: Advancing Access to Care, EMS, and Dispatch Capability Activity C – EMS Dispatch and Clinician Triage

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 the target rural populations this project will serve. See Appendix A, B, and C for eligible areas:
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.
4. Describe risks or challenges and how they will be addressed in a timely manner.

Section 4: Staffing

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

Section 5: Administrative/Indirect Cost Request

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

Administrative/Indirect Cost Request Table			
<p><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 DEPARTMENT 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></p>			
Cost Category	Description/Justification	Total Amount Requested	Notes
Personnel			
Travel			
Facility			
Other Administrative/ Indirect Costs			
Total Amount Requested			
<p>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.</p>			