Notice of Funding Opportunity

Application due 7/17/2026

Federal Office of Rural Health Policy

Hospital State Division

Delta Rural Integrated Health Network Program

Opportunity number: HRSA-26-073

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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on 7/17/2026.

To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

Step 1:
Review the Opportunity

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Basic information

Health Resources and Services Administration

Federal Office of Rural Health Policy

Hospital State Division

A program to help rural health facilities in the Delta Region create integrated care networks.

Summary

The Delta Rural Integrated Health Network Program seeks to improve healthcare delivery in the region by supporting the development of integrated health networks among rural hospitals, primary care clinics, behavioral health providers, and other essential healthcare organizations. Networks can include groups of healthcare organizations (such as rural hospitals or clinics) and we are particularly interested in networks and proposed networks that include both hospitals and clinics.

Funding details

Application Types: Limited competition, New

Expected total available funding in FY2026: $2,800,000

Expected number and type of awards: 8 grants

Funding range per award: Up to $350,000

We plan to fund awards in two 12-month budget periods for a total 2-year period of performance from 09/30/2026 to 09/29/2028.

Have questions?
Go to Contacts and Support.

Key facts

Opportunity name:
Delta Rural Integrated Health Network Program

Opportunity number:
HRSA-26-073

Announcement version:
Initial

Federal assistance listing:
93.619

Key dates

NOFO issue date:
06/16/2026

Informational webinar:
Will be posted on grants.gov

Application deadline:
7/17/2026

Expected award date:
09/01/2026

Expected start date:
09/30/2026

See other submissions for other time frames that may apply to this NOFO.

Eligibility

You can apply if you are a domestic public or private, non-profit or for-profit entity.

Types of eligible organizations

These types of domestic organizations may apply:

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Public and State controlled institutions of higher education.
- Native American tribal governments (federally recognized).
- Native American tribal organizations (other than federally recognized tribal governments).
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education.
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education.
- Private institutions of higher education.
- For profit organizations.
- Small businesses.
- Others. (See text field entitled “Additional Information on Eligibility” for clarification.)

Additional information on eligibility

You must target rural healthcare organizations located in the Delta region.

The applicant organization may be located in a rural or urban area but must have demonstrated experience serving, or capacity to serve, medically underserved populations in rural areas.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

Applicants must meet all the requirements in the eligibility section, as well as the following additional criteria. If you do not meet all these requirements, or if you do not provide all the required network documentation, your application will be marked ineligible.

- You must represent a group composed of three or more healthcare organizations (including the applicant organization).

- Organizations in the network may include:
  - Rural hospitals such as Critical Access Hospitals (CAH), Prospective Payment System Hospitals (PPS), Rural Emergency Hospitals (REH), Disproportionate Share Hospitals (DSH), Sole Community Hospitals (SCH), Indian Health Service (IHS) Hospitals, and Tribal Hospitals, etc.
  - Rural health clinics.
  - Federally qualified health centers.
  - Health centers.
  - PACE organizations.
  - Physical and occupational therapy practices.
  - Dental clinics.
  - Behavioral health clinics.
  - Emergency medical services (EMS) agencies.
  - Independent clinics and other organizations that provide direct patient care
  - Convening organizations for healthcare providers, such as state rural health associations, state hospital associations, or other organizations focused on rural healthcare network development.
  - Networks may be composed of organizations of the same type, for example, all rural hospitals, or networks may be composed of different types of organizations, for example, rural hospitals and clinics.
- You must represent a network comprised of at least 66% of participant organizations physically located in HRSA-designated rural areas in the Delta Regional Authority (DRA) region, which includes 255 counties and parishes across eight states: Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee.
  - You can determine the rural or urban designation of each participant organization using HRSA's Rural Health Grants Eligibility Analyzer and location in the DRA region using the DRA Service Maps.
  - You must verify and indicate the rural or urban designation for each network participant in Attachment 5. If you propose to serve a rural census tract in a partially rural county, the rural census tract must be indicated.
  - The applicant organization and each network participant must have their own Employer Identification Number (EIN) number unless an exception is requested. The EIN number for applicant organization and each network participant must be provided in Attachment 6.
- The applicant organization is not required to represent a fully established rural health network at the time of submission. However, you must provide

documentation that demonstrates that your network meets network requirements in Attachment 4: Agreements with other entities, and Attachment 6: Network organization chart and member information, and Attachment 7: Letter of commitment.

- Existing networks are eligible to apply for funding to plan for the development of a more integrated network. If the applicant is an existing network, please provide the network's articles of incorporation or copies of Memoranda of Understanding (MOUs) signed by all network participants as Attachment 4.
- All applicants must provide a scanned, signed copy of a letter of commitment from each of the network participants in Attachment 7.
- You must have demonstrated experience serving, or capacity to serve, rural populations. You can demonstrate this by describing the buy-in from the rural community your proposed project plans to serve in the project narrative and letters of support from community-based organizations in the rural community.
- Your network will use grant funds to serve only HRSA-designated rural areas in the DRA region for planning activities that meet funding policies and limitations and budget requirements.
- Funding under this program (42.U.S.C. 254c(f)) must be used for planning activities that are clearly non-duplicative of other federally funded programs. Planning activities are those that prepare a community to provide direct health services. Planning activities grant funds can be used for can include but are not limited to:
    - Rural health care network integration.
    - Strengthening operations.
    - Creating or improving care coordination policies and procedures.
    - Convening participating organizations for strategic planning.
    - Contracting with other organizations to provide facilitation services, legal services, financial feasibility analysis and other services necessary to create an integrated rural health care network.
- You must not previously have received a grant under this subsection (other than a grant for planning activities) for the same or a similar project.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Requests funding above the award ceiling shown in the funding range.
- Is submitted after the deadline.
- Does not include all required documents.
- Fails to select one of the funding tracks.
- Proposes to use award funds to pay for the direct provision of clinical health services or other activities unrelated to creating or integrating a network.

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See Step 6: Learn What Happens After Award for information on regulations that apply, reporting, and more.

Program description

Purpose

The Delta Rural Integrated Health Network Program supports the planning and development of rural integrated healthcare networks in the Delta Region. This approach links rural healthcare network participants together to improve collective capacity to address local challenges, expand access, and improve care quality in the rural communities they serve. For new networks, the goal is to develop integrated networks in one or more of the following areas: clinical, administrative, and operational. For existing networks, the goal is to strengthen integration in ways that best serve its member healthcare organizations and patients.

The program helps network participants work together on three aims:

- Greater efficiency.
- Expanded access, coordinated care, and improved healthcare quality and health outcomes.
- A stronger rural healthcare system.

Funding opportunity goals

- Promote cooperation among healthcare organizations to achieve efficiencies and improve access to quality healthcare services and outcomes in rural areas.
- Strengthen the rural healthcare system by fostering partnerships among healthcare organizations.
- Enhance local capacity to improve rural community health interventions and coordinate care effectively.
- Support the financial stability of member healthcare organizations so they can continue to provide care in their communities.

Background

The Delta Rural Integrated Health Network Program seeks to improve healthcare delivery in the region by supporting the development of integrated health networks among rural hospitals, primary care clinics, behavioral health providers and other essential healthcare organizations. The network model helps rural providers achieve economies of scale that can lower costs and expand administrative and clinical capacity. Because providers in the region are small and have limited resources, individual clinics and hospitals face ongoing challenges meeting their communities'

needs. This funding will help new networks develop the legal and administrative infrastructure to work collectively while preserving local autonomy.

Creating new networks will help Delta healthcare organizations enhance clinical service delivery, improve their financial operations, and achieve other operational efficiencies not otherwise available to small individual healthcare organizations. As these networks grow and mature, they will also be able to integrate further to stabilize services, expand access to care, and improve population health. By strengthening the systems of care in the rural Delta region, the networks will be able to preserve access to care and address long-standing challenges related to higher rates of chronic disease, higher mortality and lower life expectancy.

This program supports HRSA's coordination with the Delta Regional Authority (DRA) to enhance healthcare delivery in the rural counties and parishes of the Delta region. This collaboration began in 2017 when HRSA funded the Delta Region Community Health Systems Development (DRCHSD) Program under a cooperative agreement to provide free, intensive, multiyear technical assistance to rural healthcare organizations located in the Delta region. Through this work, HRSA has identified the need to support the creation of integrated networks in the Delta region.

HRSA currently works with the DRA on two initiatives:

- The DRCHSD Program, which provides intensive, multiyear technical assistance to healthcare facilities across the 252 parishes and counties in the Delta region.
- The Delta Health Systems Implementation Program which provides funding to rural hospitals that previously received technical assistance through the Federal Office of Rural Health Policy (FORHP). Projects focus on financial sustainability based on recommendations from technical assistance consultations.

The Delta Rural Integrated Health Network Program helps advance the Making America Healthy Again (MAHA) priorities including:

- Preventive health.
- Reducing chronic disease.
- Mental health.
- Nutrition.
- Primary and value-based care.

Program requirements and expectations

You must meet all the requirements stated in the Eligibility section, including Other eligibility criteria. You must also meet all program requirements and expectations outlined in this section.

Funding tracks

You must select **one** of two funding tracks to apply for the Delta Rural Integrated Health Network Program. **Applications that do not clearly select a single funding track will be considered non-responsive to the NOFO and will not be reviewed.**

Track 1: Create a new network

Applicants who are not currently part of a network, but are seeking to develop one, must choose this track. Planning activities may include, but are not limited to:

- Conducting community health and/or provider needs assessments at the regional and/or local level.
- Identifying additional network participants in the community or region.
- Identifying financial gaps or resources available to support services.
- Developing a network business or operations plan to address a local healthcare challenge, which may include:
    - Establishing a formal memorandum of agreement or understanding (MOA or MOU) or legal articles of incorporation.
    - Developing a shared mission statement.
    - Identifying the appropriate governance structure for participants for the planned network.
    - Establishing a governance board or other decision-making structure for the network.
    - Creating a set of network bylaws.
    - Identifying the roles and responsibilities of the network participants or a developing business model.
    - Identifying ways to encourage cross-organizational cooperation and leadership commitment to improve health in the region.
    - Assessing whether the planned network can initially launch successfully and continue to succeed over time.
    - Identifying and establishing ways to obtain regional or local community support around network development.

Track 2: Strengthen or expand an existing network

Existing networks must choose this track. Planning activities may include:

- Conducting community health and/or provider needs assessments at the regional and/or local level.
- Identifying additional cooperating network participants in the community or region.
- Identifying additional opportunities for greater cooperation among network participants to improve patient care and enhance the sustainability of the network.
    - Assessing whether clinical and/or administrative integration is practical.
    - Creating a plan for clinical and/or administrative integration.
    - Identifying workforce issues and developing a plan to address them on behalf of member healthcare organizations.
- Integrating health and human services, improving access for people with disabilities, and developing a plan to maintain access to services such as cancer screening, chronic disease management, nutrition, oral health, and behavioral healthcare.
- Developing a plan to expand the role of EMS in the community, including planning for service gaps that may result from a hospital closure or conversion and ensuring EMS readiness to support labor and delivery.
- Developing a data use and sharing agreement to facilitate strategic and sustainability planning.
- Assessing whether the planned network can initially launch successfully and continue to succeed over time.
- Identifying strategies to communicate with the community about changes in the healthcare landscape and how they can maintain access to healthcare services.
- Identifying a strategy to use broadband connectivity to support health information technology applications in rural communities.
- Identifying a plan to develop regional systems of care to better meet rural patient concerns.
- Identifying opportunities for the network to better address regional or local health population needs.
- Helping member healthcare organizations participate in value-based care efforts, including new primary care models like direct primary care.

Activities should advance one or more of the MAHA priorities. Strategies to consider include:

- Addressing root causes of poor health.
- Improving access to primary care, behavioral health, preventive care, or developmental services.
- Expanding nutrition programs or chronic disease prevention.
- Preparing systems for value-based care.

Statutory authority

42 U.S.C. 254c(f) (§ 330A(f) of the Public Health Service Act

Award information

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS has adopted 2 CFR Part 200, with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Your satisfactory progress in meeting the project's objectives.
  - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see:
- Project Budget Information in the Application Guide [PDF].
- 2 CFR Part 200 Subpart E - General Provisions for Selected Items of Cost.
- Allowable and Unallowable Costs and Activities in the HHS Grants Policy Statement.
- All costs must be reasonable, necessary, allocable to the award, and adequately documented (2 CFR 200.403).
- You cannot earn profit from the federal award. See 2 CFR § 200.400(g).
- Current appropriations law includes a salary limit of $228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds.

Program-specific statutory or regulatory limitations

You cannot use funds:

- To build or acquire real property.
- For construction.
- To pay for equipment costs not directly related to the award.
- To pay for the direct provision of clinical health services.

See Manage Your Grant for other information on costs and financial management.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To incur indirect costs, you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

Method 2 – *De minimis* rate. Per 2 CFR § 200.414(f), if you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See 2 CFR § 200.1 for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your budget.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at 2 CFR 200.307.

- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

Step 2:
Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to SAM.gov Entity Registration and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the financial assistance general certifications and representations specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

If you need additional information about user roles in SAM.gov, see “Get registered: SAM.gov user roles” in the Application Guide [PDF].

Grants.gov

You must also have an active account with Grants.gov. You can see step-by-step instructions at the Grants.gov Quick Start Guide for Applicants and How to Apply for Grants.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-26-073.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS Tips for Preparing Grant Proposals.

Visit HRSA's How to Prepare Your Application page for more guidance. See Apply for a Grant for other help and resources.

FAQs will be posted on Grants.gov Related Documents tab.

Join the webinar

Webinar information will be posted to the Related Documents tab on Grants.gov. We recommend you "Subscribe" to the NOFO on Grants.gov to receive updates when documents are posted.

Have questions? Go to Contacts and Support.

Step 3:
Build Your Application

In this step

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Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

Component	Grants.gov form	Included in page limit*?
☐ Project narrative	Project narrative attachment form	Yes
☐ Budget narrative	Budget narrative attachment form	Yes

Attachments

Insert each in the Attachments form in this order.

Component	Included in page limit*?
☐ 1. Work plan	Yes
☐ 2. Staffing plan and job descriptions	Yes
☐ 3. Biographical sketches	Yes
☐ 4. Agreements with other entities	No
☐ 5. Areas of impact & proof of location in rural Delta region	No
☐ 6. Network organizational chart and network member information	No
☐ 7. Letters of commitment	No
☐ 8. EIN/UEI exception request	Yes
☐ 9. Tribal EIN/UEI exception request	Yes
☐ 10. Funding Preference documentation	Yes
☐ 11. Other relevant document	Yes
☐ 12. Other relevant document	Yes
☐ 13. Other relevant document	Yes
☐ 14. Other relevant document	Yes
☐ 15. Other relevant document	Yes

Other required forms

Upload using each required form in Grants.gov.

Forms	Submission requirement
☐ Application for federal assistance (SF-424)	With application.
☐ Project abstract summary form	With application.
☐ Grants.gov lobbying form	With application.

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

Application contents and format

This section includes guidance on each component found in the application checklist.

Application page limit: 50

Submit your information in English and express whole number budget figures using U.S. dollars.

Required format

Required format for project summary, project narrative, budget narrative, and attachments.

Font: Use a readable font like Arial, Courier, CG Times, or Times New Roman.

File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

Size: 12-point font
Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black

Spacing: Single-spaced, including all text and tables.

Alignment: Left

Headings: Bold all headings and align left.

Size: 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

Margins: 1-inch on all sides

Footer: On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

Page numbering:

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

File names: You can find guidance for naming your files in the Application Guide [PDF].

Project narrative

Introduction

See merit review criterion 1: Need

- Describe your organization's focus area, funding track selection, proposed project goals and objectives, and expected outcomes as they relate to community needs.
- Describe the participating healthcare organizations and discuss the reasons they are creating a new network or building a more integrated one. Organizations in the network may include:
  - Rural hospitals such as Critical Access Hospitals (CAH), Prospective Payment System Hospitals (PPS), Rural Emergency Hospitals (REH), Disproportionate Share Hospitals (DSH), Sole Community Hospitals (SCH), Indian Health Service (IHS) Hospitals, and Tribal Hospitals, etc.
  - Rural health clinics.
  - Federally qualified health centers.
  - Health centers.
  - PACE organizations.
  - Physical and occupational therapy practices.
  - Dental clinics.
  - Behavioral health clinics.
  - Emergency medical services (EMS) agencies.
  - Independent clinics and other organizations that provide direct patient care.
  - Convening organizations for healthcare providers, such as state rural health associations, state hospital associations, or other organizations focused on rural healthcare network development.
- Discuss how your proposed project goals and planning activities will support the Delta Rural Integrated Health Network Program aims and goals as outlined in the purpose section.

Need

See merit review criterion 1: Need

This section will help reviewers understand who you will serve. You must address the following items:

- Describe the service area of the network or planned network, and the local healthcare service environment. Include supporting information from appropriate data sources, such as local, tribal, state, or federal data.
- Identify the structural challenges affecting healthcare in the service area. When possible, use and cite data to support your description. Challenges might include:
  - Poverty.
  - Uninsured or underinsured populations.
  - Chronic disease burdens.
  - Social drivers of health such as transportation barriers and food insecurity.
  - Access to disability services.
  - Lack of administrative resources for grant writing.
  - Funding.
- Discuss rural community needs, including all of the following:
  - How the rural community participated in identifying the needs and focus area.
  - How the network participants will work together to address the identified rural community needs identified, as well as gaps in the existing healthcare system, such as in personnel, service delivery, and shared resources.
  - Activities that the network will perform to fill those gaps.
- Describe the need for creating a network or strengthening an existing one to address the identified focus area. Discuss how a Delta Rural Integrated Health Network award would support the development of a formal network and address unmet community needs.
- Describe how the network plans to address health needs within the target service area.

Approach

See merit review criterion 2: Response

- Describe the methods you will use to address the specified needs and meet the goals and program requirements of the Delta Rural Integrated Health Network program.
- Describe your plan for creating a new network (Track 1) or strengthening an existing network (Track 2).
- Describe how the planned or existing network's planning activities will increase access to quality healthcare services across the continuum of care for rural populations in the service area.
- Describe how those populations will be involved in the development and ongoing operations of the network, including strategies for ongoing staff training, teamwork, and information sharing.
- Include strategies for outreach and cooperation to involve patients, families, and communities.

High-level work plan

See merit review criteria 2: Response and 4: Impact

- Describe how you will achieve each of your goals during the period of performance. This description should align with the program purpose and identify key milestones to measure success.
- Provide a timeline that includes each activity for the entire period of performance and identifies the individual or role responsible for each activity. As needed, identify how key stakeholders will help plan, design, and carry out these activities.
- Describe how often proposed network participants will meet, how they will communicate their decisions, and how they will track their progress on work plan activities.

You will also include a more detailed work plan in Attachment 1.

Resolving challenges

See merit review criterion 2: Response

- Discuss challenges that you are likely to encounter in designing and implementing the activities described in your work plan.
- Explain the approaches that you will use to resolve them.

Performance reporting and evaluation

See merit review criteria 3: Performance reporting and evaluation and 5: Resources and capabilities

- Describe the expected outcome (desired results) of the funded activities such as a strategic plan to integrate your network or articles of incorporation for a new network.
- Describe how you will determine if you have achieved the expected outcomes, including what data you will collect.
- Describe the milestones you will use to track progress toward your outcomes by the end of the project period.
- Describe how you will collect and report required data accurately and on time.
- Describe how you will manage and securely store data and protect it from cybersecurity threats, breaches, or other loss of integrity.
- Describe how you will monitor and analyze progress to continually improve your program.
- Describe how you will share results and how you will assess whether you are sharing results effectively.
- Review and describe your collected data for its clarity and appropriateness to inform network activities.

Organizational information

See merit review criterion 5: Resources and capabilities

- Briefly describe your mission, structure, and the scope of your current activities. Explain how they will help you carry out the program requirements. Include a project organizational chart in Attachment 6.
- Discuss how you'll follow the approved project, keep track of all federal funds, and record all costs to avoid issues during the project audit.
- Describe how you'll assess the unique needs of the people who live in the community you serve.
- Describe your organizational profile, budget, network participants, partners, key processes, and your key staff's experience, skills, and knowledge to carry out project activities.

Network participants

- Describe how the rural network organizations in your service area will participate in the network's development and ongoing operations. Your descriptions should reflect a shared decision-making structure and capacity. You will include a detailed list of all network participants in Attachment 6.
- Provide the following information about the network:
  - Outline the roles and responsibilities of each network participant.
  - Explain the rationale for selecting each participant.
  - Describe prior cooperative activities among participants.
  - Describe participants' readiness to integrate their functions.
  - Address participants' capacity to achieve the program goals.
  - Describe how network participants reflect the rural service area or population specified in this NOFO.
- Show that at least 66% of the proposed network participants are located in eligible HRSA-designated rural areas within the DRA region.
- Discuss network participants' experience serving, or capacity to serve, rural populations. Ensure that this discussion aligns with and expands on your description of rural community buy-in to the proposed project plans provided in your project narrative.

Key personnel

- Describe key personnel roles and their relationship to the network and planning project. Key personnel are individuals who would receive funds from this award or people who conduct activities central to this program. You will include more information in Attachment 4.
- Include the project director's name in the project abstract and Attachment 4. The project director will be responsible for project monitoring and carrying out the award activities.
  - If the applicant organization has an interim project director or has not yet hired one, describe the process and timeline for hiring a permanent project director.
- Identify a network director for your project. The network must have either a permanent network director or an interim network director capable of overseeing the network's administrative, fiscal, and business operations at the time of the award.
  - If the applicant organization has an interim network director, describe the process and timeline for hiring a permanent network director.

Budget and budget narrative

See merit review criterion 6: Support requested

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for equipment and supply in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See funding policies and limitations.
- **Personnel**: HRSA recommends allocating funds for a network director with **1.0 full-time equivalent (FTE)**, and Project Director **at least 0.25 FTE** to carry out program activities and that your staffing plan include supporting and key personnel that total at least one full-time equivalent (FTE) at the time of application. Ideally, you should have one project director rather than splitting the allotted time among multiple staff members. Additionally, your staffing plan should include supporting and key personnel that total at least one full-time equivalent (FTE) at the time of application.
- **Equipment:** You may allocate **no more than 5%** of the total award amount towards equipment purchases.
- **Legal costs**: You may allocate **no more than 20%** of the total award amount towards legal costs. Legal costs include services and activities such as consultations, 501(c)(3) application preparation, and development of articles of incorporation and by-laws.
- **Contractual**: You are responsible for ensuring that your organization or institution has an established procurement system with fully developed written procedures for awarding and monitoring contracts. Consistent with 2 CFR 200, you must

provide a clear explanation of the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

- **Planning Activities**: You may use grant funds towards planning activities only. Planning activities are those that prepare a community to provide direct health services, such as:
  - Rural healthcare network integration.
  - Strengthening operations.
  - Creating or improving care coordination policies and procedures.
  - Convening participating organizations for strategic planning.
  - Contracting with other organizations to provide facilitation services, legal services, financial feasibility analysis and other services necessary to create an integrated rural health care network.

To create your budget narrative, see budget narrative detailed instructions in the Application Guide [PDF].

Attachments

Place your attachments in this order in the Attachments form. See application checklist to determine if they count toward the page limit.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

Attachment 1: Work plan

Attach the project's work plan. Make sure it includes everything required in the project narrative section.

This attachment is required in addition to the project narrative work plan section.

The work plan must:

- Outline the individual or organization responsible for carrying out each activity.
- Include a timeline for the period of performance. The minimum timeline increment is one quarter.

We recommend using a table format with these headings:

- Goals and objectives.
- Key action steps, including target population where applicable.
- Activities.
- Outputs, data sources, and program assessment methods. Include the direct products or deliverables of program activities and how you will assess them.

- Outcomes and measurements. Include the expected results of the program, typically changes in people or systems.
- Responsible individual and organization.
- Performance period and completion date.

Attachment 2: Staffing plan and job descriptions

See Section 3.1.7 of the Application Guide [PDF].

Include a staffing plan that shows the staff positions that will support the project, and key information about each. Justify your staffing choices, including their education and experience. Explain your reasons for the amount of time you request for each staff position.

For each key staff member, attach a one-page job description. It must include their role, responsibilities, and qualifications.

Attachment 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in Attachment 2.

Each biographical sketch should be no more than one page. Do not include non-public, personally identifiable information. If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Attachment 4: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you mention in your project narrative. If the applicant organization or any participating entity is an existing network, please provide a copy of the articles of incorporation, or Memoranda of Understanding. If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of sub-recipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. If none of the participating organizations is a network, please provide, at a minimum, letters of agreement signed by every participating organization. Make sure letters of agreement are signed and dated.

Attachment 5: Areas of impact & proof of location in rural Delta region

You must specify the proposed target service area(s) that will be served under this project and demonstrate that the network participants are physically located in a HRSA-designated rural area in the DRA region. You must include the following information:

- A list of the proposed target service areas, counties/parishes, cities, and HRSA rural designation status;
- A legible map that clearly shows the locations of all network participants.
  - The map must include the counties and census tracts of all network participants. If the network participant is located in a rural census tract of an urban county, the rural census tract must be clearly identified on the map.
- Proof of network participant location in a HRSA-designated rural area in the DRA region.
  - You may use DRA's Service Area Map to determine whether the organization are in the DRA region. This webpage shows the 252 counties and parishes in the Delta region. Click on the county/parish and take a screenshot. Include a screenshot for every organization that will participate in the network to demonstrate that at least 66% of network participants are located within the Delta region.
  - You may use HRSA's Rural Health Grants Eligibility Analyzer to determine whether the organizations are located in areas designated rural by HRSA. Refer to Appendix A for more information.

Attachment 6: Network organizational chart and network participant information

Provide a one-page network organizational chart that includes how decisions will be made and how communication will flow. Describe the history of any collaborative activities carried out by the proposed network participants, describe the degree to which network participants are ready to integrate their functions, and their capacity to carry out program goals.

Provide a list of all network participants that includes:

- The organization's name and type (such as a community health center, hospital, or health department).
- Whether the organization is part of a system.

- The organization's physical address. This will be the address used to determine qualifying eligible HRSA-designated rural status.
- Provide the name of the county or parish in which each participating organization is located.
- The name of the key person from the organization who will be working on the program.
- The organization's anticipated role and responsibility in the Delta Rural Integrated Health Network Program.
- EIN of each proposed network participant, unless the applicant is a tribe or requests a multiple EIN exception.

Attachment 7: Letters of commitment

You must provide a scanned, signed copy of a letter of commitment from each network participants. Signed copies of the letters of commitment should be provided for all network participants listed in Attachment 6. Letters of commitment must clearly identify, for each network participant:

- Roles and responsibilities in the network and project.
- Activities they will be included in.
- How their expertise is pertinent to the project.

Each letter must also include a statement indicating that the proposed partner understands that the award funds must be used for the development of a healthcare network and cannot be used for the exclusive benefit of any one network partner or to provide clinical services.

If a network participant or planned network participant is part of a system, include a signed letter from the system CEO, CFO, or other executive leadership indicating their support for that healthcare organization's participation in the network and in the planning project.

Attachment 8: EIN/UEI exception request

Submit only if applicable.

Generally, you cannot apply for multiple projects using the same UEI (previously Data Universal Numbering System (DUNS)) number or EIN. However, we recognize a growing trend towards greater consolidation within the rural healthcare industry and the possibility that multiple organizations may share the same UEI, EIN, or both with one parent organization. As a result, we may allow separate applications associated with a single UEI or EIN, if you provide the following to us in this attachment:

- Names, street addresses, EINs, and/or UEI numbers of your organizations.

- Name, street address, EIN, and/or UEI number of the parent organization.
- Names, titles, email addresses, and phone numbers for points of contact at each of your organizations and the parent organization.
- Proposed service areas for each of your organizations.
- Assurance that the organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and the parent organization.
- Signatures from the points of contact at each of your organizations and the parent organization.

A single organization or parent organization cannot submit multiple applications even if the projects are different. If the parent organization applies using the legal and/or "doing business as" name of the parent or satellite sites, it is still considered an application submitted by the parent organization and will not be allowed.

Applications associated with the same UEI number or EIN should be independently developed and written. We reserve the right to deny this request if you provide insufficient information or if we receive nearly identical application content from organizations using the same EIN or UEI.

Attachment 9: Tribal EIN/UEI exception request

Submit only if applicable.

For tribal exceptions requests, include:

- Names, titles, email addresses, and phone numbers for points of contact at your organization and network participant organizations.
- Justification for multiple applications from the network participant organizations under the same EIN and/or UEI.
- For example, unique focus area or services provided, or a lack of other applicant organizations.

Attachment 10: Funding preference documentation

Submit only if applicable.

Refer to funding preferences to see whether you qualify and what information you need to include.

We recommend that you use this statement:

- "[Your organization name] qualifies for the [Name which funding preference(s) you are requesting] funding preference because [insert rationale here], for example, Applicant Organization Y is located in a designated HPSA]."

If you do not qualify for a funding preference, please state that you do not qualify in the project abstract.

Applications that do not include documentation for a qualifying funding preference will not be considered to receive the funding preference.

Attachment 11 –15: Other relevant documents

You may use Attachments 11 through 15 to add other relevant documents.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO application package or review them and any available instructions at Grants.gov Forms.

Forms	Submission requirement
Application for federal assistance (SF-424)	With application.
Project abstract summary form	With application.
Grants.gov lobbying form	With application.

Form instructions

The application guide has detailed instructions for:

- The Application for Federal Assistance (SF-424).
- The Budget Information for Non-Construction Programs (SF-424A).

Project abstract summary form instructions

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. When writing your summary:

- Use 4,000 characters or fewer.
- Make sure it's clear, accurate, short.
- Do not refer to other parts of the application.
- Do not include personally identifiable information (PII) in abstract form.

If you receive an award, we'll put your project abstract on public websites and databases, including USAspending.gov.

Important: Public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with USAspending. This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

See instructions and examples.

Step 4: Understand Review, Selection, and Award

In this step

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Application review

Initial review

We will review your application to make sure that it meets eligibility criteria, and the requirements in this NOFO. If your application does not meet eligibility criteria, it will not be funded. If your application does not meet other criteria, we will not fund it.

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the Application Guide [PDF]. The members use these criteria.

Criterion	Total number of points = 100
1. Need	15 points
2. Response	30 points
3. Performance reporting and evaluation	15 points
4. Impact	10 points
5. Resources and capabilities	15 points
6. Support requested	15 points

Criterion 1: Need (15 points)

See the project narrative Introduction and Need sections.

The panel will review your application for:

- How clearly you have identified the track.
- How well it describes the healthcare service environment where the network will be developed.
- How well it describes the participating healthcare organizations and discusses the reasons they are creating a new network or building a more integrated one.
- How well it describes structural challenges and service gaps impacting healthcare delivery in the service area.
- How well it includes supportive information from relevant data sources (such as local, tribal, state, or federal data), if available, in its analysis of the healthcare service environment.

- How clearly it identifies a focus area and explains how the community was involved in identifying it.
- How clearly it describes the proposed project goals.
- How well it describes the expected benefits to the rural community that the project would support.
- How well it details planned network activities that will address the identified gaps in areas such as personnel, service delivery, shared resources, etc.
- How clearly it explains the relationship between the proposed planning activities and the chosen track.
- How well it describes the population and subpopulations in the service area, including any related unmet health needs that the proposed project will help address. Successful descriptions use demographic data, if available and when appropriate, to describe the populations and document any related unmet health needs.

Criterion 2: Response (30 points)

See the project narrative Approach, High-level work plan, and Resolving challenges.

The panel will review your application for the following.

Approach (15 points)

The panel will review your application for how well it:

- Proposes a strategy that aligns with your selected track and with the program purpose.
- Describes the expertise and capacity of each planned network participant, including how their skills align with the goals of the network. Descriptions must include the roles and responsibilities of each network participant and identify the person designated to oversee network activities for that member.
- Describes the network's projected effect on service area providers outside the network, including efforts to strengthen relationships across the service area.
- Describes rural populations' increased access to quality healthcare services across the continuum of care in the service area.
- Describes rural populations' involvement in the network's development and ongoing operations.
- Presents strategies for outreach and cooperation to involve patients, families, and communities.

High-level work plan (10 points)

The panel will review your application for how well it:

- Includes objectives, activities, estimated completion dates, responsible organization, and milestones.
- Aligns with the approach section.

Resolving challenges (5 points)

- Identifies anticipated challenges in designing and implementing activities outlined in the work plan and describes approaches to resolve those challenges.

Criterion 3: Performance reporting and evaluation (15 points)

See the project narrative Performance reporting and evaluation section.

Evaluation (5 points)

The panel will review your application for:

- How clear the expected outcome you described is and how well aligned that outcome is with the program purpose.
- The clarity and appropriateness of how you will determine if you have achieved the expected outcomes, including what data you will collect.

Performance measurement (10 points)

The panel will review your application for:

- Overall approach and methodology to evaluate project results.
- The clarity and appropriateness of the milestones you will use to track progress toward your outcomes by the end of the project period.

Criterion 4: Impact (10 points)

See the project narrative High-level work plan section.

The panel will review your application for:

- The clarity and appropriateness of the proposed goals and objectives.
- How well it shows that the project activities would achieve the project's goals and objectives.
- How well it describes the potential effect of network activities on providers, programs, organizations, and other network entities in the community, and includes a clear work plan aligned with the network's goals and objectives.

- How well the work plan identifies responsible individuals and organizations, and a timeline for each activity during the two-year period of performance.

Criterion 5: Resources and capabilities (15 points)

See the project narrative Organizational information and Performance reporting and evaluation sections.

The panel will review your application to determine how well:

- It shows that the proposed project has the necessary resources and capabilities to meet program and financial requirements.
- It shows buy-in from rural communities in the service area and evidence that the planned network has experience serving rural populations.
- It details the strengths and qualifications of the project director responsible for program monitoring and ensuring completion of project activities.
- Provides network organizational information in Attachment 6, documenting that the network includes at least three different healthcare organizations.
- It defines roles for each network participant.
- It describes decision-making processes and communication flow among network participants.
- It details how you will collect, secure, and report required data accurately and on time, and how you will protect it from cybersecurity threats, breaches, or other loss of integrity.

Criterion 6: Support requested (15 points)

See the Budget and budget narrative section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's scope.
- Whether there is sufficient time allotted for key staff to spend on the project to achieve its objectives.
- How well the budget narrative explains why each line-item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the proposed activities' goals and objectives.
- How clearly the budget includes all the information requested in Section 3.1.4 Project Budget Information – Non-Construction Programs (SF-424A) of the Application Guide [PDF].

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information Responsibility/Qualification to check your history for all awards likely to be more than $250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see 2 CFR 200.206.

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Alignment with HRSA Mission and Strategic Priorities
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

You cannot appeal a denial, or the amount of funds awarded.

Funding preferences

This program includes funding preferences, based on 42 U.S.C. 254c(h)(3). If we determine that your application meets one of these criteria, we will move it up in our ranking of fundable applications. Qualifying for a funding preference does not guarantee that you will receive funding.

HRSA staff, not the merit review panel, will determine the funding preference.

To qualify for a funding preference, you must provide documentation in Attachment 10. Clearly indicate which funding preference(s) you qualify for.

Qualifications to meet the funding preferences:

- **Qualification 1:** Health Professional Shortage Area (HPSA)
  - You or your service area is in an officially designated health professional shortage area (HPSA). You must include a screenshot or printout from the HRSA Shortage Designation website which indicates if a particular address is located in a HPSA. The screenshot or printout should be included in Attachment 10.
- **Qualification 2:** Medically Underserved Community/Populations (MUC/MUPs)
  - You or your service area is in a medically underserved community (MUC) or if you serve medically underserved populations (MUPs). You must include a screenshot or printout from the HRSA Shortage Designation website that indicates if a particular address is located in a MUC or serves an MUP. The screenshot or printout should be included in Attachment 10.
- **Qualification 3:** Focus on Primary Care, and Wellness and Prevention Strategies
  - You can qualify for this qualification if your project focuses on primary care and wellness and prevention strategies. You must include a brief justification describing how your project focuses on primary care and wellness and prevention strategies. The description should be included in Attachment 10.

If you do not include documentation for a qualifying funding preference, you will not be considered to receive the funding preference.

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See "how we make awards" in the Application Guide [PDF] for more information.

By drawing down funds, you accept the terms and conditions of the award.

Step 5:
Submit Your Application

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Application submission and deadlines

Your organization's authorized official must certify your application. See the section on finding the application package to make sure you have everything you need.

Application deadline

You must submit your application by 7/17/2026, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives applications.

If you need a deadline extension, see "requesting a waiver" in the Application Guide [PDF].

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see Applicant System-to-System.

For instructions on how to submit in Grants.gov, see the Quick Start Guide for Applicants. Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the Application Guide [PDF].

Other submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Have questions? Go to Contacts and Support.

Step 6: Learn What Happens After Award

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Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at 2 CFR Part 300, and any superseding regulations.
- The HHS Grants Policy Statement. Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Grants Policy Statement, Appendix D: HHS Administrative and National Policy Requirements.
- The requirements for performance management in 2 CFR 200.301.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required alignment with HRSA mission and Strategic Priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA vision, mission, core values, and strategic priorities, where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
  - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
  - Maintain strong internal controls.
  - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

Make America Healthy Again (MAHA): HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.

- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

Child protections, biological integrity, parental rights, and lawful use of funds: HRSA prioritizes safeguarding children's health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

Advancing evidence-based, merit-driven, and ethically grounded health care: HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- "Harm reduction" models.
- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

Promoting public safety, lawful use of federal funds, and national health priorities: To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at 2 CFR. part 200 and the terms and conditions of this award. This includes termination under CFR. 200.340(a)(4) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See details here.

Health IT

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity.	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity. Visit to 45 CFR 170, Subpart B learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act.	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit ONC Health IT Certification Program to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory.

Reporting

If you are funded, you will have to follow the reporting requirements in “reporting” section of the Application Guide [PDF]. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress report(s) each quarter.
- Annual Performance reports.

Upon award, we will provide additional information on the reporting requirements.

Contacts and Support

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Agency contacts

Program and eligibility

Christy Edwards
Public Health Analyst
Attn: Delta Rural Integrated Health Network Program
Health Resources and Services Administration
cedwards@hrsa.gov
301-945-5217

Financial and budget

Kristian Walker
Grants Management Specialist
Division of Grants Management Operations
Office of Financial Assistance and Acquisition Management (OFAAM)
Health Resources and Services Administration
KWalker@hrsa.gov
301-287-0152

HRSA contact center

Open Monday through Friday, 7 a.m. to 8 p.m. ET, except for federal holidays.
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910

Electronic Handbooks Contact Center

Help with systems

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the Grants.gov Knowledge Base, or email Grants.gov for support. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

Helpful websites

- Application Guide [PDF]
- HRSA Grants page
- HHS Tips for Preparing Grant Proposals
- Frequently Asked Questions
- Applicant Training
- HRSA Grants page
- HHS Tips for Preparing Grant Proposals

HRSA is not affiliated with all of the following, and inclusion of a non-federal resource on this list does not constitute endorsement by HRSA, but we especially encourage you to review these resources:

- Community Health Systems Development team of the Georgia Health Policy Center. Offers a library of resources on topics such as collaboration, network infrastructure, and strategic planning.
- HHS Resources for Health Literacy:
  - AHRQ Universal Precautions Toolkit.
  - Health.Gov Health Literate Care Model.
  - Maternal and Child Health Data System. Offers data, sorted by state, on services to women and children.
- National Association of County and City Health Officials (NACCHO) Login required. Provides a framework that demonstrates how building networks among local health departments, community health centers, healthcare organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.

- National Center for Health Statistics. Provides health statistics for various populations.
- Rural Health Information Hub (RHI Hub). Offers evidence-based toolkits for rural community health, including systematic guides, rural health models and innovations, and examples of rural health projects other communities have undertaken.
- Rural Health Research Gateway. Provides access to projects and publications from the HRSA-funded Rural Health Research Centers, from 1997 to the present.
- State Offices of Rural Health (SORHs). All 50 states have a SORH. These offices vary in size, scope, organization, and in the services and resources they provide. The general purpose of each SORH is to help their individual rural communities build healthcare delivery systems. This website includes contact information for each SORH.
- University of Minnesota (UMN) Rural Health Research Center. The HRSA-funded Rural Health Research Center at the University of Minnesota has published a number of policy briefs on the Rural Health Network Development Planning Program. Topics include barriers and facilitators of success, and trends in network focus areas.

Appendix

Appendix A

Determining rural status

There are two ways to determine if a county or census tract is a qualifying HRSA-designated rural area:

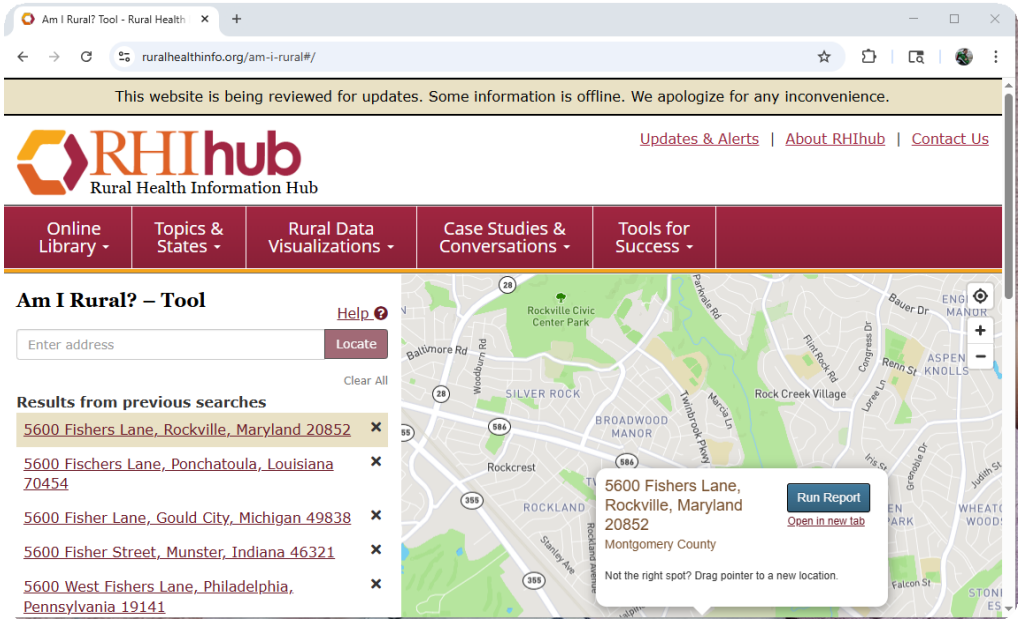
1. **Rural Health Grants Eligibility Analyzer**
   The Rural Health Grants Analyzer identifies all counties and census tracts that are considered a HRSA-designated rural area as of Fiscal Year (FY) 2026.
2. **List of formerly HRSA-designated rural census tracts**
   There are 270 counties that had at least one census tract that changed status from rural to not rural after the latest rural definition update in September 2025. For the purposes of this FY 2026 NOFO, HRSA considers these areas eligible.

The table below lists **only the affected rural counties or parishes across the Delta Region**. If your county appears on the list, please refer to the Formerly HRSA-designated Rural Census Tract spreadsheet to determine whether your census tract is impacted. HRSA considers these areas eligible for the purposes of this FY 2026 NOFO.

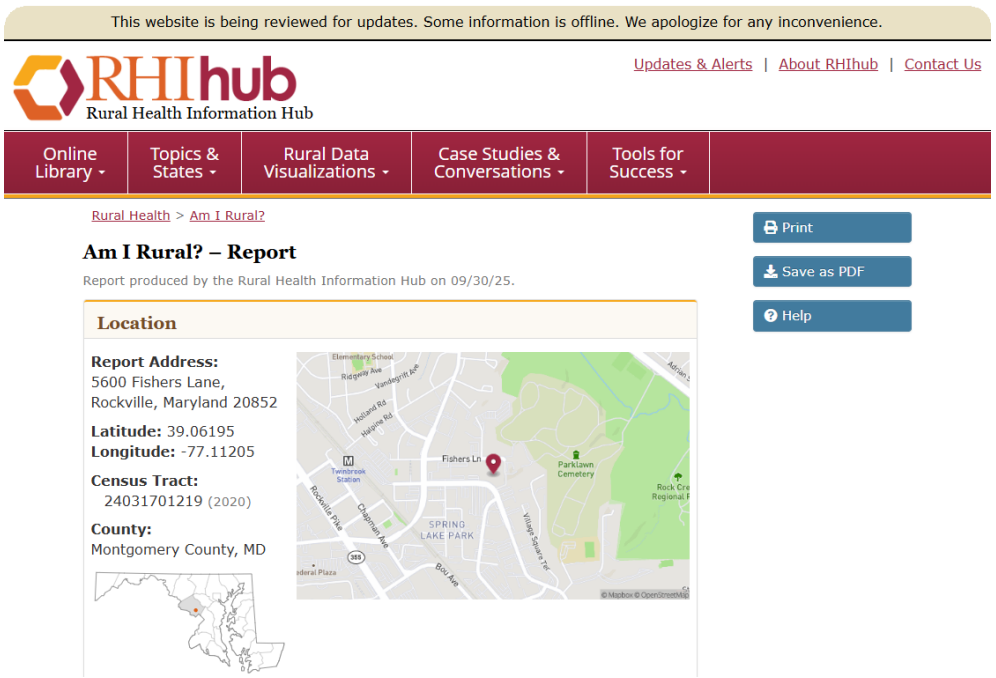
While either some or all areas of these counties or parishes will not appear as rural in the Rural Health Grants Eligibility Analyzer, if you identify that your census tract is on the list of Formerly HRSA-designated rural census tracts, that census tract will still qualify as a HRSA-designated rural area for Fiscal Year (FY) 2026.

Looking up your census tract

1. Use [Am I Rural tool]() to look up census tract.
   You can input your address into the Enter address box of the Am I Rural Tool, click locate. It will locate your address on the map. Click on the blue 'Run Report' box.



2. Locate Census tract in Location box



List of rural counties or parishes in the Delta Region with formerly HRSA-designated rural health census tracts*

State	Counties
Arkansas	Craighead, Lonoke
Illinois	Massac
Kentucky	Christian, Livingston, McCracken
Louisiana	Ascension Parish, Assumption Parish, Jefferson Parish, Livingston Parish, Plaquemines Parish, Rapides Parish, St. James Parish, Tangipahoa Parish, Vermilion Parish
Tennessee	Madison, Shelby

*List only includes the impacted rural counties or parishes located in the Delta region and does not reflect the full list of states and counties impacted by the latest rural definition update.