

Notice of Funding Opportunity

Application due 07/08/2026

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy








Policy Research Division

Rural Health Clinic Technical Assistance Program

Opportunity number: HRSA-26-048



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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 07/08/2026.



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 Services Administration

Federal Office of Rural Health Policy

Policy Research Division

Provide specialized support, expertise, and guidance to Rural Health Clinics.

Summary

The Rural Health Clinic Technical Assistance (RHC TA) Program provides technical assistance to Rural Health Clinics (RHCs) through targeted support, specialized expertise, and guidance. The purpose of this program is to:

- Identify key policy, regulatory, programmatic, and clinical issues facing RHCs.
- Inform RHCs and other rural stakeholders about key RHC issues that affect, or could affect, health care delivery and improve care.
- Identify and disseminate information on tools, resources, and strategies as possible solutions to challenges faced by RHCs.

Funding details

Application types: Competing continuation, New

Expected total available funding in FY26: \$110,000

Expected number and type of awards: 1 CA (Cooperative Agreement)

Funding range per award: Up to \$110,000

We plan to fund awards in five 12-month budget periods for a total 5-year period of performance from 07/01/2026 to 06/30/2031.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:

Rural Health Clinic
Technical Assistance
Program

Opportunity number:

HRSA-26-048

Announcement version:

Initial

Federal assistance listing:

93.692

Key dates

NOFO issue date:

06/05/2026

Informational webinar:

[See Join the webinar](#)

Application deadline:

07/08/2026

Expected award date is by:

09/01/2026

Expected start date:

07/01/2026

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, for-profit or non-profit organization.

Types of eligible organizations

These types of domestic organizations may apply:

- State governments.
- County governments
- City or township governments.
- Special district governments.
- Independent school districts.
- 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 other than small businesses.
- Small businesses.
- Others (see text field entitled “Additional Information on Eligibility” for clarification).

Additional Information on Eligibility

Only domestic organizations are eligible. “Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

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](#).
- Is not responsive to the purpose of the program or requirements for attachments.

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 RHC TA Program provides targeted support, specialized expertise, and guidance in the form of technical assistance on issues affecting over 5,600 RHCs in 45 states. RHCs provide outpatient and primary care to millions of rural residents, often serving as the sole health care provider in a community and the main safety net for rural residents. Given their critical role in the rural health care safety net, it is crucial for RHCs to have the tools and resources they need to succeed in addressing emerging issues in the health care and regulatory landscape.

The purpose of the Rural Health Clinic Technical Assistance (RHC TA) Program is to:

- Identify key policy, regulatory, programmatic, and clinical issues facing RHCs.
- Identify and disseminate information about easily accessible tools, resources, and strategies that could solve challenges faced by RHCs.
- Inform RHCs, rural health care providers, and other rural stakeholders at various levels (e.g., federal, state, local) about key RHC issues that could improve health care in rural areas.

Funding opportunity goal

Increase RHC and stakeholder understanding of key policy, regulatory, programmatic, and clinical issues and what tools and resources are available to respond.

Background

The Federal Office of Rural Health Policy (FORHP) at the Health Resources and Services Administration (HRSA) is the focal point for rural health activities within the Department of Health and Human Services (HHS). FORHP works on:

- The effects of current policies and proposed changes in Medicare and Medicaid programs on the financial viability of small rural hospitals.
- The ability of rural areas to attract and retain physicians and other health professionals.
- Access to and the quality of health care in rural areas.

For additional information, please see the [FORHP website](#).

RHC is a special certification that the Centers for Medicare and Medicaid Services gives to health care practices in rural areas with health professional shortages. There are over

5,600 RHCs in 45 states, making up a key part of the rural health care infrastructure and improving access to primary care in rural communities.

This program supports RHCs nationwide, their stakeholders, and the general public with freely-accessible support and information.

For more information about RHCs, please visit [CMS's Rural Health Clinics Center webpage](#).

The RHC TA Program helps advance the [Making America Healthy Again \(MAHA\)](#) priorities, which include:

- Preventive health.
- Reducing chronic disease.
- Mental health.
- Nutrition.
- Primary and value-based care.
- Culturally appropriate services for tribes.
- Early childhood health and autism support.

Program requirements and expectations

Expectations of this program include:

- Identifying timely issues relevant to RHCs nationwide, which may include, but are not limited to:
 - Regulatory and program compliance.
 - Billing and payment/reimbursement.
 - Chronic disease management and prevention.
 - Quality improvement.
 - Care coordination.
 - Cost reporting.
- Planning and holding meetings, webinars, training activities, or workgroups to identify emerging health care trends relevant to RHCs.
- Making communications accessible to the public including all RHCs nationwide.
- Making RHCs aware of the resources and information available under this cooperative agreement.

- Responding to requests, comments, and questions from RHCs and other rural stakeholders in a timely manner, including but not limited to, direct one-on-one assistance to RHCs via phone, email, and when appropriate, one-on-one meetings.
- Establishing relationships and working, as appropriate, with other HRSA-supported TA providers and information sources, including but not limited to:
 - [The National Organization for State Offices of Rural Health](#) (NOSORH)
 - [The National Rural Health Association](#) (NRHA)
 - [The Rural Health Information Hub](#) (RHIfhub).
- Coordinating with other relevant HHS and HRSA TA providers to expand the reach of resources under this award and to avoid duplicating efforts.
- Activities should advance one or more of the MAHA priorities. Strategies to consider include technical assistance related to:
 - 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.
 - Supporting early childhood development or autism services.
 - Preparing systems for value-based care.
 - Partnering with tribal health systems.

Disclosure of participation in or benefit from CMS Rural Transformation Program

If you participate in or benefit from your state's CMS Rural Transformation Program, you must disclose this in Attachment 5. If you do, you must coordinate any HRSA-funded work to ensure it is non-duplicative, coordinated, and complementary.

Statutory authority

42 U.S.C. § 912(b)(5) (§ 711(b)(5) of the Social Security Act).

Award information

Cooperative agreement terms

Our responsibilities

Aside from monitoring and technical assistance, we also get involved in these ways:

- Collaborating with you to identify key policy issues, public health priorities, and other topics for TA.
- Collaborating with you to identify low-cost ways to share information about key issues.
- Reviewing and working with you to finalize your TA products before you share them publicly.
- Participating in planning and holding meetings, webinars, training activities, or workgroups conducted during the period of performance.

Your responsibilities

You must follow all relevant laws and policies. Your other responsibilities will include:

- Making sure that all products or documents you produce under this agreement follow HRSA guidelines about putting acknowledgements and disclaimers on all products you produce with HRSA award funds.
- Making sure that these products and documents adhere to [Section 508 of the Rehabilitation Act of 1973](#), as amended.
- Collaborating as needed with other HHS agencies and external organizations to support TA strategies and address issues for RHCs.
- Adhering to the program responsibilities and expectations as outlined in this NOFO.
- Collaborating with HRSA on the development of TA and resources under this award.
- Providing all materials for public dissemination to HRSA for review and approval prior to publication.

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](#).
 - [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. For help calculating salaries under this limit, read more at "salary rate limitation" in the [Application Guide \[PDF\]](#).

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](#).



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-26-048.

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.

Join the webinar

For more information about this opportunity, 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*?
<input type="checkbox"/> Project narrative	Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Budget Narrative Attachment form.	Yes

Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit*?
<input type="checkbox"/> 1. Work plan	Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 3. Biographical sketches	Yes
<input type="checkbox"/> 4. Multi-year budgets, fifth year budget	No
<input type="checkbox"/> 5. Disclosure of participation in or benefit from CMS Rural Transformation Program	No
<input type="checkbox"/> 6-15. Other relevant documents	Yes

Other required forms

Upload using each required form in Grants.gov.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project/Performance Site Location(s)	With application.
Project Abstract Summary form	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Grants.gov Lobbying form	With application.
Key contacts	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: 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](#)

Briefly describe the purpose of your project.

Need

See merit review criterion 1: [Need](#)

- Describe the current state of RHCs nationwide, including information on the distribution of RHCs by type (i.e., provider-based RHCs and independent/free-standing RHCs), RHC ownership, RHC provider types, the patient population, and payer mix.
- Describe the need for RHC technical assistance on a variety of topics including but not limited to regulatory issues, program compliance, chronic disease management and prevention, quality improvement, care coordination, billing/payment, and reporting requirements (e.g., cost reports).
- Discuss any operational challenges that RHCs may face with respect to care delivery and payment systems.
- Discuss any barriers RHCs may face in accessing needed assistance to address such challenges.
- Use and cite data whenever possible.

Approach

See merit review criterion 2: [Response](#)

- Tell us how you'll address the RHC needs for technical assistance you described in the previous section.
- Explain how you'll meet the [program requirements and expectations](#) outlined in this Notice of Funding Opportunity.

- Detail initial topic areas for TA and describe how you will identify new topic areas throughout the period of performance, ensuring they are useful and engaging to the intended audience.
- Indicate how you will ensure that TA provided will be relevant to a broad range of RHCs nationwide. While on occasion some TA may cover state- or region-specific issues as appropriate, TA provided should primarily be national in scope.
- Describe how you will provide assistance specifically targeted to the needs of both provider-based RHCs and independent/free-standing RHCs, along with providers and/or facilities interested in becoming RHCs.
- Describe your methods for providing TA to RHCs and RHC stakeholders, including but not limited to webinars, websites, social media, e-mail listserv, and other modes of communication.
- Indicate how you will engage RHCs and relevant stakeholders to make them aware of TA opportunities and support their participation.
- Explain how you will make tools and resources freely available to the public.
- Provide your plan for coordinating with other TA partners to enhance TA offerings while avoiding duplication of efforts.
- Indicate how you intend to engage with HRSA/FORHP to ensure an active partnership as part of the cooperative agreement.
- Describe how your activities will advance one or more MAHA priorities.
- Explain how your activities build from, but do not duplicate, other federal, state, tribal, or local programs.

High-level work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Describe the specific work plan activities you will undertake to accomplish the items outlined in your approach throughout the full period of performance.
- Provide a timeline that includes each activity and identifies who is responsible for each. As needed, identify how key stakeholders will help plan, design, and carry out these activities.

You will also include a more detailed work plan in your [attachments](#).

Resolving challenges

See merit review criterion 2: [Response](#)

Discuss possible challenges you may face in designing and carrying out the activities in the work plan. Explain how you'll resolve them. Include:

- How you will ensure RHC participation and engagement with TA tools and resources developed under this cooperative agreement.
- How you will design and implement activities that are cost-effective and accessible to geographically-dispersed RHCs.
- How you will ensure that tools and resources accurately align with RHC TA needs.

Performance reporting and evaluation

See merit review criteria 3: [Performance reporting and evaluation](#) and 5: [Resources and capabilities](#).

- **Outcomes.**
 - Describe the expected outcomes (desired results) of the funded activities.
- **Performance measurement and reporting.**
 - Describe the performance data you will collect and how you will report this information accurately and on time.
 - Describe how you will monitor and analyze your performance data to support continuous quality improvement.

See the reporting section for more information.

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. You'll include a staffing plan and biographical sketches in your attachments.

- Describe the project director's experience.
 - The project director should have significant experience in the areas related to RHCs, TA, rural health policy and regulatory issues, and project management. Demonstrating this experience may include, but is not limited to, time in the field (for example, at least 5 years of experience in these areas), extensiveness of relevant experience, or a history of successfully completed projects related to RHCs and TA.
- Describe your organization's and project staff's experience working with RHCs.
- Describe the capabilities of the project staff to carry out the proposed project, including their comprehensive understanding of key issues affecting RHCs.
- Discuss your organization's experience managing projects providing TA and other resource services, such as webinars, listservs, and other online content to RHCs.

- Explain your organization's experience maintaining relationships with RHCs nationwide.
- Describe your organization's previous experience conducting similar work at a national-level (from any funder).

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 \[PDF\]](#) 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](#).

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

Note: Technical assistance refers to **targeted support, specialized expertise, and guidance**. It does not have to involve technology. Your project can include technology support, but it should not be the only kind of support you offer.

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.

Attachment 2: Staffing plan and job descriptions

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 two pages. 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: Multi-year budgets, fifth year budget

For the fifth budget year, submit a copy of Section B of the SF-424A as an attachment. We do not count this in the page limit however, any related budget narrative does count. See Section 3.1.4 of the [Application Guide \[PDF\]](#).

Attachment 5: Disclosure of participation in or benefit from CMS Rural Transformation Program (if applicable)

Submit this attachment **only** if you participate in or benefit from their state's CMS Rural Transformation Program. Provide a description of the CMS-supported activities and clearly explain how the proposed HRSA-funded work is non-duplicative, coordinated, and complementary. **Reviewers will not consider this information during merit review.**

Attachment 6-15: Other relevant documents

You may use attachments 6 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/Performance Site Location(s)	With application.
Project Abstract Summary form	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Grants.gov Lobbying form	With application.
Key Contacts	With application.

Form instructions

The [Application Guide \[PDF\]](#) 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. For more information, see Section 3.1.2 of the [Application Guide \[PDF\]](#).

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 [USA Spending](#). 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, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, we will not fund it. If this is the case, we will notify your authorized official.

We will not review any pages that exceed the page limit.

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	10 points
2. Response	30 points
3. Performance reporting and evaluation	10 points
4. Impact	10 points
5. Resources and capabilities	35 points
6. Support requested	5 points

Criterion 1: Need (10 points)

See the project narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it:

- Describes the purpose of your project, including the extent to which it aligns with the purpose of the program.
- Describes thoroughly and accurately the current landscape of RHCs nationwide and their need for technical assistance.
- Discusses operational challenges that RHCs may face with respect to care delivery and payment systems.
- Uses data to support the information presented.

Criterion 2: Response (30 points)

See the project narrative [Approach](#), [High-level work plan](#), and [Resolving challenges](#) sections.

The panel will review your application for:

2(a) Purpose (12 points)

- How well it responds to the program's [purpose](#).
 - Identify key policy, regulatory, programmatic, and clinical issues facing RHCs.
 - Inform RHCs and other rural stakeholders about key RHC issues that affect, or could affect, health care delivery and improve care.
 - Identify and disseminate information on tools, resources, and strategies as possible solutions to challenges faced by RHCs.

2(b) Methods (15 points)

- How well the activities described will address the problem and meet project objectives, including the extent to which topic areas and TA methods proposed for TA align with RHC needs, operational challenges, and barriers to accessing TA.
- How well it describes how you will ensure RHC participation and engagement with TA.
- How well it describes how you will design cost-effective, accessible activities.

2(c) Resolving Challenges (3 points)

- How well it describes how you will ensure alignment of tools and resources with RHC needs throughout the period of performance.

Criterion 3: Performance reporting and evaluation (10 points)

See the project narrative [Performance reporting and evaluation](#) section.

The panel will review your application for:

Evaluation

- Overall approach and methodology to evaluate project results against goals and objectives and gain insights into program outcomes and impact.

Performance measurement

- Evidence that the performance data you will collect are reasonable with respect to how they relate to the project purpose and goals.
- Reasonableness of plans to report this information accurately and on time.
- Feasibility of plans to use performance data to support continuous quality improvement of the applicant towards achieving project goals.

Criterion 4: Impact (10 points)

See the project narrative [High-level work plan](#) section.

The panel will review your application for:

- The effectiveness of the proposed project in achieving its objectives in alignment with the purpose outlined in this funding opportunity.
- The extent to which the application demonstrates the benefit to the target audience.
- The extent to which the application includes a timeline that provides sufficient detail including each activity and who is responsible.
- How likely the project results are to be national in scope.

Criterion 5: Resources and capabilities (35 points)

See the project narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

The panel will review your application to determine the extent to which:

5(a) Project Staff (8 points)

- Project staff have the training or experience to carry out the project.
- Project staff have the skills needed to carry out the project, including a comprehensive understanding of key issues affecting RHCs.

5(b) Project Organization (15 points)

- The organization and its staff have substantial experience working with and maintaining relationships with RHCs.
- The organization and its staff have substantial experience managing projects providing TA and other resources, such as webinars, listservs, and other online content to RHCs.
- The organization and its staff have substantial experience conducting similar work at a national-level (from any funder).

5(c) Project Director (12 points)

- The project director has significant experience in the areas related to RHCs, TA, rural health policy and regulatory issues, and project management, including, but not limited to:
 - Time in the field (for example, at least 5 years of experience in these areas),
 - Extensiveness of relevant experience, or
 - A history of successfully completed projects related to RHCs and TA.

Criterion 6: Support requested (5 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.
- How sufficient the time is for key staff to spend on the project to achieve project objectives

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.
- Merit review results. These are key in making decisions but are not the only factor.
- [Alignment with HRSA Mission and Strategic Priorities](#)

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.

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

In this step

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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 07/08/2026, 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 \[PDF\]](#).



Have questions? Go to [Contacts and Support](#).

Other submissions

Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the list of [state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.



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](#).

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
<p>Implementing, acquiring, or upgrading health IT for activities funded by any entity</p>	<p>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.</p> <p>Visit to 45 CFR 170, Subpart B learn more.</p>
<p>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</p>	<p>Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.</p>

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 the “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 year
- Annual performance reports.
- Integrity and Performance Reporting. The NOA will contain a provision for integrity and performance reporting in FAPISS, as required in 2 CFR Part 200 Appendix XII.



Contacts and Support

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Agency contacts

Program and eligibility

Lindsey Nienstedt

Public Health Analyst, Federal Office of Rural Health Policy

Attn: Rural Health Clinic Technical Assistance Program

Health Resources and Services Administration

lnienstedt@hrsa.gov

301-443-2843

Financial and budget

Beverly H. Smith

Grants Management Specialist

Division of Grants Management Operations

Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

Bsmith@hrsa.gov

(301) 443-7065

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 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](#)