Notice of Funding Opportunity

Application due 08/12/2026

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy

Delta States Rural Development Network Program

Opportunity Number: HRSA-26-045

Table of Contents

Before You Begin 2
Step 1: Review the Opportunity 2
Basic information 2
Funding details 3
Eligibility 3
Program description 6
Award information 12
Step 2: Get Ready to Apply 14
Get registered 14
Find the application package 14
Application writing help 15
Step 3: Build Your Application 15
Application checklist 15
Application contents and format 17
Step 4: Understand Review, Selection, and Award 27
Application review 27
Selection process 30
Award notices 31
Step 5: Submit Your Application 31
Application submission and deadlines 31
Other submissions 33
Step 6: Learn What Happens After Award 33
Post-award requirements and administration 33
Reporting 36
Contacts and Support 37
Agency contacts 37
Help with systems 37
Appendices 38

Before You Begin

Health Resources and Services Administration

Federal Office of Rural Health Policy

Delta States Rural Development Network Program

HRSA-26-045

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

Basic information

Support the planning, development and implementation of integrated health networks to increase access to, and improve quality and outcomes of, basic health care services in the rural Mississippi Delta Region.

Summary

The Delta States Rural Development Network Program supports the planning, development, and implementation of integrated health care networks that collaborate in order to:

- (i) achieve efficiencies;
- (ii) expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes in rural areas within the eight rural Mississippi Delta Region states (Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee); and
- (iii) strengthen the rural health care system as a whole.

Have questions? Go to Contacts and Support.
Key facts Opportunity name: Delta States Rural Development Network Program Opportunity number: HRSA-26-045 Announcement version: initial Federal assistance listing: 93.619
Key dates

NOFO issue date: 07/13/2026

See Join the webinar

Application deadline: 08/12/2026

Expected award date is by: 09/01/2026

Expected start date: 09/30/2026

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

Funding details

Application Types:
New

Expected total available funding in FY:
2026: $12,000,000

Expected number and type of awards:
12 G (Grant)

Funding range per award:
$905,664 - $1,188,684 total (up to $56,604 per required county/parish)

We plan to fund awards in three 12-month budget periods for a total 3-year period of performance from 09/30/2026 to 09/29/2029.

Eligibility

Who can apply

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)
- Public housing authorities/Indian housing authorities
- 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)
- Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

"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.

Additional information on eligibility
Eligible applicants include domestic public or private, non-profit or for-profit entities including domestic faith-based and community-based organizations, tribes and tribal organizations. The applicant organization may be located in a rural or urban area and must have demonstrated experience serving, or capacity to serve, populations in rural areas within the eight Mississippi Delta Region States (Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee).

The applicant organization may not previously have received an award under 42 U.S.C. 254c(f) for the same or a similar project unless the entity is proposing to expand the scope of the project or the area that will be served through the project.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

1. Have demonstrated experience serving, or capacity to serve, rural populations with limited access to care within the eight Mississippi Delta Region States (Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee). You can demonstrate this by describing the buy-in from the rural community or communities your proposed project plans to serve in your project narrative.

2. Ensure all grant activities serve only counties and/or census tracts located in HRSA-designated rural areas of the Delta region – see 'Geographic Service Area requirements' for the Delta region. Refer to and provide required documentation in Attachment 3: Map of service area.

3. Represents a network that meets all Program Requirements and Expectations.

4. Have not previously received an award under this program (42 U.S.C. 254c(f)) for the same or similar project. If you have previously received an award under this program, you are eligible to apply if you:
    - Expand the scope of the project or service area.
    - Target a new population or new focus area.
    - Include new or additional network members.
5. Consult your State Office of Rural Health (SORH) regarding your intent to apply to this program. Refer to Attachment 1: Required documentation from State Office of Rural Health for required documentation from SORH required documentation from SORH.

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.
- Fails to cover the entire required service region, or that proposes a project to serve outside of the specified required service region, or that submit more than one proposal.

Applications submitted over the 50-page limit will be redacted to a 50-page total. Completeness and responsiveness will be assessed based on the redacted version of the application, if submission is over the page limit.

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.

Generally, you may not submit multiple applications under the same Unique Entity Identifier (UEI) (previously DUNS) number and/or EIN.

You may only submit multiple applications under the same Unique Entity Identifier (UEI) number and/or EIN, if each proposes distinct projects and an appropriate EIN Exception Request is submitted with your application. We will only review your last validated application for each distinct project before the deadline.

For more information about UEI/EIN exceptions request, please see Attachment 9: EIN/UEI exception request and Attachment 10: Tribal EIN/UEI exception request.

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 States Rural Development Network Program (Delta Program) provides funding to the eight states in the Mississippi Delta Region for network and rural health infrastructure development. This program connects rural health care organizations so they can work together as a network to better address local challenges, expand access, and improve the quality of care in the rural communities these organizations serve. The program helps network participants work together on three legislative aims:

i. Achieve efficiencies;
ii. Expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes in rural areas within the eight rural Mississippi Delta Region states (Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee); and
iii. Strengthen the rural health care system as a whole.

Funding Opportunity Goals

- Expanding access to care resources in the designated Mississippi Delta counties/parishes.
- Utilization of evidence-based or promising practice models known to improve health outcomes and enhance the delivery of health care services.
- Collaboration with network partners in the planning and delivery of health care services to increase access to care and reduce chronic disease.
- Implementation of sustainable health care programs that improve population health, health outcomes, and demonstrate value to the local rural communities.

Background
HRSA's Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services. FORHP programs provide technical assistance and other activities as necessary to support improving health care in rural areas.

The Delta Program is authorized by 42 U.S.C. § 254c(f) (§ 330A(f) of the Public Health Service Act). This program enables recipients to use federal funding for the planning, development and implementation of integrated health care networks to achieve efficiencies, improve health care services and associated health outcomes and strengthen the rural health care system.

The Delta Program helps advance the Making American Health Again (MAHA) priorities, which include:

- Expand access to primary care;
- Reducing chronic disease;

- Preventive health; and
- Early childhood health and nutrition.

Program requirements and expectations
Programs funded through this program must meet **all** program requirements and expectations outlined in this section.

Geographic Services Area Requirements
Eligible applicant organizations for the Delta Program must meet geographic service area requirements. HRSA expects to make one award per geographic service area. All of the Delta states have service regions. These service areas are based upon natural geographic, as well as state public health system regional formations.
You must follow these guidelines in your application:

- **Alabama**, **Illinois**, **Kentucky**, and **Tennessee** each have one service region that encompass all of their rural Delta counties.
    - Applicants from these states must apply for the entire service region **and** serve all the required counties in that service region. Applicants may apply for a ceiling amount of $56,604 per required eligible county/parish per year (subject to the availability of appropriated funds).
    - Applicants may choose to serve the optional counties but will not receive any additional funding to do so.
- **Arkansas**, **Louisiana**, **Mississippi** and **Missouri** have a larger number of Delta counties/parishes and are therefore divided into two service regions (Region A and Region B).
    - Applicants in **Arkansas**, **Louisiana**, **Mississippi** and **Missouri** must choose to apply for either Service Region A or Service Region B only. Applicants may apply for a ceiling amount of $56,604 per required eligible county/parish per year (subject to the availability of appropriated funds). Applicants may choose to serve the optional counties but will not receive any additional funding to do so.
    - Applicants in **Arkansas**, **Louisiana**, **Mississippi** and **Missouri** may not apply for both regions. Additionally, the applicant organization submitting a proposal for Service Region A for instance, **may not** be the applicant organization **or** be a member of the consortia for Service Region B, and vice versa.
- Applicants who submit a proposal who do not apply for the entire required service region, or who include service areas outside of the specified service region, or who submit more than one proposal will be deemed non-responsive and will not be considered for this funding opportunity.
- Eligible applicant organizations for the Delta Program must propose projects to be implemented in a Delta state's service region. Applicants must identify which Delta Service Region they will serve in the Project Abstract.
- The applicant organization must include a legible map that clearly shows the location of network partners, the geographic area(s) that will be served by the network, and any other

information that will help reviewers visualize and understand the scope of the proposed project activities in Attachment 3: Map of service area.

- All activities supported by a Delta Program grant must exclusively target populations in rural areas (rural areas are defined as HRSA-designated rural counties/parishes or rural census tracts in these counties). Please use HRSA's Rural Health Grants Eligibility Analyzer to determine whether the proposed rural census tract is rural, if applicable.
- HRSA may work with awardees in future years to adjust service areas based on need.
- HRSA may revisit county prioritization and service area expectations in future years based on appropriations, stakeholder engagement, Administration priorities, and other program redesign considerations.

The HRSA-designated rural service areas for single/multi-service Delta region states are defined as follows:

Alabama:

Service Region A (19 designated counties)

Required: Barbour, Bullock, Butler, Choctaw, Clarke, Conecuh, Dallas, Escambia, Greene, Macon, Marengo, Monroe, Perry, Pickens*, Sumter, Washington, Wilcox

Optional: Hale+, Lowndes*+,

Arkansas:

Service Region A (20 designated counties)

Required: Arkansas, Ashley, Bradley, Calhoun, Chicot, Dallas, Desha, Drew, Grant, Jefferson*, Lee, Lincoln*, Lonoke*, Monroe, Ouachita, Phillips, St. Francis, Union

Optional: Cleveland+, Pulaski*

Service Region B (21 designated counties)

Required: Baxter, Clay, Cross, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Marion, Mississippi, Poinsett*, Prairie, Randolph, Searcy, Sharp, Stone, Van Buren, White, Woodruff

Optional: Craighead§

Illinois:

Service Region A (16 designated counties)

Required: Alexander*, Franklin, Gallatin, Hamilton, Hardin, Jackson*, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, White

Optional: Williamson+

Kentucky:

Service Region A (21 designated counties)

Required: Ballard, Caldwell, Calloway, Carlisle, Christian*, Crittenden, Fulton, Graves, Hickman, Hopkins, Livingston, Lyon, Marshall, McLean*, Muhlenberg, Todd, Trigg, Union, Webster

Optional: Henderson+, McCracken‡

Louisiana:

Service Region A (26 designated parishes)

Required: Bienville, Caldwell, Claiborne, East Carroll, Franklin, Jackson, La Salle, Lincoln, Madison, Morehouse, Natchitoches, Rapides*, Red River, Richland, Tangipahoa*, Tensas, Union, Washington, West Carroll, West Feliciana, Winn

Optional: De Soto+, Webster+, Grant+, Vernon+, Sabine+

Service Region B (25 designated parishes)

Required: Acadia, Allen, Assumption*, Avoyelles, Beauregard, Catahoula, Concordia, Evangeline, Jefferson Davis, Lafourche*, Plaquemines*, Pointe Coupee*, St. Landry, St. Martin*, St. Mary,

Optional: Ascension‡, Cameron+, East Feliciana+, Iberia+, Jefferson Parish*+, Livingston§, Orleans Parish*+, St. Helena+, St. James‡, Vermilion*+

Mississippi:

Service Region A (21 designated counties)

Required: Attala, Bolivar, Carroll, Coahoma, Grenada, Holmes, Lafayette, Leflore, Montgomery, Panola, Quitman, Sunflower, Tallahatchie, Tippah, Tunica, Union, Washington, Yalobusha

Optional: Benton+, Marshall+, Tate+

Service Region B (22 designated counties)

Required: Adams, Amite, Claiborne, Copiah, Covington, Franklin, Humphreys, Issaquena, Jasper, Jefferson, Jefferson Davis, Lawrence, Lincoln, Marion, Pike, Sharkey, Smith, Walthall, Warren, Wilkinson, Yazoo

Optional: Simpson+

Missouri:

Service Region A (16 designated counties)

Required: Butler, Carter, Crawford (except in Sullivan City), Dent, Douglas, Howell, Iron, Oregon, Ozark, Phelps, Reynolds, Ripley, Shannon, Texas, Wayne, Wright

Service Region B (12 designated counties)

Required: Dunklin, Madison, Mississippi, New Madrid, Pemiscot, Perry, St. Francois, St. Genevieve, Scott, Stoddard, Washington

Optional: Bollinger+

Tennessee:

Service Region A (20 designated counties)

Required: Benton, Carroll, Chester, Decatur, Dyer, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, McNairy, Obion, Tipton, Weakley

Optional: Crockett+, Madison‡, Shelby*+

---

*Only certain census tracts in the counties/parishes are rural. Please use HRSA's Rural Health Grants Eligibility Analyzer to determine whether an address is rural.
+These eligible counties are optional counties that can be served within the funding amount provided for the required service area.

‡These previously required counties no longer meet the HRSA definition of rural. They are now optional counties that can be served within the funding amount provided for the required service area for 1 year. HRSA reserves the right to revisit the eligibility of these counties in subsequent funding years.

§ These previously optional counties no longer meet the HRSA definition of rural. They are now optional counties that can be served within the funding amount provided for the required service area for 1 year. HRSA reserves the right to revisit the eligibility of these counties in subsequent funding years.

Network Composition Requirements and Expectations
For the purposes of this Delta program, we define:

- **Health care networks:** at least three regional or local organizations that come together to develop strategies for improving health services in a community.
- **Network participants**: local organizations that come together to form a health care network.

Applicants must meet all the following Network requirements:

- Represent a health care network comprised of three or more network participants (including the applicant organization). This includes:
    - No less than three separately owned network participants with their own EIN/UEI number, unless an exception is requested. See Attachment 9: EIN/UEI exception request or Attachment 10: Tribal exception request.
    - Provide the EIN/UEI number for the applicant organization and each network participant in Attachment 7: Network organizational chart and network participant information showing:
- At least 66%, or two-thirds of the network participant organizations working directly on your proposed project, are physically located in a qualifying eligible HRSA designated rural area within the Delta region. The applicant organization must verify and indicate the

rural or urban eligibility of each network member organization in Attachment 7: Network organizational chart and network participant information.

- Scanned, signed copies of Memorandum of Understanding/Agreement or other formal collaborative agreements from each network participant are submitted under Attachment 6: Memorandum of Understanding/Agreement.
- Network participants may be located in rural or urban areas and can include all domestic public or private, non-profit or for-profit entities including faith-based, community-based organizations, tribes, and tribal organizations.
- Applicants are required to ensure that the rural populations with limited access to care in the local community or region to be served will benefit from and be involved in the development and ongoing operations of the network. Activities and services of the network **must** be provided in the designated proposed Delta Service Region.
- Network participants must prioritize addressing gaps in care and expand capacity to create long-term systems-based changes, resulting in practice transformation.
- The applicant organization is required to have the staffing and infrastructure necessary to oversee program activities, including a permanent Project Director or have established an interim Project Director capable of overseeing the network's administrative, fiscal, and business operations at the time an award is made. HRSA recommends the Project Director be the equivalent of a full-time employee (1.0 FTE/ 100 percent FTE) of the applicant organization and devote adequate time (recommended to be at least 1.0 FTE) to the project to ensure commitment is reasonable.
- Programs are required to utilize evidence-based or promising practices/models to promote successful program implementation. See the Project Narrative section for additional information.

Focus Areas and Evidence-Based/Promising Practice Requirements

1. Focus Area: Due to the medically underserved nature of the region, applicants are required to propose a project based on no more than two of the following focus areas: 1) diabetes, 2) cardiovascular disease, 3) obesity, 4) acute ischemic stroke, 5) chronic lower respiratory disease, 6) cancer, or 7) unintentional injury/substance use.
2. Evidence-Based/Promising Practice: HRSA recognizes the importance of identifying and implementing an evidence-based or promising practice model. Therefore, all recipients are required to adopt an evidence-based or promising practice approach that proves demonstrated outcomes and may be replicable in other communities. An example of a promising practice would be a small-scale pilot program that has generated positive outcome evaluation results that justify program expansion to new access points and/or to new service populations.
3. Value Based Care Approach: All applicants are encouraged to incorporate value-based care (VBC) models or reimbursement strategies where appropriate. If an applicant selects a value-based care approach, the applicant must provide the proposed value-based care model and describe how the model will benefit the project and target rural population.

Data Reporting Requirements

- In an effort to improve the quality of basic health care services and associated health outcomes relating to chronic disease or five-leading causes of death, applicants are strongly encouraged to propose projects that follow a manageable and similar population base throughout the project period so that meaningful longitudinal data can be collected. Longitudinal data involves repeated observation of the same variable(s) (e.g., wellness screening measures) over an extended period. In addition to wellness screening measures, other health indicators such as changes in knowledge, behavior, attitudes, and quality improvement utilization data, such as hospital emergency room utilization and 30-day readmissions, are encouraged to be included in the project.
- All award recipients will be required to collect and submit data to HRSA after the end of each budget period (see Appendix A for draft measures). Additionally, award recipients will be required to report cost-savings data using a FORHP-specific cost savings calculator tool. Award recipients will not be asked to report performance measures that have not completed an OMB Paperwork Reduction Act process.

Technical Assistance

1. All award recipients will receive technical assistance (TA) throughout the three-year period of performance. Targeted TA will assist award recipients with achieving desired project outcomes, sustainability, and strategic planning, and will ensure alignment of the awarded project with the Delta Program goals. TA is provided to award recipients at no additional cost and is an investment made by FORHP to ensure the success of the awarded projects. FORHP has found that most award recipients benefit greatly from the support provided through these collaborations. If funded, award recipients will learn more about the targeted technical assistance and evaluation support.

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

Award information

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
    - 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 Step 1 of the How to Apply – Application Guide.

Program-specific statutory or regulatory limitations

- 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.
- 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.

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.

Step 2: Get Ready to Apply

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.

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-26-045.

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

If you need additional information about getting registered or finding the application package, see Step 2 in the How to Apply – Application Guide.

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. More information on the HRSA-26-045 webinar will be posted at a later date to the documents tab in Grants.gov.

We recommend that you "Subscribe" to the NOFO on Grants.gov to receive updates when we post documents.

We will record the webinar.

Have questions? Go to Contacts and Support.

Step 3: Build Your Application

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** Use the Project Narrative Attachment form.	Project Narrative Attachment form.	Yes
☐ **Budget narrative**	Budget Narrative Attachment form.	Yes

Use the Budget Narrative Attachment form.		

Attachments
Insert each in the Attachments Form in this order.

Component	**Included in page limit*?**
☐ 1. Documentation from State Office of Rural Health	No
☐ 2. Work plan	Yes
☐ 3. Map of service area	Yes
☐ 4. Staffing plan and job descriptions	Yes
☐ 5. Biographical sketches	Yes
☐ 6. Memorandum of Understanding/Agreement (MOU/A)	Yes
☐ 7. Network organizational chart and network participant information	Yes
☐ 8. Funding preference documentation	Yes
☐ 9. EIN/UEI exception request	Yes
☐ 10. Tribal exception request	Yes
☐ 11. Current and previous grants	Yes
☐ 12. CMS Rural Health Transformation program details	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.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	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

You can find technical guidance for formatting your application documents in Step 5 of the NOFO and in Step 5 of the How to Apply - Application Guide.

Project narrative

Introduction
See merit review criterion 1: Need

- Briefly describe the purpose of your project, the focus area(s), project goals and expected outcomes. Project activities must comply with the nondiscrimination requirements.
- Briefly describe the evidence-based or innovative, evidence-informed model(s) that will be used.
- If applicable, briefly describe any modification(s) made to the model your project proposes to use.

Need
See merit review criterion 1: Need
This section will help reviewers understand who you will serve. Complete responses include citations referencing any relevant federal, state, local data, if possible. If availability of data is limited to cite, indicate this and use alternative means to document how needs were assessed.

- Specifically outline the service region and the specific target population(s) you will serve through this funding.
- Describe the health care needs and related upstream drivers of health (e.g. such as employment, education, income, housing, transportation) of the target population within your entire rural service region.
- Describe the current rural health landscape, including strengths as well as barriers and gaps impacting health care delivery in your specific rural service region.

Approach
See merit review criterion 2: Response
This section will help reviewers understand how you will address your stated needs and meet the program requirements and expectations described in this NOFO.

- Describe how your proposed project will help meet the health care-related needs of your target population within the rural service region. Make sure they are clear, realistic, and can be measured. Include when you plan to complete them.
- Describe the evidence-based or promising approach your project will use. Explain why this approach is a good fit for the rural community and the people you will serve.
    - Describe any changes you made to the approach, if any. Explain how those changes will help the approach work better for your project and rural community.
- Tell us how you'll meet the funding opportunity goals and all the program requirements and expectations described in this NOFO.
- Explain how your project will build from, but does not duplicate other federal, regional, state, local or tribal programs.

High-level work plan
See merit review criteria 2: Response and 4: Impact
This section will help reviewers understand how you will achieve each of the objectives during the period of performance. You must also include a detailed work plan in table format in Attachment 2: Work Plan that aligns with the requirements described here.

- Give an overview of the specific activities you will implement during the period of performance to successfully execute your proposed project and meet the Delta Program funding opportunity goals. The overview should include:
    - Key activities you will carry out during the entire three-year period of performance.
    - A timeline for each activity. Show that your plan is realistic and achievable.
    - Clearly identify which network participant(s) or individual(s) will be responsible for each activity during the entire period of performance.
    - Identify the measures you will use to track progress for each activity. These may include process measures, outcome measures, or benchmarks. Explain how you will use them to monitor progress and determine whether you are meeting your objectives.
    - Describe the expected results of your activities. Explain how they will affect the target population, the network, and network participants.
- Explain how you will share reports, products, and results. Include how you will communicate with network participants and other key stakeholders.
- Explain how network participants will work together to plan, design, and carry out the activities in the work plan.

You will also include a more detailed work plan in Attachment 2: Work Plan.

Resolving challenges
See merit review criterion 2: Response
This section will help reviewers understand how you will address anticipated challenges and barriers.

- Discuss possible challenges you may face in designing and carrying out the activities in the work plan. Explain how you will resolve them. Include how you will adapt to changes and new information you gather during the project.

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

- This section will help reviewers understand your plan for assessing project performance, tracking data and associated health outcomes for a manageable and consistent population enabling the collection of meaningful longitudinal data. Describe how you will work with network participants to collect and report information to HRSA accurately and on time.
- Describe how you will manage and securely store data, including how you will protect data against cybersecurity threats, breaches, or other loss of data integrity.
- Describe how you will monitor and analyze performance data/information to continually improve your program. This includes helping the network set shared goals and using data to guide the workplan activities.

See the reporting section for more information.

Sustainability
See merit review criterion 4: Impact
You must include and describe your sustainability plans in the project narrative. This section will help reviewers understand your plan to sustain key functions, activities, or services of the proposed project.

- Propose a plan for project sustainability after the federal funding ends.
- Describe the actions you'll take to obtain future sources of funding.
- Discuss challenges that you'll likely encounter in sustaining the program. Include how you will resolve these challenges.

Organizational information
See merit review criterion 5: Resources and capabilities
This section will help reviewers understand the capacity of the applicant organization and its network participants, as well as the proposed project staffing to carry out this project.

Applicant Organization

- Provide a brief overview of your organization that includes:
    - Current mission.
    - Structure, leadership, size of organization, and staffing.
    - Scope of relevant current and past activities.
    - Connection to and ability to serve the target rural service area within the Delta region.
    - Ability to manage the project and personnel.
    - Financial practices and systems in place to ensure your organization can properly account for and manage federal funds.
- Explain how these details relate to your capacity to lead the proposed project.

Key personnel and staffing

- Describe your plan to staff the project and how you will make sure all required roles and functions described in the program requirements and expectations are fulfilled.
    - Include details of each position in Attachment 4: Staffing plan and job descriptions.

    - For each staff member reflected in the staffing plan, provide a brief biographical sketch in Attachment 5: Biographical sketches that clearly demonstrates the staff member has appropriate and applicable experience for their role(s)on the project.
    - If anyone will fulfill more than one role, describe why this is needed and how you will make sure they meet all relevant expectations.
- Briefly describe how you will manage the project team and ensure work is done effectively and efficiently.

Network Participants

- Describe how you will ensure that network participants and other community stakeholders are engaged and actively participating throughout the project.
- Give an overview of current or proposed network participants and your planned network structure. Include:
    - Why the network participants were selected and what each will contribute to the project.
    - How your network will meet the requirement that at least 66% of network participants are physically located (either the headquarters or a satellite site) in the target rural service area within the Delta region.
    - How you will ensure that network participants have demonstrated experience serving, or capacity to serve, high-need rural populations.
    - How will decision making be shared within and across the network and how often the network will meet to ensure there is a shared responsibility to carry out this project for the rural communities.
- Include signed MOU/A with all network participants (not including the applicant organization) in Attachment 6: Memorandum of Understanding/Agreement.
- This network overview should be consistent with the information found in Attachment 7: Network organizational chart and network participant information.

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.
- **Travel:** Allocate travel funds for up to two (2) program staff per year to attend an annual 2.5-day technical assistance workshop in Washington, DC and include the cost in this budget line item. To determine estimated travel costs to Washington, D.C., see the U.S. General Services Administration (GSA) per diem rates for FY 2026.
- **Contractual**: You are responsible for ensuring that your organization or institution has an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts (including any sub-contracts that may be awarded with this funding).
    - 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.
- **Budget for multi-year award:** You include a budget narrative for each year of the three-year period of performance submitted with your application.
    - Funding beyond the one-year budget period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.
- **Funding distribution among network participants:** You must include in the budget narrative how federal award funds will be distributed to network participants.
    - Include how the flow of funding and decision-making authority will be handled among rural network participants to best serve rural service areas.

To create your budget narrative, see budget narrative detailed instructions in Step 3 section of the How to Apply – Application Guide.

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: Documentation from State Office of Rural Health

The State Office of Rural Health serves as a focal point for rural health within each respective state.

Eligible applicant organizations are required to prepare and submit their application, in consultation with the appropriate State Office of Rural Health or another appropriate State entity.

You are expected to start this coordination early enough to allow sufficient time for discussion and input prior to submission.

- To meet this requirement, include a copy of your correspondence with the appropriate State Offices of Rural Health (SORH).

- If you are an applicant from the U.S. territories and do not have the functional equivalent of a SORH or another appropriate State entity, please state this as your response to this attachment.
    - For applicants in the U.S. territories without a SORH or another appropriate entity, this requirement does not apply, and applicants from U.S. territories are still eligible to apply.

Attachment 2: Work Plan
Attach the project's work plan. Make sure it includes each year of the grant program's three-year period of performance and includes everything required in the Project Narrative section under Work Plan section. This attachment is required in addition to the Work Plan description included in the Project Narrative.

The work plan must:
- Identify the network participant(s) or person responsible for carrying out each activity.
- Include a timeline for all three years of the period of performance. The minimum timeline increment is by quarter.

We recommend a table format and the sample headings outlined here:
- Goals and objectives.
- Key action steps (including target population where applicable).
- Activities.
- Outputs, data source, and program self-assessment methods.
    - These might include the direct products or deliverables of program activities and how you will assess them.
- Outcome and measurement.
    - These might include the result of a program, typically describing a change in people or systems.
- Person and service area responsible.
- Performance period and completion date.

Attachment 3: Map of Service Area
Include a legible map that clearly shows:

- The location of network members.
- The geographic area that will be served by the network.
- Any other information that will help reviewers visualize and understand the scope of the proposed project activities.

You must specify a target rural service area the proposed project will serve. Only counties or census tracts that are a HRSA-designated rural area within the Delta region are eligible.

Attachment 4: Staffing plan and job descriptions
Key personnel are individuals who receive funds from this award or person(s) conducting activities central to this program.

Provide a staffing plan that includes information for each key personnel using a table format. Responses are expected to align with your project narrative and include:

- Name (if not hired, state "TBH").
- Job title (e.g. project director).
- Organizational affiliation.
- Full-time equivalent (FTE) devoted to the project.
    - You cannot bill more than 1.0 FTE for the same person across federal awards.
    - Explain your reasons for the amount of time you request for each staff position (funded through this grant).
- List of roles and responsibilities for this specific project.
- Timeline and process for hiring and onboarding, if applicable.

HRSA recommends the Project Director be the equivalent of a full-time employee (1.0 FTE/ 100 percent FTE) of the applicant organization and devote adequate time (recommended to be at least 1.0 FTE) to the project to ensure commitment is reasonable.

Attachment 5: Biographical sketches
Key personnel are individuals who receive funds from this award or person(s) conducting activities central to this program.

Include biographical sketches for people who will hold the key positions you describe in Attachment 4.

- 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 6: Memorandum of Understanding/Agreement (MOU/A)
You must provide a scanned, signed copy of the MOU/A from each network participant listed in Attachment 7: Network organizational and network participant information.

- The applicant organization does not need to submit a MOU/A.
- Each network participant should provide a separate MOU/A that outlines:
    - The network participant's expected role(s) and responsibilities for this project. Specifically, their participation, decision making and capacity to collect and contribute data related to this project.
    - The specific workplan activities that they will be included in.
    - How the network participant's expertise is relevant to the project.
    - A brief description of the network participant's ties to the target rural service area within the Delta region.

If you cannot obtain signed MOU/A from all of your network participant to submit with your application, then HRSA will accept letters of commitment. The letter of commitment should describe the extent of the partnership and specific role of the network participant for this project and be clearly marked as "Letters of Commitment". If funded, you will be required to submit a signed MOA/U from each/all of your network participants within 60 days of the project start

date. And failure to provide this documentation will result in noncompliance and will affect your award funding.

Attachment 7: Network Organizational Chart and Network Participant Information

- Provide a one-page network organizational chart.
- Provide a list of **all** network participants (including the applicant organization) that includes:
    - The organization's name and entity type (such as community health center, hospital or health department).
    - The organization's physical address. This will be the address used to determine qualifying eligible HRSA-designated rural status and confirm location in the Delta region.
    - The name(s) of the key personnel from the organization who will be working on the project.
    - Brief description of the organization's anticipated role in the proposed project.
    - Organization's EIN/UEI, unless the applicant is a tribe or requests a multiple EIN/UEI exception.

Provide screenshots from the HRSA Rural Health Grants Eligibility Analyzer for each organization listed to demonstrate that at least 66%, or two-thirds, of the network is physically located in a qualifying eligible HRSA-designated rural area within the Delta region.

Attachment 8: Funding Preference Documentation
Submit only if applicable.
Provide documentation based on the funding preference you are requesting to be considered to qualify for.

- Refer to funding preferences to see 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 are not requesting a funding preference, include a clear statement that you are not seeking one.
- Applications that do not include documentation in this attachment for a qualifying funding preference will not be considered to receive the funding preference.
- Funding preferences are either met or not met. Additional credits are not given if an applicant requests and qualifies for more than one funding preference.

Attachment 9: EIN/UEI Exception Request
Submit only if applicable.
Generally, you cannot apply for multiple projects using the same UEI (previously DUNS) number and/or EIN. However, we recognize a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations may share the same UEI and/or EIN with its parent organization. As a result, we may allow separate

applications associated with a single UEI or EIN, if you provide the information 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 organization and the parent organization.
- Proposed HRSA-26-045 service areas for each of the 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 the 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, for the purposes of this program, it is still considered an application submitted by the parent organization.**

Multiple applications are not 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 10: Tribal Exception Request
Submit only if applicable.
For Tribal exceptions requests, include:

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

Attachment 11: Current and Previous Grants
Submit only if applicable.
Provide a list of the applicant organization's previous HRSA grants within the last five years. Include the grant number for each HRSA award.

Attachment 12: CMS Rural Transformation
Submit only if applicable.
Submit this attachment only if the applicant organization will participate in or benefit from your state's CMS Rural Health Transformation Program. Reviewers will not consider this information during merit review.

- If it applies, describe the CMS-supported activities that the applicant organization will participate in or benefit from.

- Clearly explain how the proposed HRSA funded work (HRSA-26-045) is non-duplicative, coordinated, and complementary to your state's CMS supported work.

Funding under this program must be used for Delta States Rural Development Network Grant Program activities that are clearly non-duplicative of other federally funded activities. Failure to disclose and clearly explain how your proposed project will not duplicate current federal funding may result in your application being marked ineligible.

Attachment 13-15: Other Relevant Documents
Optional. You may use these attachments 13 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.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	With application.
Key Contacts	With application.

Form instructions
The Step 3 section of the How to Apply – 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

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

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.

Merit review
A panel reviews all applications that pass the initial review. You can find more about the merit review process in Step 4 of the How to Apply – Application Guide. The members use these criteria.

Criterion	Total number of points = 100
1. Need	15 points
2. Response	25 points
3. Performance management	20 points
4. Impact	20 points
5. Resources and capabilities	15 points
6. Support requested	5 points

Criterion 1: Need (15 points)
See the project narrative Introduction and Need sections.

The panel will review your application for how well it:

- Describes the purpose and goals of the proposed project, including the focus area(s).
- Defines a clear and well-defined description of the rural geographic service area and the target population to be served through the proposed project.
- Presents a comprehensive description of the health care needs of the target population across the entire rural service region, including key upstream drivers of health.
- Demonstrates a strong, data informed understanding of need within the proposed rural service region of their target population.

Criterion 2: Response (25 points)
See the project narrative Resolving Challenges section.

The panel will review your application for:

Methodology (10 points)

- Logically explains how the proposed project goals and focus area(s) will meet the target population's needs within the rural service region.
- Ensures alignment with the funding opportunity goals, program requirements and expectations and explains how this project will avoid duplication from other efforts.
- The feasibility of the evidence-based or promising approach that will be implemented and provides a strong rationale for its selection. This includes its relevance and appropriateness for the rural community and target population. If any modifications are made to the evidence-based or promising approach, clearly explain how these adaptations will enhance its effectiveness and appropriateness for the proposed project and target population.

High-level work plan and resolving challenges (15 points)

- Provides a clear, comprehensive overview of the project activities to implement the proposed project.
- Presents a realistic and well-defined timeline for the work plan.
- Defines and describes roles and responsibilities for each activity, demonstrating appropriate distribution of responsibilities across the network.
- Defines specific measures/benchmarks to track progress and monitor implementation.
- Identifies anticipated challenges by carrying out work plan activities and proposes effective approaches to resolve those challenges.

Criterion 3: Performance management (20 points)
See the project narrative Performance reporting and evaluation section.

The panel will review your application for the strength of your plan to:

- Work with network participants to collect and report information to HRSA accurately and on time.
- Monitor and analyze data/information to continually improve your program.

Criterion 4: Impact (20 points)
See the project narrative Sustainability section.

The panel will review your application for:

- How likely the proposed project will have a positive impact on the health care-related needs of the target rural service area.
- How strongly the work plan aligns with the purpose of the project.
- The strength of the proposed plan for project sustainability after the federal funding ends.

Criterion 5: Resources and capabilities (15 points)
See the project narrative Organizational information and Performance management sections.

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

- The applicant organization's capabilities meet the needs of the project.
- The applicant organization demonstrates a meaningful connection to and ability to serve the target rural service area.
- The applicant organization can properly account for and manage federal funds.
- Project staff show the skills, experience, and time needed to carry out the project and meet its goals and objectives.
- Network participants have demonstrated experience serving, or capacity to serve the target rural area and will meaningfully contribute to the proposed project.
- The networks meet the requirement that at least 66%, or two-thirds of network participants are physically located (either the headquarters or a satellite site) in a qualifying HRSA-designated rural area within the Delta region.

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.
- How appropriate and well-defined the distribution of funds to network participants is, including how funding flows, fiscal oversight, and decision-making authority is managed among the network to serve the rural communities.

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.
- The results of reviewing the progress report submitted with a competing continuation application that seeks to a new period of performance.
- 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.
- The funding priorities, funding preferences, or special considerations listed.

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 your service area is in a Health Professional Shortage Area,
- if you or your service area is in a medically underserved community, or
- if you serve medically underserved populations.

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 will review all applications for this funding preference and will apply it to any qualified applicant that demonstrates they meet the criteria for one of the three available preferences. Funding preferences are either met or not met. Additional credits are not given if an applicant requests and qualifies for more than one funding preference.

Applicants may qualify for one or more of the following:

Qualification 1: Health Professional Shortage Area (HPSA)

You can request funding preference if you or your service area is in an officially designated health professional shortage area (HPSA). You must include a screenshot or print out 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 8: Funding preference documentation.

Qualification 2: Medically Underserved Community/Populations (MUC/MUP)

You can request funding preference if 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 8: Funding preference documentation.

Qualification 3: Focus on Primary Care and Wellness and Prevention Strategies

You can request funding preference 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 justification should be included in Attachment 8: Funding preference documentation.

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See "how we make awards" in Step 4 of the How to Apply – Application Guide for more information.

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

Step 5: Submit Your Application

Application submission and deadlines

Your organization's authorized official must certify your application. Make sure you have everything you need. See Step 5 in the How to Apply – Application Guide for more detailed information on submitting your application.

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 or .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 How to Apply – Application Guide.

Application deadline
You must submit your application by 08/12/2026**, 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 deadline waiver" in Step 5 of the How to Apply – Application Guide.

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 Step 5 in the How to Apply in the Application Guide.

Have questions? Go to Contacts and Support.

Other submissions

Intergovernmental review

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

Step 6: Learn What Happens After Award

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 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 2 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:
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 https://www.healthit.gov/topic/certification-ehrs/certification-health-it 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, available at https://www.healthit.gov/isp/.

Reporting

If you are funded, you will have to follow the reporting requirements in Step 6 of the How to Apply – Application Guide. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress report(s) each year.
- Annual Performance reports.
- Program performance measures:
    - You will submit annual performance measures for each budget period in a centralized program outcomes reporting system.
    - HRSA will aggregate the data collected from the reporting system to demonstrate the overall impact of the program.
    - Upon award, HRSA will notify you of the specific performance measures required. You will not be asked to report performance measures that have not completed the OMB Paperwork Reduction Act process.
- Final Closeout Report: The recipient must submit a final closeout report to HRSA within 120 days after the period of performance ends. The NOA will provide details.
- Sustainability Plan: The recipient must submit a sustainability plan, which will be revisited and updated throughout the period of the performance. The recipient will submit a final sustainability report in Year 3 of the period of performance. HRSA will provide more information following receipt of an award.
- Federal Financial Report: The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. More specific information will be included in the NOA.

Contacts and Support

Agency contacts

Program and eligibility

Diana Alatorre

Public Health Analyst/Federal Office of Rural Health Policy
Attn:
Delta States Rural Development Network Program
Health Resources and Services Administration
DAlatorre@hrsa.gov

301-287-2618

Financial and budget

Dhendup Sherpa

Grants Management Specialist Division of Grants Management Operations Office of Financial Assistance and Acquisition Management (OFAAM) Health Resources and Services Administration
dsherpa@hrsa.gov

301-443-3462

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

- How to Apply – Application Guide
- HRSA Grants page
- HHS Tips for Preparing Grant Proposals
- Frequently Asked Questions

- Applicant Training

Appendices

Appendix A: Performance Measure

The Delta Program seeks to document and monitor progress on program goals through the collection of data from each award recipient and their network partners. Award recipients will work with Federal Office of Rural Health Policy (FORHP) to collect data from network partners and report data on a regular basis throughout the course of the program as determined by FORHP.

Examples of data to be collected across the network may include, but are not limited to:

- Organizational information about each network member.
- Number and name of counties served in the project.
- Number of people in the target population.
- Number of people served with this grant funding
- Clinical outcomes (by focus area)

Please note that these are examples of the data elements that award recipients may be expected to collect and report. The final list of required data elements may differ from the list above. You will not be asked to report performance measures that have not completed the OMB Paperwork Reduction Act process. Additional information will be provided by the FORHP.

Footnotes

*Only certain census tracts in the counties/parishes are rural. Please use HRSA's Rural Health Grants Eligibility Analyzer to determine whether an address is rural.
+These eligible counties are optional counties that can be served within the funding amount provided for the required service area.
‡These previously required counties no longer meet the HRSA definition of rural. They are now optional counties that can be served within the funding amount provided for the required service area for 1 year. HRSA reserves the right to revisit the eligibility of these counties in subsequent funding years.
§ These previously optional counties no longer meet the HRSA definition of rural. They are now optional counties that can be served within the funding amount provided for the required service area for 1 year. HRSA reserves the right to revisit the eligibility of these counties in subsequent funding years.