

Notice of Funding Opportunity
Application due 07/27/2026

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy

Rural Hospital Provider Assistance Program

Opportunity Number: HRSA-26-105



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Before You Begin

OpDiv: Health Resources and Services Administration

Agency: Federal Office of Rural Health Policy

Subagency: Hospital State Division

Opportunity name: Rural Hospital Provider Assistance Program

Opportunity number: HRSA-26-105

Metadata subject: Rural Hospital Provider Assistance Program, RHPA

Metadata keywords: rural hospitals, direct financial assistance, low wage

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

Tagline: The Rural Hospital Provider Assistance Program provides direct financial assistance to rural hospitals facing structural payment disadvantages with the goal of maintenance of health care providers, including preventing hospital closures, which will in turn maintain essential health services.

Summary

The Rural Hospital Provider Assistance Program provides direct financial assistance to rural hospitals facing structural payment disadvantages to support the maintenance of health care providers with the goal of maintaining essential services and preventing avoidable closures. This is a new formula grant program for rural hospitals at the low end of the wage index to support sustained access to quality health care providers. The program helps advance [Make America Healthy Again \(MAHA\)](#) priorities by strengthening the local health workforce and advancing preventive, community-based care to reduce chronic disease and ensure sustained access to high-quality health services in rural communities.

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

Key facts

Opportunity name: Rural Hospital Provider Assistance Program

Opportunity number: HRSA-26-105

Announcement version: initial

Federal assistance listing: 93.811

Key dates

NOFO issue date: 06/11/2026

Informational webinar: will be posted at a later date to the documents tab in Grants.gov

Application deadline: 07/27/2026

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: \$24,750,000

Expected number and type of awards: Approximately 167 Grant

Funding range per award: Approximately \$148,000 (ceiling amount is contingent on number of awards)

The Rural Hospital Provider Assistance Program award is formula-based and will be calculated by dividing the total available funding equally among eligible rural hospitals that apply. The final award amount may be higher than \$148,000 based on the number of applications received from eligible hospitals.

We plan to fund awards in one 12-month budget period for a total of one-year period of performance. The period of performance is from 09/30/2026 to 9/29/2027.

Eligibility

You can apply if you:

- 1) have no more than 50 acute care inpatient beds,
- 2) have an established wage index value of less than 0.90 as determined by the Secretary of HHS under section 1886(d)(3)(E) of the Social Security Act ([42 U.S.C. 1395ww\(d\)\(3\)\(E\)](#)), and 3) are located in a rural area as defined by the Federal Office of Rural Health Policy.

Refer to the table of eligible rural hospitals under [Other eligibility criteria](#).

Types of eligible organizations

These types of *domestic organizations may apply:

Others (see text field entitled "Additional Information on Eligibility" for clarification)

“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

Prior to publishing this NOFO, HRSA published a Federal Register Notice (FRN) detailing the methodology and data sources used to determine eligible hospitals. You can view the FRN at <https://www.federalregister.gov/documents/2026/04/29/2026-08300/rural-hospital-provider-assistance-program>.

You can apply if you:

- 1) have no more than 50 acute care inpatient beds,
- 2) have an established wage index value of less than 0.90 as determined by the Secretary of HHS under section 1886(d)(3)(E) of the Social Security Act ([42 U.S.C. 1395ww\(d\)\(3\)\(E\)](#)), and 3) are located in a rural area as defined by the Federal Office of Rural Health Policy.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria:

The table below identifies eligible small rural hospitals with no more than 50 staffed acute care inpatient beds, an established wage index value of less than 0.90 during FY26 (including hospitals that may have converted to a Critical Access Hospital or Rural Emergency Hospital) and are located in a HRSA-designated rural area:

Hospital Name	City	State
ATMORE COMMUNITY HOSPITAL	ATMORE	AL
BIBB MEDICAL CENTER	CENTREVILLE	AL
BULLOCK COUNTY HOSPITAL	UNION SPRINGS	AL
CLAY COUNTY HOSPITAL	ASHLAND	AL
COMMUNITY HOSPITAL INC.	TALLASSEE	AL
CRENSHAW COMMUNITY HOSPITAL	LUVERNE	AL
D W MCMILLAN MEMORIAL HOSPITAL	BREWTON	AL
EAMC-LANIER	VALLEY	AL
EVERGREEN MEDICAL CENTER	EVERGREEN	AL
FAYETTE MEDICAL CENTER	FAYETTE	AL
GROVE HILL MEMORIAL HOSPITAL	GROVE HILL	AL
HIGHLANDS MEDICAL CENTER	SCOTTSBORO	AL
HILL HOSPITAL OF SUMTER COUNTY	YORK	AL

JACKSON MEDICAL CENTER	JACKSON	AL
JOHN PAUL JONES HOSPITAL	CAMDEN	AL
LAKE MARTIN COMMUNITY HOSPITAL	DADEVILLE	AL
LAKELAND COMMUNITY HOSPITAL	HALEYVILLE	AL
MARION REGIONAL MEDICAL CENTER	HAMILTON	AL
MIZELL MEMORIAL HOSPITAL	OPP	AL
MONROE COUNTY HOSPITAL	MONROEVILLE	AL
NORTH BALDWIN INFIRMARY	BAY MINETTE	AL
NORTHWEST MEDICAL CENTER	WINFIELD	AL
REGIONAL MEDICAL CTR OF CENTRAL AL	GREENVILLE	AL
RUSSELL MEDICAL CENTER	ALEXANDER CITY	AL
RUSSELLVILLE HOSPITAL	RUSSELLVILLE	AL
ST. VINCENTS CHILTON	CLANTON	AL
TROY REGIONAL MEDICAL CENTER	TROY	AL
WHITFIELD REGIONAL HOSPITAL	DEMOPOLIS	AL
WIREGRASS MEDICAL CENTER	GENEVA	AL
BHMC- STUTTGART	STUTTGART	AR
BHMC-DREW COUNTY	MONTICELLO	AR
CHAMBERS MEMORIAL HOSPITAL	DANVILLE	AR
FORREST CITY MEDICAL CENTER	FORREST CITY	AR
GREAT RIVER MEDICAL CENTER	BLYTHEVILLE	AR
MAGNOLIA REGIONAL HEALTH SYSTEM INC	MAGNOLIA	AR
OUACHITA COUNTY MEDICAL CENTER	CAMDEN	AR
SILOAM SPRINGS MEMORIAL HOSPITAL	SILOAM SPRINGS	AR
WADLEY MEDICAL CENTER AT HOPE	HOPE	AR
ADVENTHEALTH MURRAY	CHATSWORTH	GA
APPLING GENERAL HOSPITAL	BAXLEY	GA
BURKE MEDICAL CENTER	WAYNESBORO	GA
DODGE COUNTY HOSPITAL	EASTMAN	GA
DONALSONVILLE HOSPITAL	DONALSONVILLE	GA
DORMINY MEDICAL CENTER	FITZGERALD	GA
EMANUEL MEDICAL CENTER	SWAINSBORO	GA
EVANS MEMORIAL HOSPITAL	CLAXTON	GA
FLINT RIVER COMMUNITY HOSPITAL	MONTEZUMA	GA
GRADY GENERAL HOSPITAL	CAIRO	GA

JEFFERSON HOSPITAL	LOUISVILLE	GA
NGMC HABERSHAM	DEMOREST	GA
SGHS - CAMDEN CAMPUS	ST. MARYS	GA
SGMC BERRIEN CAMPUS	NASHVILLE	GA
SOUTHWELL MEDICAL	ADEL	GA
STEPHENS COUNTY HOSPITAL	TOCCOA	GA
UNION GENERAL HOSPITAL	BLAIRSVILLE	GA
UNIVERSITY HOSPITAL MCDUFFIE	THOMSON	GA
WASHINGTON CO REG MED CTR	SANDERSVILLE	GA
ADVENTHEALTH OTTAWA	OTTAWA	KS
COFFEYVILLE REG MEDICAL CENTER, INC.	COFFEYVILLE	KS
LABETTE COUNTY MEDICAL CENTER	PARSONS	KS
MCPHERSON HOSPITAL, INC.	MCPHERSON	KS
MIAMI COUNTY MEDICAL CENTER	PAOLA	KS
PRATT REGIONAL MEDICAL CENTER	PRATT	KS
SAINT JOHN HOSPITAL	LEAVENWORTH	KS
SALINA SURGICAL HOSPITAL	SALINA	KS
STORMONT VAIL - FLINT HILLS	JUNCTION CITY	KS
SUMMIT SURGICAL, LLC	HUTCHINSON	KS
SUSAN B. ALLEN MEMORIAL HOSPITAL	EL DORADO	KS
UKHS GREAT BEND CAMPUS	GREAT BEND	KS
ADVENTHEALTH MANCHESTER	MANCHESTER	KY
HARRISON MEMORIAL HOSPITAL	CYNTHIANA	KY
MIDDLESBORO ARH	MIDDLESBORO	KY
MONROE COUNTY MEDICAL CENTER	TOMPKINSVILLE	KY
MUHLENBERG COMMUNITY HOSPITAL	GREENVILLE	KY
OWENSBORO HEALTH TWIN LAKES MEDICAL	LEITCHFIELD	KY
PAINTSVILLE ARH HOSPITAL	PAINTSVILLE	KY
PINEVILLE COMMUNITY HEALTH CENTER	PINEVILLE	KY
ROCKCASTLE HOSPT. & RESPIR CARE CTR	MT VERNON	KY
THE MEDICAL CENTER AT RUSSELLVILLE	RUSSELLVILLE	KY
TJ HEALTH COLUMBIA	COLUMBIA	KY
TUG VALLEY ARH	SOUTH WILLIAMSON	KY
ACADIAN MEDICAL CENTER	EUNICE	LA
ALLEN PARISH HOSPITAL	KINDER	LA

AVOYELLES HOSPITAL	MARKSVILLE	LA
BEAUREGARD MEMORIAL HOSPITAL, INC.	DERIDDER	LA
BYRD REGIONAL HOSPITAL	LEESVILLE	LA
CALDWELL MEMORIAL HOSPITAL	COLUMBIA	LA
CITIZENS MEDICAL CENTER	COLUMBIA	LA
DESOTO REGIONAL HEALTH SYSTEM	MANSFIELD	LA
EAST CARROLL PARISH HOSPITAL	LAKE PROVIDENCE	LA
FRANKLIN MEDICAL CENTER	WINNSBORO	LA
HOMER MEMORIAL HOSPITAL	HOMER	LA
LASALLE GENERAL HOSPITAL, INC.	JENA	LA
MERCY REGIONAL MEDICAL CENTER	VILLE PLATTE	LA
MOREHOUSE GENERAL HOSPITAL	BASTROP	LA
OAKDALE COMMUNITY HOSPITAL	OAKDALE	LA
OCHSNER AMERICAN LEGION HOSPITAL	JENNINGS	LA
OUR LADY OF THE ANGELS HOSPITAL MC	BOGALUSA	LA
RICHLAND PARISH HOSPITAL SERVICE DIS	RAYVILLE	LA
SABINE MEDICAL CENTER	MANY	LA
SAVOY MEDICAL MANAGEMENT GROUP INC.	MAMOU	LA
SPRINGHILL MEDICAL CENTER	SPRINGHILL	LA
WINN PARISH MEDICAL CENTER	WINNFIELD	LA
GARRETT COUNTY MEMORIAL HOSPITAL	OAKLAND	MD
ANDERSON REGIONAL MED CTR-SOUTH CAMP	MERIDIAN	MS
BAPTIST MEM HOSPITAL BOONEVILLE	BOONEVILLE	MS
BEACHAM MEMORIAL HOSPITAL	MAGNOLIA	MS
CLAY COUNTY MEDICAL CORPORATION	WEST POINT	MS
GEORGE COUNTY HOSPITAL	LUCEDALE	MS
GREENWOOD LEFLORE HOSPITAL	GREENWOOD	MS
HIGHLAND COMMUNITY HOSPITAL	PICAYUNE	MS
HIGHLAND HILLS MEDICAL CENTER	SENATOBIA	MS
JASPER GENERAL HOSPITAL	BAY SPRINGS	MS
KINGS DAUGHTERS MEDICAL CENTER	BROOKHAVEN	MS
MAGEE GENERAL HOSPITAL	MAGEE	MS
MARION GENERAL HOSPITAL	COLUMBIA	MS
NESHOBA COUNTY GENERAL HOSPITAL	PHILADELPHIA	MS
SOUTH SUNFLOWER COUNTY HOSPITAL	INDIANOLA	MS

TISHOMINGO HEALTH SERVICES	IUKA	MS
UMMC-GRENADA	GRENADA	MS
WAYNE GENERAL HOSPITAL	WAYNESBORO	MS
WEBSTER HEALTH SERVICES	EUPORA	MS
WINSTON MEDICAL CENTER	LOUISVILLE	MS
YALOBUSHA GENERAL HOSPITAL	WATER VALLEY	MS
DUPLIN GENERAL HOSPITAL INCORPORATED	KENANSVILLE	NC
THE MCDOWELL HOSPITAL	MARION	NC
ALLIANCE COMMUNITY HOSPITAL	ALLIANCE	OH
KINGS DAUGHTERS MED CENTER OHIO	PORTSMOUTH	OH
MEMORIAL HOSPITAL	FREMONT	OH
MERCY HEALTH-TIFFIN HOSPITAL LLC	TIFFIN	OH
POMERENE HOSPITAL	MILLERSBURG	OH
THE BELLEVUE HOSPITAL	BELLEVUE	OH
CHEROKEE MEDICAL CENTER	GAFFNEY	SC
COASTAL CAROLINA MEDICAL CENTER	HARDEEVILLE	SC
HAMPTON REGIONAL MEDICAL CENTER	VARNVILLE	SC
MCLEOD HEALTH CHERAW	CHERAW	SC
MCLEOD HEALTH CLARENDON	MANNING	SC
MCLEOD MEDICAL CENTER - DILLON	DILLON	SC
MUSC HEALTH BLACK RIVER MEDICAL CENTER	CADES	SC
MUSC HEALTH MARION MEDICAL CENTER	MULLINS	SC
NEWBERRY COUNTY MEMORIAL HOSPITAL	NEWBERRY	SC
PH LAURENS COUNTY HOSPITAL	CLINTON	SC
ASCENSION ST THOMAS RIVER PARK	MCMINNVILLE	TN
BAPTIST MEM HOSPITAL HUNTINGDON	HUNTINGDON	TN
BAPTIST MEM HOSPITAL TIPTON COUNTY	COVINGTON	TN
BAPTIST MEM HOSPITAL UNION CITY	UNION CITY	TN
CLAIBORNE MEDICAL CENTER	TAZEWELL	TN
HARDIN MEDICAL CENTER	SAVANNAH	TN
HAWKINS COUNTY MEMORIAL HOSPITAL	ROGERSVILLE	TN
HAYWOOD COUNTY COMMUNITY HOSPITAL	BROWNSVILLE	TN
HENDERSON COUNTY COMMUNITY HOSPITAL	LEXINGTON	TN
HENRY COUNTY MEDICAL CENTER	PARIS	TN
LAFOLLETTE MEDICAL CENTER	LAFOLLETTE	TN

LINCOLN MEDICAL CENTER	FAYETTEVILLE	TN
MILAN GENERAL HOSPITAL	MILAN	TN
NEWPORT MEDICAL CENTER	NEWPORT	TN
SAINT THOMAS HIGHLAND HOSPITAL	SPARTA	TN
SAINT THOMAS STONES RIVER HOSPITAL	WOODBURY	TN
ST THOMAS DEKALB HOSPITAL	SMITHVILLE	TN
UNITY MEDICAL CENTER	MANCHESTER	TN
VANDERBILT BEDFORD COUNTY HOSPITAL	SHELBYVILLE	TN
WEST TN HEALTHCARE VOLUNTEER HOSPITAL	MARTIN	TN
MON HEALTH MARION NEIGHBORHOOD HOSPITAL	WHITE HALL	WV
PLEASANT VALLEY HOSPITAL	POINT PLEASANT	WV
STONEWALL JACKSON MEMORIAL HOSPITAL	WESTON	WV
WELCH COMMUNITY HOSPITAL	WELCH	WV
WETZEL COUNTY HOSPITAL	NEW MARTINSVILLE	WV

For questions about eligibility, please reach out to ruralhospitals@hrsa.gov.

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](#).
- Is submitted after the [deadline](#).

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 purpose of this program is to provide direct financial assistance to rural hospitals facing structural payment disadvantages for the maintenance of health care providers with the goal of maintaining essential health care services and preventing avoidable closures.

Funding Opportunity Goals

- Maintain health care providers in order to sustain access to essential health care services and prevent avoidable hospital closures for small rural hospitals.

Background

Rural hospitals continue to face persistent financial strain due to low patient volumes, workforce shortages, and declining reimbursements.^{1, 2, 3, 4} Rural hospitals also tend to receive lower reimbursement due to their wage index, which measures hospitals' relative labor costs. The Consolidated Appropriations Act, 2026 ([Public Law 119-75](#), H.R. 7148), authorized and appropriated funding for FORHP to award funds to eligible small rural hospitals (as determined under section 1886(d)(3)(E) of the Social Security Act ([42 U.S.C. 1395ww\(d\)\(3\)\(E\)](#)), at the low end of the wage index. The funding is intended to help these hospitals maintain health care providers.

Program requirements and expectations

You must meet all the requirements stated in the [Eligibility](#) section, including [Other eligibility criteria](#). You must also meet all program requirements and expectations outlined in this section:

- Ensure funds are used to maintain health care providers and essential health care services.
- Limit administrative expenses to 10 percent of the funds as established in the Consolidated Appropriations Act, 2026, [Public Law 119-75](#), H.R. 7148. Administrative costs include all indirect costs, as well as direct personnel and fringe benefits associated with oversight and management of the project (e.g., administrative, fiscal, reporting, and management functions). Personnel and fringe benefits that directly support implementation of the approved project activities for the maintenance of healthcare providers may be charged as programmatic costs and are not considered administrative costs.

Statutory authority

Section 711 of the Social Security Act ([42 U.S.C. 912](#)) and Consolidated Appropriations Act, 2026, [Public Law 119-75](#), H.R. 7148.

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.

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

You cannot use funds:

- For construction.
- To cover administrative expenses exceeding 10 percent of funding. Administrative costs include all indirect costs, as well as direct personnel and fringe benefits associated with oversight and management of the project (e.g., administrative, fiscal, reporting, and management functions).

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-26-105.

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-26-105 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.

You can email RuralHospitals@hrsa.gov for the recording link.

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*?
<input type="checkbox"/> Project narrative Use the Project Narrative Attachment form.	Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative Use the Budget Narrative Attachment form.	Budget Narrative Attachment form.	Yes

Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit*?
1. Attestation for System Hospitals	Yes
2. 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 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: 10

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

- Provide your hospital's CMS Certification Number (CCN) and address for verification purposes.
- Attest that the funding will support the goal of maintaining health care providers and essential services, including a description of proposed activities that will meet the program's goal.

See the [reporting](#) section for more information.

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: Attestation for System Hospitals

Applicants must include a statement attesting that all funds are being used at the hospital level rather than the system level for eligible hospitals that are part of a parent system or network. We recommend that you use this statement:

“[Your organization name] attests that all funds, including administrative funds, will be used at the individual hospital level and not the system level, and must meet all federal, state and local laws and regulations.”

Attachment 2: Other Relevant Documents

Include here any other documents that are relevant to the application, including federally negotiated indirect cost rate (if applicable).

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:

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include proposed activities that support the maintenance of health care providers to ensure access to essential health services. When writing your summary:

- Use 4,000 characters or fewer.
- Make sure it’s clear, accurate, short.
- Do not refer to other parts of the application.
- Do not include [personally identifiable information \(PII\)](#) in abstract form.
- If you receive an award, we’ll put your project abstract on public websites and databases, including [USAspending.gov](#).

Important: Public information

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

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

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

[See instructions and examples.](#)

Step 4: Understand Review, Selection, and Award

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.

This program is formula-based. We review your application on its technical merit. We will distribute funds among eligible organizations with complete applications. We use the data supplied in applications to calculate award amounts. We will use this formula:

The final award amount will be determined based on the total number of eligible hospitals that apply for funding and appropriated funds will be divided equally among recipients.

Risk review:

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

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

We may ask you to submit additional information.

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

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

For more details, see [2 CFR 200.206](#).

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Alignment with [HRSA Mission and Strategic Priorities](#).

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.

Other:

The number of eligible applicants that apply will determine the amount of funding per award.

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 o .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 07/27/2026, 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](#).

HIT

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,	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.

eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.
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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:

- Final report: you will be required to submit a final report attesting that funding was used for the maintenance of health care providers. The Federal Office of Rural Health Policy will provide further details upon receipt of award.

Contacts and Support

Agency contacts

Program and eligibility

Krista Mastel

Public Health Analyst, Hospital State Division

Attn: Rural Hospital Provider Assistance Program

Health Resources and Services Administration

RuralHospitals@hrsa.gov

301-443-0491

Financial and budget

Kristian Walker

Grants Management Specialist, Division of Grants Management Operations, Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

KWalker@hrsa.gov

301-287-0152

HRSA contact center

Open Monday – 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](#)

Footnotes

1. Malone, T.L., Pink, G.H. and Holmes, G.M. (2021), Decline in Inpatient Volume at Rural Hospitals. *The Journal of Rural Health*, 37: 347-352. <https://doi.org/10.1111/jrh.12553>
2. Andrilla CHA, Woolcock SC, Garberson LA, Patterson DG. (2024) Changes in the Supply and Rural-Urban Distribution of Home Health Aides in the U.S., 2014-2021. Data Brief. WWAMI Rural Health Research Center, University of Washington. https://familymedicine.uw.edu/rhrc/wp-content/uploads/sites/4/2024/10/RHRC_DBOCT2024_MAIN_Andrilla.pdf
3. Davis, A. (2022) Review of Rural U.S. Economic and Health Care Trends. Center for Economic Analysis of Rural Health. University of Kentucky. https://cearh.mgcafe.uky.edu/sites/cearh.ca.uky.edu/files/CEARH_-_Review_of_Rural_US_Economic_and_Health_Care_Trends_Sept_2022.pdf
4. Pillutla AR, Srinivasan SM, Thompson K, Pink G, Malone T. (2026) A Comparison of Independent and System-Affiliated Rural Hospitals. NC Rural Health Research Program, UNC Sheps Center. <https://www.shepscenter.unc.edu/product/a-comparison-of-independent-and-system-affiliated-rural-hospitals/>