

Notice of Funding Opportunity

Application due 08/06/2026

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy

Small Health Care Provider Quality Improvement Program

Opportunity Number: HRSA-26-046



Table of Contents

Before You Begin.....	2
Step 1: Review the Opportunity.....	2
Basic information	2
Funding details	3
Eligibility.....	3
Program description	5
Award information	7
Step 2: Get Ready to Apply	9
Get registered	9
Find the application package.....	9
Application writing help.....	9
Step 3: Build Your Application	10
Application checklist.....	10
Application contents and format	11
Step 4: Understand Review, Selection, and Award	21
Application review	21
Selection process	24
Award notices.....	26
Step 5: Submit Your Application.....	26
Application submission and deadlines	26
Other submissions	27
Step 6: Learn What Happens After Award.....	28
Post-award requirements and administration	28
Reporting.....	31
Contacts and Support	31
Agency contacts	31
Help with systems	32
Appendices.....	32

Before You Begin

Health Resources and Services Administration

Federal Office of Rural Health Policy

Community Based Division

Small Health Care Provider Quality Improvement Program

HRSA-26-046

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

Summary

The Small Health Care Provider Quality Improvement Program supports the planning and implementation of quality improvement activities for rural primary care providers or providers of health care services, such as critical access hospitals (CAH), rural health clinics (RHC), or a network of rural health providers, to increase access to high quality health care services and improve health.

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

Key facts

Opportunity name: Small Health Care Provider Quality Improvement Program

Opportunity number: HRSA-26-046

Announcement version: initial

Federal assistance listing: 93.912

Key dates

NOFO issue date: 07/02/2026

Informational webinar: [See Join the webinar section](#)

Application deadline: 08/06/2026

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: \$5,000,000

Expected number and type of awards:

20 G (Grant)

Funding range per award:

\$0 - \$250,000

We plan to fund awards in four 12-month budget periods for a total four year period of performance from 09/30/2026 to 09/29/2030.

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
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Native American tribal organizations (other than Federally recognized tribal governments)
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
- 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

Eligible applicants must be a rural domestic public or nonprofit private health care provider or provider of health care services, such as a critical access hospital, a rural health clinic; or be another rural provider or network of small rural providers identified by the Secretary as a key

source of local or regional care; and not previously have received an award under this subsection for the same or similar project. The applicant organization must be located in a rural area.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

In addition to the criteria outlined in the eligibility criteria, your organization must also meet the criteria included under this section. Failure to meet other eligibility criteria may impact the eligibility or scoring of your application.

Other eligibility criteria include:

- The applicant organization and the areas served by grant funds must be in HRSA-designated rural areas. Provide a detailed list of the rural counties and/or census tracts served in [Attachment 1](#).
 - You must confirm these using the [Rural Health Grants Eligibility Analyzer](#).
 - Some formerly HRSA-designated rural areas are also eligible for this announcement. See [Appendix A](#) for details.
- Provide documentation of your nonprofit OR public status in [Attachment 2: Proof of Nonprofit or Public Status](#).
- Have not previously received an award under this program (42 U.S.C. 254c(g)) for the same or similar project. Applicants that have previously received an award under this program are eligible if they demonstrate in Attachment 11 that the proposed project will:
 - Expand the scope of the project or service area.
 - Target a new population or new focus area.
 - Include new or additional network members (if applicable).
- Consult your State Office of Rural Health (SORH) about your intent to apply to this program. See [Attachment 3](#).

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](#).

We will not consider an application that:

- does not meet all other eligibility criteria.

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 submit more than one application under the same Unique Entity Identifier (UEI) if each proposes a distinct project. We will only review your last validated application for each distinct project before the deadline.

If you submit more than one application under the same UEI and/or EIN for distinct proposed projects, you must provide the required EIN exception request documentation in [Attachment 9](#) (EIN/UEI exception request) or [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 purpose of the Small Health Care Provider Quality Improvement Program is to improve the delivery of cost-effective, coordinated, high-quality health care services in rural primary care settings.

Program objectives include increasing care coordination, enhancing chronic disease management, and improving health outcomes for patients. Program funding supports rural health care providers in strengthening their capacity for quality improvement and value-based care.

This program will help rural health care providers improve health outcomes, expand capacity for essential healthcare services and increase operational and financial sustainability by the end of the four-year performance period. Additionally, improved outcomes may lead to reduced hospital readmissions so prospective payment hospitals could achieve savings by avoiding readmissions penalties. And reducing readmissions for all hospitals increases savings in value-based care and shared savings models.

Funding Opportunity Goals

- Prepare rural health care providers to develop sustained quality improvement strategies within their organizations.
- Strengthen the organizational capacity for collecting and analyzing data, using technology tools for building efficiencies.
- Build financial sustainability by training workforce and building systems around billing and coding and other reimbursement strategies.

Background

This program is authorized by the Public Health Service Act, Title III, Section 330A(g) (42 U.S.C. 254c(g)) and permits HRSA to support awards to rural primary care providers, such as critical access hospitals (CAH), rural health clinics (RHC), Federally Qualified Health Centers (FQHC), other rural health providers, or a network of rural health providers, serving rural residents, for the planning and implementation of quality improvement activities.

Through these activities, the program helps rural providers strengthen their technical capacities related to quality measurement, collection, analysis and utilization to drive improved health outcomes respond to the needs of their communities. This work supports the [Make America Healthy Again](#) priorities, which include:

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

Quality improvement helps rural health care providers use data to identify gaps in care and make practical changes that improve services. This system-level approach can help providers respond to public health challenges in rural communities and support better patient outcomes over time.

Program requirements and expectations

Projects funded through this program must meet all program requirements and expectations outlined in this section.

Clinical Health Service Focus Area

Projects are community driven and must focus on a key clinical health service to improve patient health outcomes, while targeting the unique health needs within your proposed service area. The health service could include care coordination, chronic disease management, integrating behavioral health services into primary care, or pulmonary or cardiac rehabilitation programs. If you are proposing a clinical health service area other than the four listed above, it must be one that aligns well with the goal of improving health outcomes with potential for sustained services once funding ends. Your project's primary focus area must be evident and clearly defined throughout your application, including your project work plan, budget and throughout your responses in the project narrative.

Although it is not a requirement, HRSA strongly encourages applicants to form a network. Meeting the needs of rural communities relies on expanding our partnerships, expanding the reach of our impact on rural communities.

Quality Improvement Strategies

Applicants are required to use an evidence-based model or promising practice to demonstrate impact by the end of the four-year period of performance.

Within your focus area(s), you must implement these three strategies over the 4-year project period:

1. Develop, enhance, and implement quality improvement strategies and train staff to create a sustained culture of quality improvement within the organization. This includes identifying the measures relevant to the clinical health service focus area identified to meaningfully assess care quality, health outcomes, access to services, and performance improvement in rural health care settings.
2. Strengthen data collection by using electronic health records, health information technology, artificial intelligence, and/or other technology tools .
3. Implement billing and coding strategies and training to drive increased revenue from the new or expanded services provided, with the goal of financial sustainability for these services.

Successful applicants include these strategies clearly in responses provided throughout the [project narrative](#) and evident throughout your application's proposed project [work plan](#) and [budget](#).

Data Reporting Requirements

All award recipients will be required to collect and submit data to HRSA after the end of each budget period (see [Appendix B](#)). Additionally, award recipients will be required to report cost-savings data cost savings calculator tool that will be provided on award. Award recipients will not be asked to report performance measures that have not completed an OMB Paperwork Reduction Act process.

Technical Assistance

All award recipients will receive technical assistance (TA) throughout the four-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 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

[Public Health Service Act, Title III, Section 330A\(g\) \(42 U.S.C. 254c\(g\)\)](#)

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

You cannot use funds:

- To build or acquire real property.
- For construction.
- To pay for equipment costs not directly related to the award.

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-26-046.

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

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

The webinar will be recorded.

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*?
<input type="checkbox"/> 1. Proof of Rural Eligibility	No
<input type="checkbox"/> 2. Proof of Non-profit or Public Status	No
<input type="checkbox"/> 3. Documentation from State Office of Rural Health	No
<input type="checkbox"/> 4. Work Plan	Yes
<input type="checkbox"/> 5. Project Organizational Chart	Yes
<input type="checkbox"/> 6. Key Personnel and Staffing	No
<input type="checkbox"/> 7. Biographical Sketches	Yes
<input type="checkbox"/> 8. Funding Preference Documentation	No
<input type="checkbox"/> 9. Multiple EIN Exception Request	No

<input type="checkbox"/> 10. Tribal EIN Exception Request	No
<input type="checkbox"/> 11. Prior Funding History	No
<input type="checkbox"/> 12. CMS Rural Health Transformation Program	No
<input type="checkbox"/> 13. Agreement with Other Entities	Yes
<input type="checkbox"/> 14. Letter from Urban Parent Organization	Yes
<input type="checkbox"/> 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

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 overall purpose of your project and what you hope to achieve.
 - Explain the [Clinical Health Service Focus Area](#) and your project goals.
- If applicable, describe any network partners and how they will contribute to the project.

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.

- Describe the target population and their unmet health needs.

- Use and cite any relevant available local, state, federal and/or national data or rankings in describing the needs of your proposed target population. If availability of data is limited to cite, indicate this and use alternative means to document how needs were assessed.
- Discuss the existing health care services available in or near the proposed service area.
- Discuss why the existing health care services do not sufficiently meet the needs of the service area or population and how the proposed services will address the gaps.
- Describe the community or organization’s needs related to the three [Quality Improvement Strategies](#).
- Discuss the staff training needed to improve quality data collection and analysis to demonstrate improved health outcomes.
- Discuss any relevant barriers in the service area related to access to care, care coordination, financial sustainability, or workforce shortages.

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 goals and objectives will meet the needs described in the [Needs Assessment](#) section.
- Discuss how you will develop, enhance, and implement [quality improvement strategies](#) and train staff to create a sustained culture of quality improvement within the organization.
 - Identify the quality improvement (QI) model or models you plan to use.
 - Describe how the model will help improve patient health and care delivery.
 - Explain how you will apply the model’s framework during the project.
- Explain how staff will be trained and what roles they will have in carrying out the model. Include network partner roles, as applicable.
 - Explain how your QI model aligns with relevant quality improvement initiatives, such as value-based care, as applicable.
- Describe how you will strengthen data collection (including using electronic health records, health information technology, artificial intelligence, and/or other technology tools).
 - Identify the tools that you can use to improve the data collection related to this project.
 - Discuss the staff training needs to ensure the tools are effectively used.
- Detail your plans to implement billing and coding strategies, software, and training to drive increased revenue from the new or expanded services provided, with the goal of financial sustainability for these services.
- Describe approaches for ongoing staff training, collaboration, and information sharing.
 - Describe how you will implement training over the 4 years of the project to align with the implementation of the three quality improvement strategies.

- Discuss how this training, collaboration, and information sharing will support the organization and cultural changes for program success.

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 4: Work Plan](#) that aligns with the requirements described here.

- Give an overview of the specific activities you will implement to achieve each of the [three quality improvement strategies](#) during the period of performance.
 - Provide a high-level timeline that includes when each planned activity will occur. As needed, identify how activities will inform or build on each other.
 - Identify which project role or organization (if more than one involved in the project) will lead each activity.
 - 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.

You will also include a more detailed work plan in [Attachment 4](#).

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 period.

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 and outcomes.

- **Outcomes.** Describe the expected outcomes (desired results) of the proposed project activities.
- **Performance measurement and reporting.**
 - Describe how you will collect and report required performance data accurately and on time, and include how you will work with network partners, if applicable.
 - Describe how you will coordinate, 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 to continually improve your program, including developing and implementing a monthly data dashboard to track quality measures related to your program.
- Describe how you will apply successful practices and lessons learned during the project period.

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

Sustainability

See merit review criterion 4: [Impact](#)

This section will help reviewers understand your plan to sustain key functions, activities, or services of the proposed project.

We expect you to sustain key project elements that improve practices and outcomes for the target population. Propose a plan for project sustainability after the period of federal funding ends.

- Describe how you will continue the project’s services and impact after HRSA funding ends, including:
 - Continuing the quality improvement strategies and staff education implemented as part of this program.
 - Continuity of the data tools and associated staff education.
- For financial sustainability, HRSA encourages you to focus on approaches that show value to public and private payers, including Medicare, Medicaid, tribal programs, and private insurers. As applicable, describe:
 - Medicare populations: How you will continue care for Medicare patients after the grant ends. You may use resources from the [RHIHub Care Management Guide](#), including resources on chronic care management.
 - Medicaid populations: How you will engage state Medicaid officials to explore whether your project activities align with state Medicaid value-based care efforts. Also consider fee-for-service Medicaid and Medicaid managed care. You may use the [Community Health Workers \(CHW\) Toolkit](#) and [Chronic Disease Prevention Toolkit](#), including resources on sustainable payment models and working with policymakers and payers.
 - Using payment and delivery models: How participation in value-based payment systems, shared savings programs, patient-centered medical homes, bundled payments, reduced readmissions penalties or other programs could support your project’s sustainability. You may use [Rural Health Value](#) resources for information and case studies on value-based care in rural communities.
- Discuss challenges that you will 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:
 - Structure, leadership, size of organization, and staffing.
 - Scope of relevant current and past activities.
 - Connection to and ability to serve the target population.
 - Ability to manage the project and associated 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.
- Include a project organizational chart in your [Attachment 5](#).

Key Personnel and Staffing

- Describe your plan to adequately staff the project.
 - Include details of each position in [Attachment 6](#).
 - For each staff member reflected in your staffing plan, provide a brief biographical sketch in [Attachment 7](#) that clearly demonstrates each staff member has appropriate experience for their role(s) on the project, including as related to the quality improvement, data systems implementation and billing and coding components of the project.
 - Identify a project director for your proposed project and describe how their allocated FTE allocation is sufficient to manage the project.
- Briefly describe how you will manage the project team and ensure work is done effectively and efficiently.
 - For positions that are currently vacant, describe your interim staffing plan for these positions, including your plan to quickly fill the position(s) if awarded.

Network Participants (if applicable)

- If you have organizations other than the lead applicant partnering in the project, give an overview of current or proposed network participants and your planned network structure. Describe why the network participants were selected and what each will contribute to the project, and how they will be engaged throughout the project.
- Include a letter of support from other organizational partners (not including the applicant organization) in [Attachment 13](#).

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:** Required allocation of travel funds for no less than one program staff per year to attend an annual one-and-a half-day technical assistance workshop and include the cost of this travel in your line-item budget. While the meeting location will be determined after funding is awarded, you can budget based on a meeting in Washington, DC. You can refer to the U.S. General Services Administration (GSA) per diem rates for FY 2026 to help determine estimated travel costs. [Per diem rates can be found on the GSA's website](#).
- **Equipment:** Equipment costs that exceed 5% of the total award amount may be considered unreasonable and unallowable.
- **Legal costs:** Legal costs that exceed 20% of the total award amount may be considered unreasonable and unallowable. Legal costs include services and activities such as consultations, 501(c)(3) application preparation, and development of articles of incorporation and by-laws.
- **Contractual:** Consistent [with 2 CFR 200.331](#), you must provide a clear explanation of the purpose of each contract, how the costs were estimated, and the specific contract deliverables.
- **Data collection:** Costs allocated to data collection must be commensurate with your organization's staffing capacity for sustainability and strategic planning.

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: Proof of Rural Eligibility

Applicant organizations and target service areas must be in counties and/or census tracts that are qualifying eligible [HRSA-designated rural areas](#). Include:

- Applicant organization:
 - State and County (if in a rural county) OR

- Census tract of the organization (if it is a rural census tract within an urban county).
- If the parent org is urban, make note and include the information of the rural organization that will lead the project.
- Service Area:
 - State and Count(ies).
 - Census tracts for any service areas within an urban county.

Attachment 2: Proof of non-profit or public status

Non-profit applicants must include a letter from the IRS or eligible state entity that provides documentation of nonprofit status. Public entities must include a statement of the type of public entity (state or local government). Refer to [Eligibility Information](#) for more information.

Attachment 3: Documentation from State Office of Rural Health

Include a copy of the [State Offices of Rural Health \(SORH\)](#)'s response to your letter or a letter/email you sent to the SORH notifying them of your intent to apply for the grant funding.

If you are an applicant from a U.S. territory, documentation of communication with a functional equivalent of a SORH should be provided. If your territory does not have the functional equivalent of a SORH, this requirement does not apply and you must state, in writing under this attachment that you are a U.S. territory that does not have a functional equivalent of a SORH to respond to documentation requested under this attachment.

Attachment 4: Work Plan

A Work Plan is required in addition to the project narrative work plan section. Your work plan attachment is expected to include the requirements outlined in this attachment and reflect consistency with your project narrative work plan section description.

Your work plan must:

- Outline the individual or organization responsible for carrying out each activity.
- Include a timeline for the period of performance. The minimum timeline increment is by quarter.
- Clearly evidence the [Clinical Health Service Focus Area](#) selected for your project.
- Clearly reflect the program's [three quality improvement strategies](#).

We recommend using a table format with these headings:

- Goals and objectives.
- Key action steps (including target population, as applicable).
- Activities.
- Outputs, data sources, and program assessment methods. These might include the direct products or deliverables of program activities and how you will assess them.
- Outcomes and measurements. These might include the result of a program, typically describing a change in people or system.
- Person and service area responsible.
- Performance period and completion date.

Attachment 5: Project Organizational Chart

Provide a one-page diagram that shows the full project's organizational structure.

Attachment 6: 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 program narrative and include:

- Name (if not yet 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.
- List of roles and responsibilities for the project.
- Timeline and process for hiring and onboarding, if applicable.

Attachment 7: Biographical Sketches

Key personnel are individuals who would 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, including the project director, you describe in [Attachment 6](#).

- Biographical sketches 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 8: Funding Preference Documentation

Provide documentation based on the funding preference you are requesting to be considered to qualify for, or if you are not requesting a preference.

- Refer to [funding preferences](#) to see whether you qualify and what information you need to include.
- We recommend that you use this statement:

“[Your organization name] qualifies for the [Name which funding preference(s) you qualify for] funding preference because [insert rationale here], for example, Applicant Organization Y is located in a designated HPSA.”
- If you are not requesting consideration for a funding preference, include a statement explicitly stating this.
- Applications that do not include documentation in this attachment for a qualifying funding preference will not be considered to receive a 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: Multiple 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. In response to growing trends towards consolidation within the rural health care industry, and the possibility that multiple organizations may share the same UEI and/or EIN with one parent organization, we may allow separate applications associated with a single UEI or EIN, if you provide the following to us in this attachment:

- Names, street addresses, EINs, and/or UEI numbers of your organizations.
- Name, street address, EIN, and/or UEI number of the parent organization.
- Names, titles, email addresses, and phone numbers for points of contact at each of your organizations and the parent organization.
- Proposed HRSA-26-046 service areas for each of your organizations.
- Assurance that the organizations will each be responsible for the planning, program management, financial management, and decision-making of their respective projects, independent of each other and the parent organization.
- Signatures from the points of contact at each of your organizations and the parent organization.

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

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

Attachment 10: Tribal EIN/UEI Exception Request

Submit only if applicable.

For tribal exceptions requests, include:

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

Attachment 11: Prior Funding History

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. For current funding, you must clearly explain how your

proposed HRSA-funded work through HRSA-26-046 funding is non-duplicative, coordinated and complementary to current federal grant funding.

Attachment 12: CMS Rural Health Transformation Program

Submit this attachment only if you 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 you participate in or benefit from. Clearly explain how the proposed HRSA-funded work is non-duplicative, coordinated, and complementary to the CMS-supported work.

Attachment 13: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you mention in your project narrative. If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. Make sure letters of agreement are signed and dated.

Attachment 14: Letter from Urban Parent Organization

Submit only if applicable.

Written assurance from the urban parent organization that the rural lead applicant organization under this program will not exert control over, or demand collaboration with the rural entity awarded under this program.

Attachment 15: Other relevant documents

You may use attachment 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

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed clinical service focus area, the quality improvement strategies you'll implement, and the population groups you plan to serve. When writing your summary:

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

Important: Public information

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

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

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

[See instructions and examples](#).

Step 4: Understand Review, Selection, and Award

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 1: Need (20 points)

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

The panel will review your application for how well it:

Introduction (5 points)

- Describes the overall purpose of the project, the Clinical Health Service Focus Area, and the project goals.
- Describes any network partners and how they will contribute to the project, if applicable.

Need (15 points)

- Describes the target population and their unmet health needs using relevant local, state, federal, national, or other available data. If availability of data is limited, alternative means to document are clearly explained.
- Describes the existing health care services available in or near the proposed service area.
- Clearly describes why the existing health care services do not sufficiently meet the needs of the service area or population and how the proposed services will address the gaps.
- Describes the community or organization's needs related to the three Quality Improvement Strategies.
- Identifies where staff training is needed to improve quality data collection and analysis to demonstrate improved health outcomes.
- Describes relevant barriers in the service area related to access to care, care coordination, financial sustainability, or workforce shortages.

Criterion 2: Response (25 points)

The panel will review your application for:

How well the application:

- Clearly describes goals and objectives that are connected to the needs described in the Needs Assessment section.
- Provides a clear plan to develop, enhance, and implement [quality improvement strategies](#).
- Describes a strong approach for strengthening data collection and staff training, including the use of electronic health records, health information technology, artificial intelligence, or other technology tools.
- Provides a detailed plan to implement billing and coding strategies, software, and staff training to increase revenue from new or expanded services and support financial sustainability.
- Describes approaches for ongoing staff training, collaboration, and information sharing over the 4-year period of performance.
- Provides a detailed, realistic, and effective work plan.
- Identifies appropriate project roles or organizations to lead planned activities.
- Describes realistic challenges and barriers that may occur during the project period and provides a strong plan to resolve them.
- Explains how the project will adapt to changes and new information gathered during the project period.

Criterion 3: Performance management (15 points)

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

The panel will review your application for how well it:

- Describes the overall approach and methodology to evaluate project results against goals and objectives and gain insights into program outcomes and impact.
- Describes the process to monitor and analyze performance data to continually improve your program, including developing and implementing a monthly data dashboard to track quality measures related to this program.
- Describes how the applicant will apply successful practices and lessons learned during the project period.
- Describes the outcomes and how they align with the proposed project activities, program purpose, and objectives.
- Describes how the applicant will collect and report required performance data accurately and on time, and work with network partners, if applicable.
- Describes the strategy to coordinate, manage and securely store data, including how the applicant will protect data against cybersecurity threats, breaches, or other loss of data integrity.

Criterion 4: Impact (15 points)

The panel will review your application for how well the application:

- Describes how the project’s services and impact will continue after HRSA funding ends, including:
 - Continuing the quality improvement strategies and staff education implemented as part of this program.
 - Continuity of the data tools and associated staff education.
- Describes an approach to sustainability that aligns with their Clinical Health Service Focus Area and their target population (Medicare or Medicaid or value-based care programs, or readmissions).
- Describes an approach to financial sustainability that aligns with the population group(s) served (Medicare, Medicaid, tribal programs, and private insurer).
- Describes how participation in value-based payment systems, shared savings programs, patient-centered medical homes, bundled payments, reduced readmissions penalties or other programs, as relevant could support project sustainability.
- Discusses potential challenges in sustaining the program and potential resolution of those challenges.

Criterion 5: Resources and capabilities (20 points)

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

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

- Your organization’s capabilities meet the needs of the project related to structure, leadership, and staffing.
- You show a meaningful connection to, and ability to serve, the target population.
- You describe how your organization can properly account for and manage federal funds.
- You provide a staffing plan which reflects skills related to quality improvement, data systems implementation and billing and coding components of the project.

- You identify a project director and describes how their allocated FTE allocation is sufficient to manage the project.
- You describe the management of the project team to ensure work is done effectively and efficiently, including an interim plan for any vacant positions, and a hiring timeline, if awarded.

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 the period of performance.
- Reasonable costs are, and how well they align with the project’s scope.
- Sufficient time is for key staff to spend on the project to achieve project objectives.

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

Risk review

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

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

We may ask you to submit additional information.

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

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

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

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- 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, if you serve medically underserved populations, or if you propose to develop projects with a focus on primary care, and wellness and prevention strategies.

If we determine that your application meets one of these criteria, we will move it up in our ranking of fundable applications. Qualifying for a funding preference does not guarantee that you will receive funding.

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

Funding preferences are either met or not met. Qualifying for more than one funding preference will not increase scoring.

To qualify for a funding preference, applicants must provide documentation indicated in [Attachment 8](#):

- Documentation must clearly indicate which funding preference(s) for which the applicant qualifies.
- If you do not qualify for a funding preference, it should be stated that you do not qualify in [Attachment 8](#).
- Applications that do not include documentation for a qualifying funding preference in [Attachment 8](#) will not be considered to receive the funding preference.

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 printout from the [HRSA Shortage Designation](#)

[website](#) which indicates if a particular address is located in a HPSA. The screenshot or printout should be included in [Attachment 8](#).

Qualification 2: Medically Underserved Community/Population (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](#).

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 description should be included in [Attachment 8](#).

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 08/06/2026, 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

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

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

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

Step 6: Learn What Happens After Award

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 an OMB Paperwork Reduction Act process.
- Sustainability Plan: The recipient must submit a sustainability plan which will be revisited and updated throughout the period of performance. The recipient will submit a final sustainability report in Year 4 of the period of performance. HRSA will provide more information following receipt of an award.
- 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.

Contacts and Support

Agency contacts

Program and eligibility

Kristin Martinsen
Federal Office of Rural Health Policy

Attn:
Small Health Care Provider Quality Improvement Program
Health Resources and Services Administration
kmartinsen@hrsa.gov
301-594-4438

Financial and budget

Eric Brown
Grants Management Specialist
Division of Grants Management Operations
Office of Financial Assistance and Acquisition Management (OFAAM)
Health Resources and Services Administration
EBrown@hrsa.gov
301-945-9844

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](#)
- [Rural Health Grants Eligibility Analyzer](#)

Appendices

Appendix A: Determining rural status

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

1. Rural Health Grants Eligibility Analyzer.

- The [Rural Health Grants Analyzer](#) identifies all counties and census tracts that are considered a HRSA-designated rural area as of Fiscal Year (FY) 2026.

2. List of formerly HRSA-designated rural census tracts.

There are 270 counties that had at least one census tract that changed status from rural to not rural after the latest rural definition update in September 2025. For the purposes of this FY 2026 NOFO, HRSA considers these areas eligible.

The table below lists the affected counties. If your county appears on the list, please refer to the [Formerly HRSA-designated Rural Census Tract](#) spreadsheet to determine whether your census tract is impacted. HRSA considers these areas eligible for the purposes of this FY 2026 NOFO.

While either some or all areas of these 270 counties will not appear as rural in the Rural Health Grants Eligibility Analyzer, if you identify that your census tract is on the list of Formerly HRSA-designated rural census tracts, that census tract will still qualify as a HRSA-designated rural area for Fiscal Year (FY) 2026.

List of counties with formerly HRSA-designated rural health census tracts

State	Counties
Alabama	Baldwin, Elmore, Lawrence, Limestone, Mobile, Morgan, St. Clair
Alaska	Fairbanks North Star Borough, Matanuska-Susitna Borough
Arizona	Cochise, Maricopa, Mohave, Pima, Pinal, Yavapai
Arkansas	Benton, Craighead, Lonoke
California	Butte, El Dorado, Fresno, Kern, Los Angeles, Madera, Merced, Monterey, Placer, Riverside, San Bernardino, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Shasta, Solano, Sonoma, Tulare, Ventura
Colorado	Adams, Broomfield, El Paso, Jefferson, Weld
Connecticut	Capitol Planning Region
Delaware	Kent
Florida	Hernando, Highlands, Lee, Marion, Miami-Dade, Nassau, Okaloosa, Osceola, Palm Beach, Polk, St. Lucie, Sumter, Volusia, Walton
Georgia	Bartow, Monroe, Peach, Walker, Walton
Hawaii	Honolulu, Maui
Idaho	Twin Falls
Illinois	Grundy, Kankakee, McHenry, Madison, Massac, Will, Woodford
Indiana	Elkhart, Porter, Posey, St. Joseph, Tipton
Kansas	Butler
Kentucky	Christian, Jessamine, Livingston, McCracken, Shelby
Louisiana	Ascension Parish, Assumption Parish, Caddo Parish, Calcasieu, Jefferson Parish, Livingston Parish, Plaquemines Parish, Rapides Parish, St. James Parish, Tangipahoa Parish, Vermilion Parish
Maine	Androscoggin, Penobscot

Maryland	Baltimore
Massachusetts	Barnstable, Suffolk
Michigan	Berrien, Calhoun, Cass, Grand Traverse, Ingham, Lapeer, Leelanau, Macomb, Monroe, Muskegon, Washtenaw, Wayne
State	Counties
Minnesota	Benton, Dakota, Houston
Missouri	Boone, Jasper
Montana	Gallatin, Lewis and Clark, Missoula
Nevada	Washoe
New Hampshire	Rockingham
New Jersey	Burlington, Cumberland, Ocean
New Mexico	San Juan, Valencia
New York	Bronx, Dutchess, Erie, Kings, Madison, Monroe, Niagara, Oneida, Onondaga, Orange, Oswego, Queens, Richmond, Suffolk, Ulster, Warren, Washington, Wayne
North Carolina	Chatham, Cumberland, Davie, Edgecombe, Franklin, Johnston, Mecklenburg, Moore, Pender, Wake, Wayne
North Dakota	Ward
Ohio	Belmont, Erie, Fairfield, Lawrence, Mahoning, Ottawa, Pickaway, Richland, Stark, Union, Wood
Oklahoma	Canadian, Creek, Garfield, Rogers
Oregon	Columbia, Deschutes, Lane, Linn, Marion, Multnomah, Washington
Pennsylvania	Armstrong, Beaver, Berks, Blair, Bucks, Cambria, Carbon, Centre, Delaware, Franklin, Lycoming, Northampton
South Carolina	Beaufort, Berkeley, Darlington, Dorchester, Edgefield, Horry, Lancaster, Laurens, York
South Dakota	Meade, Pennington, Union
Tennessee	Anderson, Blount, Carter, Jefferson, Madison, Maury, Robertson, Shelby, Unicoi, Wilson
Texas	Bell, Bowie, Brazos, Cameron, Chambers, Coryell, El Paso, Galveston, Gregg, Guadalupe, Hays, Liberty, Lubbock, Maverick, Medina, Midland, Nueces, Parker, Potter, Rusk, San Patricio, Taylor, Tom Green, Travis, Upshur, Victoria, Wichita
Utah	Salt Lake, Utah, Washington
Virginia	Amherst, Bedford, Campbell, Fairfax, Goochland, Henrico, Hopewell City

State	Counties
Washington	Cowlitz, King, Pierce, Snohomish, Whatcom, Yakima
West Virginia	Fayette, Kanawha, Raleigh
Wisconsin	Dane, Douglas, Eau Claire, Milwaukee
Wyoming	Laramie
Puerto Rico	Ceiba Municipio, Maunabo Municipio, San Juan Municipio

Appendix B: Performance Measures

The Small Health Care Provider Quality Improvement Program seeks to document and monitor programs on program goals through the collection of data from each aware recipient. HRSA will collect data on an annual basis.

Examples of data to be collected may include:

ACCESS TO CARE: Number of unique individuals from target population who received direct services, type of direct service encounters provided.

POPULATION DEMOGRAPHICS: Number of people served by sex, race, age group and insurance status/coverage.

SUSTAINABILITY: Sources of sustainability, additional program revenue and ratio for economic impact (use the HRSA's Economic Impact Analysis tool at <https://www.ruralhealthinfo.org/econtool> to calculate ratio).

NETWORK: Identify types and number of organizations in the network, if applicable

QUALITY IMPROVEMENT IMPLEMENTATION STRATEGIES: Health Technology, Patient Care / Service Delivery, Provider Performance, Quality Improvement Methodology, Organizational Positioning and Accreditation

UTILIZATION: Emergency department (ED) rate and 30- day hospital readmission rate

CLINICAL MEASURES: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, Comprehensive Diabetes Care, Body Mass Index (BMI) Screening and Follow-Up, Controlling High Blood Pressure, Tobacco Use: Screening & Cessation Intervention, Screening for Clinical Depression and Follow-Up Plan

OPTIONAL MEASURES: Weight Assessment and Counseling for Children/Adolescents, Alcohol and Other Drug (AOD) Dependence Treatment, Hospital-Wide All-Cause Unplanned Readmission, Medication Reconciliation Post Discharge, Chronic Obstructive Pulmonary Disease (COPD) Inhaled Bronchodilator Therapy