

Notice of Funding Opportunity

Application due 07/24/2026

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy








Community-Based Division

Rural Health Network Advancement Program

Opportunity number: HRSA-26-082



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Before you begin

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

SAM.gov registration (this can take several weeks)

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

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

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

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on 07/24/2026.



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

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



Step 1:

Review the Opportunity

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Basic information

Health Resources Services Administration

Federal Office of Rural Health Policy

Community-Based Division

Supporting integrated health care networks and improving the quality of basic health care services to strengthen rural health care systems.

Summary

The Rural Health Network Advancement Program (RH NAP) supports integrated health care networks that:

- Collaborate to achieve efficiencies.
- Expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes.
- Strengthen the rural health care system as a whole.

Funding details

Application Types: New

Expected total available funding in FY 2026: \$3,000,000

Expected number and type of awards: 6 grants

Funding range per award: Up to \$500,000

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.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:
Rural Health Network Advancement Program

Opportunity number:
HRSA-26-082

Announcement version:
Initial

Federal assistance listing:
93.912

Key dates

NOFO issue date:
06/24/2026

Informational webinar:
[See Webinar Section](#)

Application deadline:
07/24/2026

Expected award date:
08/01/2026

Expected start date:
09/30/2026

See [other submissions](#) for other time frames that may apply to this NOFO.

Eligibility

Types of eligible organizations

These types of domestic organizations may apply:

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Independent school districts.
- Public and State controlled institutions of higher education.
- Native American tribal governments (Federally recognized).
- Public housing authorities/Indian housing authorities.
- Native American tribal organizations (other than federally recognized tribal governments).
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education.
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education.
- Private institutions of higher education.
- For profit organizations other than small businesses.
- Small businesses.
- Others (see text field entitled “Additional Information on Eligibility” for clarification).
- Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled “Additional Information on Eligibility.”

Additional information on eligibility

Eligible applicants include domestic public or private, non-profit or for-profit entities including:

- Domestic faith-based and community-based organizations.
- Tribes and tribal organizations.
- Federally Qualified Health Centers (FQHCs).
- Community health centers.
- Rural Health Clinics (RHCs).
- Hospitals.
- Rural Emergency Hospitals (REH).

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

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

Applicants must meet all the requirements in the [eligibility](#) section, as well as the following additional criteria. If you do not meet all these requirements, it will have impacts on the eligibility and scoring of your application.

State Office of Rural Health

- You have consulted with your [State Office of Rural Health \(SORH\)](#) regarding your intent to apply to this program, as evidenced by required documentation provided under [Attachment 5: Documentation from State Office of Rural Health](#).
- If you are from the U.S. territories and do not have the functional equivalent of a SORH, you are still eligible to apply and document this by indicating your territory does not have a functional equivalent of a SORH under [Attachment 5](#) to complete documentation for requirement.

Non-duplication of federal funding

- To be eligible to receive a grant, the applicant may not previously have received an award (other than a grant for planning activities) for the same or a similar project under 42 U.S.C. 254c(f) (330A(f) of the Public Health Service Act).
- Funding under this program must be used for Rural Health Network Advancement Program (HRSA-26-082) activities that are clearly non-duplicative, coordinated and complementary of other federally funded activities.

- Failure to respond to non-duplication of federal funding information requested in [Attachment 10](#) may result in your application being marked ineligible.

Network requirements

For the purposes of this award, we define **networks** as a formal and legal organizational agreement among three or more separately owned [health care providers](#).

Health care providers refers to entities that provide or support the delivery of health care services.

Rural health networks are further defined as having a documented formal arrangement detailing how the network acts on behalf of its member hospitals and clinics.

Network members refers to the organizations within a network.

Eligible applicants must meet all network requirements detailed in this section. Failure to provide complete responses to all required network documentation may result in your application being marked ineligible.

These requirements include:

- You must represent a network composed of members (including the applicant organization) comprised of three or more [health care providers](#). This includes:
 - A minimum of 3 or more separately owned network members with their own EIN/UEI number, unless an [exception is requested](#).
 - The EIN/UEI number for applicant organization and each network member must be provided in required documentation under [Attachment 11](#).
- You must prove you have experience serving rural medically underserved populations.
 - This is evidenced by describing the buy-in from the rural community or communities your proposed project plans to serve in your responses throughout your [project narrative](#).
 - Your network will use award funds to serve only HRSA-designated rural areas, as evidenced in project narrative and [Attachment 6: Map of Service Area](#).
 - You clearly show your network meets all network composition requirements in your [project narrative](#) and [Attachment 7: Network Documentation and Attestation](#) provided in your application. Specifically, your network composition includes:
 1. **Existing governance structure:** Has an existing governance structure with a proven history of collaboration.

- Meeting this requirement is evidenced by providing the required network documentation and attestation.
 - This proves your network satisfies the network composition requirements requested in [Attachment 7: Network Documentation and Attestation](#).
2. **Rural network composition:** Represents a network comprised of at least 66% or two-thirds of network members directly involved in the implementation of the proposed project as physically located in a [HRSA designated rural area](#).
- Documentation providing the geographic location and service area for each network member directly involved in the proposed project must be provided under [Attachment 8](#).

The documentation required ensures that applicants prove that they are an established, functioning network with a history of collaboration and the legal and organizational structure necessary to achieve measurable advancement.

For rural health care entities seeking to become a rural health network, the [Rural Health Network Planning Program](#) (RHNP) can provide support to help hospitals and clinics take the initial steps toward that goal. The RHNP is a separate HRSA program and available regularly pending available budget. The Rural Health Network Advancement Program Notice of Funding Opportunity is focused on supporting existing networks already in operation and helping them evolve to the next logical step in their development.

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](#).
- Selects more than one funding track or submits multiple applications that select different funding tracks.

Application limits

Generally, you may not submit multiple applications under the same unique entity identifier (UEI) number or employer identification number (EIN). However, we recognize a trend toward consolidation within the rural health care industry and the possibility that multiple organizations may share the same UEI or EIN with their parent organization.

You may only submit multiple applications under the same UEI or EIN if each application proposes a distinct project. You must also submit [Attachment 11: EIN/UEI exception request](#) (if applicable) with your application. We will only review your last validated application for each distinct project before the deadline.

Single organizations (e.g., a parent organization/headquarters) may not apply more than once for this funding opportunity on behalf of its satellite offices.

If you provide insufficient information in [Attachment 11](#), or submit multiple applications that are nearly identical, we will only accept the last on-time submission associated with the EIN/UEI number. If you submit multiple applications that select different funding tracks, we will only accept the last on-time submission associated with the EIN/UEI number in this case as well.

Tribal exception

HRSA is aware that tribes and tribal organizations may not meet the EIN or UEI requirement of this NOFO. Tribes and tribal organizations that only have one EIN or UEI or cannot show that the network is composed of at least three unique entities may request a tribal exception. Applicants must request a tribal EIN exception in [Attachment 12: 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

Designed as a pilot program, RHNAP aims to provide startup funding to support existing Rural Health Networks. The goal is to expand and evolve their work to meet the growing needs of their rural member hospitals and clinics.

This NOFO provides support for Rural Health Networks to:

- Support the advancement of clinical service lines.
- Support operational integration to improve coordinated care delivery.
- Preserve access to essential services.
- Strengthen financial and workforce sustainability.

A key part of the RHNAP is to enhance network operations and financial viability in a structure that allows networks to maintain local autonomy and responsiveness to community needs.

RHNAP intends to support Rural Health Networks at their current stage of development and provides targeted support for their advancement towards sustainability.

You must show how RHNAP funding will serve as a catalyst for measurable advancement, clearly describing their current state, desired future state, and how RHNAP grant funds will bridge that gap to achieve meaningful progress in network integration, service delivery, and/or financial sustainability. Applications will be evaluated in the context of each network's current state of development.

RHNAP is a pilot program. Information learned from this initiative will inform future funding opportunities and guide FORHP's ongoing support to Rural Health Networks.

Funding opportunity goals

- Provide seed funding for networks to establish or strengthen clinical service lines to increase volume and revenue while also meeting local needs of the network's hospitals and or clinics.
- Provide funding for networks to expand operational services and infrastructure across network members to achieve economies of scale and bring efficiencies to the network's hospitals and clinics.
- Implement sustainable activities and services to improve the financial viability of the network and its hospital and clinics.

Background

In response to the growing pressures for expanded delivery of health care services in rural areas, the Rural Health Network Advancement Program aims to support existing Rural Health Networks in implementing projects that advance clinical or operational integration to improve coordinated care delivery, preserve access to essential services, and strengthen financial and workforce sustainability in rural areas.

For over three decades, Rural Health Networks have been and continue to be a vital strategy to address challenges rural health providers face in their respective communities, including workforce shortages, access issues, financial instability and limited economies of scale.^{[1],[2]} Since then, the rural health care landscape has continued to become more complex with increased administrative burden, payer complexity, and further capital constraints. According to a recent report from the HHS Assistant Secretary for Planning and Evaluation, rural hospitals face unique challenges that make them especially vulnerable to closure or conversion to outpatient-only facilities. While 8% of rural hospitals have closed or converted since 2010, only 3.5% of urban hospitals have done so during the same period.^[3]

Program requirements and expectations

You must meet all the requirements stated in the [Eligibility](#) and [Other Eligibility criteria](#) sections.

- You are also expected to meet all program requirements and expectations.
- Successful applicants clearly demonstrate responsiveness to the program requirements and expectations outlined in this section in responses provided in the application [project narrative](#).
- Failure to respond to these requirements will impact your application's score.

Funding Tracks

Through two funding track options, applicants are encouraged to focus on projects that:

- Advance coordination of rural health care delivery.
- Enhance the financial sustainability of Rural Health Networks.

You must select **one** of the two funding tracks to apply for the Rural Health Network Advancement Program. Funding track selection must be provided in your [Attachment 9: Funding Track Participation Statement](#).

If you select more than one funding track, you will be considered non-responsive to the NOFO and ineligible for review.

If you submit multiple applications that select different funding tracks, we will only accept the last on-time submission associated with the EIN/UEI number.

Track #1: Operational Track

Operational Track applicants can request up to \$500,000 a year, for the four-year period of performance.

Successful Operational Track applicants are expected to meet all [network composition requirements](#) and successfully respond to Operational Track requirements throughout the project narrative.

The Operational Track funds projects that improve the financial viability, efficiency, and infrastructure of rural networks through shared operational services and integration strategies.

Goals include:

- Demonstrating enhanced billing and revenue across member organizations.
- Shared savings.
- Demonstrated improvements in payer negotiation outcomes.

To accomplish Operational Track [goals](#), activities may include, but are not limited to:

- Development or expansion of centralized billing and coding infrastructure to increase revenue capture.
- Implementation of shared human resource or staffing models.
- Joint contracting with commercial or public payers to improve reimbursement rates.
- Establishment of data analytics platforms to:
 - Track service use.
 - Identify gaps.
 - Inform strategic planning efforts.
- Enhanced coordination across electronic health record platforms and support for health information exchange.
- Attainment of a Utilization Review Accreditation Commission (URAC) Certification, including a Clinically Integrated Network (CIN) Accreditation.
- Putting in place revenue cycle management strategies to enhance:
 - Billing accuracy.
 - Reimbursement processes.
 - Financial sustainability.

Track #2: Clinical Services Track

Clinical Services Track applicants can request up to \$500,000 a year, for the 4-year period of performance.

Successful Clinical Services Track applicants must meet all [network composition requirements](#) and successfully respond to Clinical Services Track requirements throughout the project narrative.

If you are selecting the clinical services track, you must also indicate your project's focus area under this track in [Attachment 9: Funding Track Participation Statement](#).

The Clinical Services Track funds projects that establish or strengthen clinical service lines, expand access to care, and improve clinical and financial sustainability. It is designed to enable networks to meet emerging needs through sustainable service expansion that can be sustained through future billing and reimbursement. Successful Clinical Service Track projects are representative of community needs and realistic for long-term service retention.

Clinical Services Track goals include:

- Increased patient volume.
- Increased service utilization.
- Improved quality measures.
- Improved health outcomes.
- New or sustained revenue streams for participating providers.
 - These should also meet quantified patient needs in the network's service area.

You should also seek to reduce patient bypass of patients traveling to other sources of distant care that could ideally be provided locally. [\[4\],\[5\],\[6\]](#)

To accomplish Clinical Services Track [goals](#), activities may include, but are not limited to:

- Establishing new clinical service lines.
 - These include but are not limited to service lines for behavioral health, oncology/infusion, cardiology, maternal health, pulmonary and cardiac rehabilitation.
- Expanding workforce capacity and acquiring resources necessary to establish or strengthen clinical service lines.
- Implementing evidence-based quality improvement initiatives.

- Establishing software and technology platforms that support care provision.
 - These include telehealth, electronic health records, or care coordination systems.
- Support for peer and affinity groups related to improving clinical services.
- Sharing of specialty clinical services through rotating specialists for member hospitals and clinics.

Aligning with HHS priorities

If applicable, applicants electing the operational track should note where their efforts align with HHS priorities related to participating in value-based care models.

If applicable, applicants selecting the Clinical Services Track should also note where their proposed activities align with HHS priorities including any:

- Focus on nutrition.
- Disease prevention.
- Fighting chronic disease
- Mental health.
- Expanding access to primary care.
- Strengthening services to tribes.

Program data collection

- Successful award recipients will be required to report measures to a centralized program outcomes reporting system.
- A final set of measures will be provided by FORHP post-award.
 - To help prepare for data collection, consider the draft measures included in [Appendix C](#).
- All recipients (Operational and Clinical Services Tracks) will work closely with technical assistance (TA) providers throughout the four-year period of performance. The targeted TA will assist award recipients with achieving desired project outcomes, sustainability, and strategic planning, and will ensure alignment of the awarded project with the RHNAP goals. The TA is provided to award recipients at no additional cost. If funded, award recipients will learn more about the targeted technical assistance and evaluation support.

Statutory authority

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

Award information

Funding policies and limitations

Changes in HHS regulations

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

Policies

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

General limitations

- For guidance on some types of costs we do not allow or restrict, see
 - Project Budget Information in Section 3.1. of the [Two-Tier Application Guide \[PDF\]](#).
 - [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
 - [Allowable and Unallowable Costs and Activities](#), in the HHS Grants Policy Statement.
- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For

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

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

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Get registered

SAM.gov

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

To register:

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

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

Once you register:

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

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

Grants.gov

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-082.

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

Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

Join the webinar

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



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



Step 3:

Build Your Application

In this step

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Application checklist

There are two types of forms in Grants.gov.

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

Make sure that you have everything you need to apply.

Narratives

Component	Grants.gov form	Included in page limit**?
<input type="checkbox"/> Project narrative	Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Budget Narrative Attachment form.	Yes

Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit**?
<input type="checkbox"/> 1. Work Plan	No
<input type="checkbox"/> 2. Staffing plan and job description	Yes
<input type="checkbox"/> 3. Biographical sketches	Yes
<input type="checkbox"/> 4. Funding preference documentation	No
<input type="checkbox"/> 5. Documentation from State Office of Rural Health	No
<input type="checkbox"/> 6. Map of service area	No
<input type="checkbox"/> 7. Network documentation and attestation	No
<input type="checkbox"/> 8. Network organizational chart	No
<input type="checkbox"/> 9. Funding track participation statement	No
<input type="checkbox"/> 10. Current and previous grants	Yes
<input type="checkbox"/> 11. EIN/UEI exception request	No

Component	Included in page limit*?
<input type="checkbox"/> 12. Tribal exception request	No
<input type="checkbox"/> 13.–15. Other relevant documents	Yes

Other required forms

Upload using each required form in Grants.gov.

Forms	Submission requirement
<input type="checkbox"/> Application for Federal Assistance (SF-424)	With application.
<input type="checkbox"/> Project/Performance Site Location(s)	With application.
<input type="checkbox"/> Project Abstract Summary form	With application.
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	With application
<input type="checkbox"/> Grants.gov Lobbying form	With application.
<input type="checkbox"/> 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: 60

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

Required format

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

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

File format: We only accept the following document formats:

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

Size: 12-point font

Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black

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

Alignment: Left

Headings: Bold all headings and align left.

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

Margins: 1-inch on all sides

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

Page numbering:

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

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

Project narrative

Introduction

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

- Describe the overall purpose of your project.
 - State the [selected funding track](#) (Operational Track or Clinical Services Track) you are applying for.
 - Explain how the project supports the goals of the Rural Health Network Advancement Program (RH NAP).
- Summarize the project's goals, objectives, and expected outcomes.
 - Explain how your activities will move the network forward in measurable ways based on its current stage of development.
- Describe the activities you plan to carry out. Explain how they will:
 - Advance or strengthen clinical service lines or operational integration.
 - Improve coordinated care of delivery and preserve access to essential services.
 - Strengthen financial and workforce sustainability in rural areas.
- If applicable, describe how the proposed project aligns with HHS priorities.

Need

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

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

- Describe the populations you will serve.
 - Complete responses address the collective rural populations served across the network and its hospitals and clinics.

- If possible, include demographic, geographic, or other relevant characteristics of the service area.
- Outline the community or network's needs you plan to address. Your response should explain:
 - The needs or challenges that led to the creation of the existing network that your proposed project seeks to advance and;
 - The key services, programs or functions the network currently provides to its hospital and clinics.
 - Clearly address what needs these services address.
- How funding through the relevant track will help the network in its ongoing evolution to meet the needs of patients in its collective service area.
- Describe any barriers in the service area related to access to care, care coordination, financial sustainability, or workforce sustainability. Explain how your project will help address them.

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](#), including the [funding track selection](#) described in this NOFO.

- Describe your network's readiness to advance clinical service lines or operational integration. Include information that position the network to successfully carry out the proposed project, such as:
 - Existing capacity.
 - Experience.
 - Partnerships.
 - Prior initiatives.
- Explain how the proposed approach will:
 - Address the needs identified in the [Need section](#).
 - Meet the [program requirements and expectations](#).
 - Include how the selected [funding track](#) informs the project's design, activities, and implementation strategy.
- Describe how the network will collaborate to carry out the proposed project activities. Include:
 - Roles and responsibilities.
 - How partners will coordinate.

- How you will communicate.
- How shared decision-making or accountability will be supported across hospitals and clinics.
- Include workforce development and organizational learning strategies for ongoing staff training, teamwork, and information sharing.
- Describe your network's approach and plan to sustain key project activities beyond the period of federal funding. We expect you to maintain key strategies or services and actions that have led to improved practices and outcomes for the target population.

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 work plan in table format in [Attachment 1: Work Plan](#) that aligns with the requirements described here.

- Describe your work plan, including how proposed activities will align with the project's purpose, goals, and objectives and support RHNAP goals. The description should include:
 - List the key activities you will carry out during the period of performance. Include a timeline for each activity. Show that your plan is realistic and achievable.
 - Identify who is responsible for each activity. Include key staff and network members. Clearly state who will oversee and carry out the work.
 - Explain how network members will work together to plan, design, and carry out the activities in the [workplan](#).
 - Identify the measures you will use to track progress for each activity. These may include process measures, outcome measures, or benchmarks. Explain how you will use them to monitor progress and determine whether you are meeting your objectives.
 - Describe the expected results of your activities. Explain how they will affect the target population, the network, and network members.
- Explain how you will share reports, products, and results. Include how you will communicate with network members and other key stakeholders.

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

Resolving challenges

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

This section will help reviewers understand how you will address anticipated challenges and barriers.

- You must discuss the following potential challenges and how you will resolve them:
 - Staff turnover/workforce instability.
 - How you will ensure smooth staff transitions and maintain operations if staff changes occur within the network or among network members.
 - Changes in policy, systems, or the operating environment that could affect project implementation.
 - Barriers to assessing network or project performance and your plan to address those barriers.
 - Challenges related to advancing or scaling network operations across multiple hospitals and clinics beyond the network's current operating stage.
 - Discuss any other potential challenges you anticipate and how you will resolve them, such as keeping network members and communities actively engaged.
 - Explain how you will ensure fair participation, shared decision-making, and continued engagement of rural partners and rural communities throughout the project period.

Program self-assessment

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 of the proposed project activities.
 - Explain how the results will advance clinical service lines or operational integration to:
 - Improve coordinated care delivery.
 - Preserve access to essential services.
 - Strengthen financial and workforce sustainability in rural areas.
- **Performance measurement and reporting**

- Describe your network's ability to collect, manage, and report required data.
- Describe the system and processes you will use to track performance and process or outcome measures, including:
 - How you will collect and manage data to ensure accurate and timely reporting.
- 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.
- **Program self-assessment**
 - Describe how you will evaluate the results of your project and monitor progress toward goals, objectives, and expected outcomes. Complete responses address the following:
 - The assessment questions, methods, data sources, and timeline you will use to assess project implementation and progress.
 - Anticipated challenges in assessing your project and how these challenges will be addressed.
 - How you will review findings during the project and use them to guide decisions and adjust activities, as needed.
 - How findings will be shared with network members and relevant stakeholders.
 - How you will assess whether information is being used effectively.
 - How you will apply successful practices or lessons learned across the network.

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

Sustainability

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

You must include and describe your sustainability plans in the project narrative.

For the purposes of RHNAP, sustainability refers to sustainability of the proposed projects under the [selected funding track](#).

You do not need to prove the sustainability of the rural health network itself. Funded applicants are presumed to be financially viable networks under the RHNAP funding opportunity.

This section will help reviewers understand your plan to sustain key functions, activities, or services of the proposed project, based on the funding track you selected.

Include:

- Describe how your network will document the value of your proposed project's selected funding track and services.
 - Your response should clearly explain how the network will address factors that affect the success of proposed intervention.
 - Focus on how you will sustain the funded activities and support the financial viability of the network and member hospitals and clinics after federal funding ends.
 - For projects proposed under the [Operational Track](#) selection, describe how proposed activities will result in either cost savings, efficiencies, or shared service(s) benefits to the network or member hospitals and clinics.
 - For projects proposed under the [Clinical Services Track](#) selection, describe how the proposed activities will be financially and operationally viable at the network level for member hospitals and clinics.
- The network's approach to sustainability planning over the four-year period of performance.
 - Align the plan with your proposed project intervention and selected funding track.
 - Explain how the network will assess and strengthen sustainability strategies at key milestones.
- Describe how achieving project goals will support the long-term sustainability of the proposed project.
 - Explain how this relates to your network's operational or clinical services, as based on your selected funding track.
- Describe how your proposed project will advance the sustainability of your network as a whole. Specifically:
 - For [Operational Track](#) projects, describe how either cost savings, efficiencies, or shared services generated through the proposed operational project will be maintained by the network and its hospitals and clinics.
 - For [Clinical Services Track](#) projects, describe how the proposed activities will generate ongoing revenue or cost offsets for the network and its hospitals and clinics that support continuation beyond the period of federal funding.
- Discuss any anticipated challenges you will likely encounter sustaining proposed project interventions based on your funding track selection.
 - Include how you will resolve these challenges.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

This section will help reviewers understand how you and your network have the resources, infrastructure and capabilities to carry out the proposed project and meet program requirements. Information provided should be consistent with documentation provided in referenced [attachments](#) and all [other eligibility criteria](#).

Include:

- Your network's organizational infrastructure and sustainability model, including:
 - Administrative and operational functions.
 - Current network-level staff.
 - Revenue streams and financial strategies that support ongoing network operations.
- How achieving the proposed project goals for your specific track will support your network's infrastructure and overall sustainability model. Specifically:
 - For proposed projects under the operational funding track selection, how your proposed operational initiative will create efficiencies that will support your network's infrastructure and overall sustainability model for the network and its hospitals and clinics.
 - For proposed project under the clinical services track selection, how your proposed clinical service lines will support your network's infrastructure and overall sustainability model for the network and its hospitals and clinics.
- Describe your network's organizational profile, network member profiles, key staff's experience, skills, and knowledge, as evidenced in [Attachment 2: Staffing plan and job descriptions](#) and [Attachment 8: Network Organizational Chart](#). Successful responses align with the list of biographical sketches of all key staff members provided in [Attachment 3: Key Biographical Sketches](#).
- Provide evidence proving you are a network, as requested in [Attachment 7: Network documentation and Attestation](#).
- Describe how network members will deliver services, contribute to the network, and meet the needs of the proposed project.
- Provide justification demonstrating the network's experience serving, or capacity to serve, rural medically underserved populations as described in [Attachment 8: Network Organizational Chart](#).

- Detail network members' expertise, addressing why each member is an appropriate collaborator on the proposed project. Your response should:
 - Include a description of each member's involvement, roles, responsibilities, contributions, and commitment to sustain project services and activities.
 - Provide details on how you will collaborate with faith-based and community-based social service organizations as members of the network.
 - Align with responses provided in [Attachment 8: Network Organizational Chart](#).
- Describe how your network's sustainability plan will show the network's organizational capacity to:
 - Maintain and carry out project activities.
 - Achieve RHNAP goals.
 - Sustain services and activities over time.
- Include how your proposed project, based on your proposed funding track selection will:
 - Advance your network's infrastructure.
 - Create efficiencies and operations for network members and its hospitals and clinics after federal funding ends.

Budget and budget narrative

See merit review criterion 6: [Support requested](#)

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

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

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

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

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).
- **Travel:** Allocate travel funds for up to two (2) program staff to attend an annual 2.5-day technical assistance workshop in Washington, DC and include the cost in this budget line item. To determine estimated travel costs to Washington, D.C., see the U.S. General Services Administration (GSA) [per diem rates](#) for FY 2026.
- **Contractual:** You are responsible for ensuring that your organization or institution an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts.
 - Consistent with 2 CFR 200, you must provide a clear explanation of the purpose of each contract, how the costs were estimated, and the specific contract deliverables.
- **Technology:** You may use no more than 60% of the award budget to purchase or upgrade electronic health record systems or other health information technology.
 - Any supplies equal to or exceeding \$10k should be listed as equipment.
 - If you propose to allocate 40%-60% of RHNAP funds towards technology, you must provide a clear and detailed justification in the [project narrative](#) and [budget narrative](#) demonstrating how funds will directly:

- Advance network initiatives.
- Generate measurable return on investment.
- Contribute to long-term financial sustainability.
- You may also upload an optional business model or business plan as an [Attachment 13-15 Other Relevant Documents](#).
- If your proposed project and budget include the maximum allowed cost for technology, you must clearly explain in the project and budget narrative how these investments will advance network initiatives and support a path to sustainability.
- **Budget for multi-year award:** You include a budget narrative for each year of the four-year period of performance submitted with your application.
 - Funding beyond the one-year budget period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.
 - If you propose a project for the **operational track**, you can apply for up to \$500,000 for each year of the four-year period of performance.
 - If you propose a project for the **clinical services track**, you can apply for up to \$500,000 for each year of the four-year period of performance.
- **Financial distribution:** You must include in the budget narrative how federal award funds will be distributed to network members.
 - Include how the flow of funding and decision-making authority will be handled among rural network members to best serve rural service areas.
- **Attachment 10:** You must also disclose whether you participate in, or benefit from, your state's CMS Rural Transformation Program in [Attachment 10](#). Funding under this program must be used for Rural Health Network Advancement Program (HRSA-26-082) activities that are clearly non-duplicative of other federally funded activities.

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

Attachments

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

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

Attachment 1: Work plan

Attach the project's work plan. Make sure it includes each year of the grant program's four-year period of performance and includes everything required in the [Project Narrative](#) section under [Work Plan](#) section. This attachment is required in addition to the Work Plan description included in the Project Narrative.

The work plan must:

- Identify the person responsible for each activity.
- Include a timeline for all four years of the period of performance. The minimum timeline increment is by quarter.

We recommend a table format and the sample headings outlined here:

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

Attachment 2: Staffing plan and job descriptions

See Section 3.1.7 of the [Application Guide \[PDF\]](#).

Include a staffing plan that shows the staff positions that will support the project, and key information about each. Justify your staffing choices, including their education and experience. Explain the requested level of effort (FTE) for each position and why that level of effort is needed. Successful staffing plans also:

- Identify a project director.
 - The project director will be responsible for project monitoring and carrying out award activities.
 - HRSA recommends supporting a project director with at least .25 FTE.
- Identify a network director.
 - The network director must be capable of overseeing the network's administrative, fiscal, and business operations.
 - HRSA strongly recommends supporting with at least .25 FTE.

For each key staff member, attach a one-page job description. It must include their:

- Role.
- Responsibilities
- Qualifications.

At the time of award, HRSA strongly encourages a minimum of .50 FTE is in place for management of the awarded project. A plan for interim staffing must be included for projects without this minimum staffing plan clearly in place.

Attachment 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in [Attachment 3](#).

Each biographical sketch should be no more than two pages.

- Do not include non-public, [personally identifiable information](#).
- If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Attachment 4: Funding preference documentation

Submit only if applicable.

Refer to [funding preferences](#) to see whether you qualify and what information you need to include.

We recommend that you use this statement:

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

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

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

Attachment 5: Documentation from State Office of Rural Health

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

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

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

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

Acceptable documentation of correspondence include:

- A letter or email your organization sent to the SORH or other appropriate State entity notifying them of your intent to apply and inviting their input
- A response or acknowledgement to a letter or email you sent to the SORH or other appropriate State entity confirming initial contact or that a discussion occurred
- If available, documentation summarizing consultation or feedback provided by the SORH or other appropriate State entity

Attachment 6: Map of service area

Include a legible map that clearly shows:

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

You must specify a target rural service area the proposed project will serve. Only counties or census tracts that are a [HRSA-designated rural area](#) are eligible.

Attachment 7: Network documentation and attestation

RHNAP's intent is to support existing Rural Health Networks that are prepared to use RHNAP funding as a catalyst to advance network operations and financial viability. The documentation required in Attachment 7 ensures that applicants prove that they are an established, functioning network with a history of collaboration and the legal and organizational structure necessary to achieve measurable advancement.

Provide any documents that prove your network's established, formal history.

To prove this, you must provide documentation from each of the following categories:

1. Financial records demonstrating network members' financial commitment to the network through dues or other obligations for no less than two years.
2. One document or record from the following list:
 - Tax ID documentation that includes the establishment of the network.
 - Documents demonstrating prior establishment to your Limited Liability Company (LLC).
 - IRS 990 form demonstrating prior revenue received from and for network members for no less than two years.

3. Network governance documents such as formal set of by-laws, records of attendance (i.e., board meeting minutes), previous strategic planning documents indicating an existing history of network collaboration, or articles of incorporation.
4. An attestation describing:
 - The documents you provided as evidence of a Rural Health Network.
 - The network's operational infrastructure, including current network staff (i.e., CEO or CFO), administrative functions, and revenue streams that support network operations.
 - How the documents and the network operational infrastructure description show you are a rural health network with the experience and capacity to lead advanced initiatives.
 - The attestation must be signed and dated by networks members, including the officers of the board or company.

If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of sub-recipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization.

Make sure any form of letters of agreement are signed and dated.

Attachment 8: Network organizational chart

Provide a two-page network organizational chart that visually communicates how decisions will be made and how communication among network members will flow.

- Describe the history of any collaborative activities carried out by the proposed network members.
- Describe the degree to which network members are ready to integrate their functions.
- Describe the degree of the network member's capacity to carry out and sustain program goals, and their demonstrated experience serving, or capacity to serve, rural medically underserved populations.

Provide a list of all network members that includes:

- The member's name and type (such as a community health center, hospital, or health department).
- The member's physical address. This will be the address used to determine qualifying eligible HRSA-designated rural status.

- Provide screenshots from the rural health grants eligibility analyzer for each organization to prove that at least 66% of network members are physically located in a qualifying eligible HRSA-designated rural area.
- If applicable, describe the network's composition as it relates to urban members.
 - Include how the network will ensure activities will primarily benefit rural patients within the collective network service area.
 - Name the key person from the network members who will be working on the program.
- Member's organization anticipated role, responsibility and contribution in the RHNAP program.
- EIN/UEI of each proposed network member, unless the applicant is a tribe or requests a multiple EIN exception.

Attachment 9: Funding track participation statement

Refer to [Funding Track Selection](#) under [program requirements and expectation](#) for more information.

Include a statement that indicates the funding track you are selecting for your application. Only one funding track selection will be considered out of the two available funding tracks:

- [Operational Track](#).
- [Clinical Services Track](#).

Please indicate your selection by including this statement:

- “[*Network Name*] is submitting an application for participation in the [insert name of track selection for your proposed project here].”

If you are selecting the clinical services track, you must also indicate your project's focus area under this track. Please indicate your Clinical Services track focus area using this statement:

- “The project will focus on [*indicate the focus area*].”

Aligning with HHS priorities

If applicable, applicants electing the operational track should note where their efforts align with HHS priorities related to participating in value-based care models in one to three sentences.

If applicable, applicants selecting the Clinical Services Track should also note where their proposed activities align with HHS priorities including any focus on nutrition,

disease prevention, fighting chronic disease, mental health, expanding access to primary care and strengthening services to tribes in one to three sentences.

Attachment 10: Current and previous grants

Submit only if applicable.

Provide a list of current and previous (within the last 5 years) federal grant awards.

- Include the dates of any prior award(s) received, the federal funding agency, and the grant number assigned to current or previous project(s).
- For current funding, you must clearly explain how your proposed HRSA-funded work through RHNAP (HRSA-26-082) funding is non-duplicative, coordinated and complementary to current federal grant funding.
- You must also disclose whether you participate in, or benefit from, your state's CMS Rural Transformation Program.
 - If yes, you must describe the CMS-supported activities.
 - You must also address how the proposed HRSA-funded work through RHNAP (HRSA-26-082) is non-duplicative, coordinated, and complementary to your state's CMS Rural Transformation Program.

Funding under this program must be used for Rural Health Network Advancement Program (HRSA-26-082) activities that are clearly non-duplicative of other federally funded activities. Failure to disclose and clearly explain how your proposed project will not duplicate current federal funding may result in your application being marked ineligible.

Attachment 11: EIN/UEI exception request

Submit only if applicable.

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

- Names, street addresses, EINs, and/or UEI numbers of your organizations.
- Name, street address, EIN, and/or UEI number of the parent organization.
- Names, titles, email addresses, and phone numbers for points of contact at each of your organizations and the parent organization.

Proposed HRSA-26-082 service areas for each of your member 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 member organizations and the parent organization.

A single organization or parent organization cannot submit multiple applications even if the projects are different. If the parent organization applies using the legal and/or “doing business as” name of the parent or satellite sites, for the purposes of this program, it is still considered an application submitted by the parent organization. Multiple applications are not allowed. Applications associated with the same UEI number or EIN should be independently developed and written. We reserve the right to deny this request if you provide insufficient information or if we receive nearly identical application content from organizations using the same EIN or UEI.

Attachment 12: Tribal exception request

Submit only if applicable.

For Tribal exceptions requests, include:

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

Attachment 13-15: Other relevant documents

You may use attachments 13 through 15 to add other relevant documents.

Other required forms

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

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

Form instructions

The application guide has detailed instructions for:

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

Project abstract summary form instructions

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see Section 3.1.2 of the [Application Guide \[PDF\]](#).

Important: Public information

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

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

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

[See instructions and examples.](#)



Step 4: Understand Review, Selection, and Award

In this step

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Application review

Initial review

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

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

Merit review

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

Criterion	Total number of points = 100
1. Need	10 points
2. Response	20 points
3. Performance reporting and evaluation	10 points
4. Impact	10 points
5. Resources and capabilities	40 points
6. Support requested	10 points

Criterion 1: Need (10 points)

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

The panel will review your application for how well it:

Introduction (5 points)

- Describes the purpose of the proposed project, including the selected funding track, clear goals, objectives, and expected outcomes. If applicable, how the proposed project aligns with HHS priorities.
- Explains how the proposed project will advance clinical service lines or operational integration to:
 - Improve coordinated care delivery.

- Preserve access to essential services.
- Strengthen financial and workforce sustainability in rural areas.

Need (5 points)

- Describes the populations to be served, including the collective rural populations served across the network and member hospital and clinics.
- Identifies and explains the community or network needs the proposed project seeks to address. This includes:
 - The needs or challenges that led to the formation of the existing network.
 - The key services, programs, or functions the network is currently providing in addressing those needs.
 - How this funding would support the network's next phase of growth and evolution.
- Discusses relevant barriers to access, coordination, or sustainability in the service area that the proposed project intends to address.
- Uses and appropriately cites demographic, geographic, or relevant data to support the identified needs of the target population and service area, where applicable.

Criterion 2: Response (20 points)

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

The panel will review your application for:

Approach (10 points)

- How well the application clearly describes the network's readiness to advance clinical service lines or operational integration to:
 - Improve coordinated care delivery.
 - Preserve access to essential services.
 - Strengthen financial and workforce sustainability in rural areas.
- How well the application explains how the proposed approach will address the needs identified in the Need section and meet RHANP requirements and expectations. This includes how the selected funding track shapes the project's design, activities, and implementation strategy.
- The extent to which the application clearly describes how the network will work together to carry out project activities. This includes defined roles, coordination

and communication processes, and how shared decision-making and accountability will be supported across participating hospitals and clinics.

- The extent to which the application provides clear and feasible strategies for workforce development and organizational learning, including on-going staff training, teamwork, and information sharing.
- How clear the applicant describes an approach and plan to sustain key project activities beyond the period of federal funding.
 - This includes key strategies or services that will lead to improved practices and outcomes for the target population.

Work plan (5 points)

How effectively and clearly the work plan:

- Describes the project's purpose, goals, objectives and key activities.
- Presents a realistic and feasible timeline for carrying out activities during the project period.
- Identifies individuals or entities responsible for overseeing each activity being carried out.
- Describes collaboration among network members to plan, design, and carry out project activities.
- Identifies performance measures, process or outcome measures, or benchmarks to monitor progress toward project objectives.
- Describes expected results, outcomes, or impact of the proposed activities on the target population, the overall network, and its hospitals and clinics.
- Describes a plan for disseminating reports, products, or project outcomes to network members and relevant stakeholders.
- Includes a more detailed work plan in [Attachment 1: Work Plan](#).

Resolving challenges (5 points)

- How well the application clearly identifies anticipated challenges or barriers to carrying out the proposed project and provides specific, feasible strategies for addressing those challenges.
- How well the application addresses challenges related to workforce stability, policy or environmental changes, performance measurement, or scaling network activities, as applicable.
- How well the application demonstrates planning to maintain engagement and fair participation of network member and rural services areas throughout the project period.

Criterion 3: Performance reporting and evaluation (10 points)

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

The panel will review your application for:

Evaluation

Program self-assessment (5 points)

How well the application:

- Describes the network's approach to assessing project performance and outcomes, including:
 - Assessment questions.
 - Methods.
 - Data sources.
 - Timeline for evaluating the program.
- Identifies anticipated challenges in assessing project performance and clearly explains how the network will address or mitigate those challenges.
- Describes how assessment findings will be reviewed and used during the project period to inform ongoing decision-making, adjustments to project activities, and continuous improvement, as appropriate.
- Describes how results and lessons learned will be shared with the network members and relevant stakeholders, and how successful practices may be incorporated, adopted, or scaled within the network or across member hospitals and clinics, as appropriate.

Performance measurement (5 points)

The extent to which the application:

- Clearly describes the expected outcomes of the funded activities and how these outcomes will advance clinical service lines or operational integration to improve coordinated care delivery, preserve access to essential services, and strengthen financial and workforce sustainability in rural areas.
- Proves the network's capacity to collect, contribute, and report required data.
- Describes the systems and processes that will be used to track performance and process or outcome measures, including how data will be collected, managed, and reported accurately and on time.

- Describes how data will be coordinated, managed, and securely stored, including how data will be tracked across systems and protected against cybersecurity threats, breaches, or other risks to data integrity.

Criterion 4: Impact (10 points)

See the project narrative [High-level work plan](#) and [Sustainability](#) sections.

The panel will review the extent to which the application:

- Shows that the proposed project is likely to have a positive impact on the network, network members, and the rural communities served, respective to the selected funding track.
- Shows that the proposed project activities and work plan are likely to improve clinical service delivery or operational integration, including improvements in coordinated care delivery, access to essential services, efficiency, or workforce and financial sustainability, as applicable.
- Describes the anticipated outcomes and benefits of the proposed project and how those outcomes are expected to contribute to improved practices or services within the network and its members.
- Shows the likelihood that key project activities or services will be sustained beyond the period of federal funding, consistent with the sustainability approach described in the sustainability section.
- Shows consideration of challenges to achieving and sustaining project impact and includes feasible strategies to address those challenges.

Criterion 5: Resources and capabilities (40 points)

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

The panel will review your application to determine the extent to which the applicant network demonstrates the organizational capacity, infrastructure, leadership, and expertise necessary to successfully carry out the proposed project and meet RHNAP program requirements.

Organizational capacity and network infrastructure (20 points)

The extent to which the application:

- Proves that the network's organizational profile and operating model reflect sufficient maturity and capacity to support the scope, complexity, and scale of the proposed project.
- Describes the network's organizational infrastructure, including administrative and operational functions, governance or management structures, and current network-level staffing that support effective project oversight and implementation.
- Describes revenue streams and financial strategies that support ongoing network operations, demonstrating baseline financial viability independent of the proposed project.
- Proves experience serving, or clear capacity to serve, rural medically underserved populations, consistent with the network's service area and composition.
- Shows the network's capacity to manage and oversee project activities, including coordination across multiple network members and accountability for performance, reporting, and compliance.
- Provides documentation proving you are a network, as requested in [Attachment 7: Network documentation and Attestation](#).

Network member expertise and collaboration capacity (10 points)

The extent to which the application:

- Describes the expertise, roles, and contributions of each network member, and explains why each member is an appropriate and necessary collaborator for the proposed project.
- Defines member involvement, responsibilities, and commitments, including contributions to carrying out and supporting project activities throughout the period of performance.
- Demonstrates that network members have the capacity to deliver services, contribute to shared activities, and meet the needs of the proposed project, consistent with their roles.
- Includes a clear and appropriate strategy for distributing award funds to network members, aligned with roles, responsibilities, and proposed activities.

Leadership, staffing, and management capacity (10 points)

The extent to which the application:

- Identifies a Network Director and a Project Director, and demonstrates that these individuals have appropriate experience, authority, and capacity to manage a multi-member network project.
- Demonstrates that key staff have the experience, skills, and qualifications necessary to carry out the proposed project.
- Provides clear evidence of adequate staffing and management structures, as demonstrated through required attachments including:
 - A list of and description of all key staff members conducting activities within this program, including the project director and network director, as requested in [Attachment 2: Staffing plan and job descriptions](#).
 - Biographical sketches of all key staff members, as requested in [Attachment 3: Biographical Sketches](#).
 - An organization chart in [Attachment 8: Network Organizational Chart](#).
- Demonstrates the network's capacity to oversee federal funds responsibly, including financial management, internal controls, and coordination across network members.

Criterion 6: Support requested (10 points)

See the [Budget and budget narrative](#) section.

The panel will review your application to determine:

- How appropriate and well-defined the distribution of funds to network members is, including how funding flows, fiscal oversight, and decision-making authority is managed among rural network members to serve rural service areas.
- Demonstrates that the requested technology-related costs are necessary and appropriate to address needs in infrastructure or capacity that directly affect implementation of the proposed project, such as data collection, care coordination, analytics, or operational integration, as applicable to the selected funding track.
- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.

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

Risk review

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

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

We may ask you to submit additional information.

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

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

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

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- [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, and 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.

You cannot appeal a denial, or the amount of funds awarded. Additionally, we may not make an award if you are delinquent on two or more Single Audit Report.

Funding preferences

This program includes funding preferences, based on 42 U.S.C. 254c(h)(3). If we determine that your application meets 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.

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 4](#):

- 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 4.
- Applications that do not include documentation for a qualifying funding preference in [Attachment 4](#) will not be considered to receive the funding preference.

HRSA staff will review all applications for this funding preference and will apply it to any qualified applicant that demonstrates they meet the criteria for one of the three available preference qualifications.

Qualifications to meet the funding preferences:

- **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 4](#).

- **Qualification 2:** Medically Underserved Community/Populations (MUC/MUPs)

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 4](#).

- **Qualification 3:** Focus on Primary Care, and Wellness and Prevention Strategies

You can request funding preference if:

- You can qualify for this qualification if your project focuses on primary care and wellness and prevention strategies. You must include a brief justification describing how your project focuses on primary care and wellness and prevention strategies. The description should be included in [Attachment 4](#).

Award notices

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

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



Step 5: Submit Your Application

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Application submission and deadlines

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

Application deadline

You must submit your application by 07/24/2026, at 11:59 p.m. ET.

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

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

Submission method

Grants.gov

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

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

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

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



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

Other submissions

Intergovernmental review

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

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

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



Step 6: Learn What Happens After Award

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Post-award requirements and administration

Administrative and national policy requirements

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

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

Required alignment with HRSA mission and strategic priorities

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

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

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

for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

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

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

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

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

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

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

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

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

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

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

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

Promoting public safety, lawful use of federal funds, and national health priorities:

To the extent permitted by law, HRSA will align funding with administration priorities by:

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

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

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

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

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

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

Cybersecurity

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

Successful applicants under this NOFO agree that:

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

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

Reporting

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

You must also follow these program-specific reporting requirements:

- Progress report(s) each year
- Annual performance reports.
- **Sustainability Plan.** The recipient must submit a sustainability plan, which will be revisited and updated throughout the period of the performance. The recipient will submit a final sustainability report in Year 4 of the period of performance. HRSA will provide more information following receipt of an award.
- **Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.
- **Program Performance Measures.** The recipient must submit performance measures report for each budget period in a centralized program outcomes reporting system. The NOA will provide details.
- **Annual Progress Report(s).** The Annual Progress Reports will be used to demonstrate the award recipient’s progress on activities within the year. The NOA will provide details. This should include details summarizing the effectiveness of the program and program outcomes.
- **Final Program Report.** The recipient must submit a Final Program Report to us within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the [EHBs section](#) of HRSA website. The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. The NOA will provide details.
- **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS), as 45 CFR part 75 Appendix I, F.3. and 45 CFR part 75 Appendix XII require.
- **Long-term Plan:** Awardees must submit a long-term plan outlining how the pilot program will continue (or be responsibly phased out) after federal funding ends, including any leveraging of non-federal resources. This plan will be evaluated during the Year 1 review.
-



Contacts and Support

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Agency contacts

Program and eligibility

Maribel Nunez

Public Health Analyst

Community-Based Division

Federal Office of Rural Health Policy

Attn: Rural Health Network Advancement Program

Health Resources and Services Administration

mnunez@hrsa.gov

301-443-0466

Financial and budget

Hyemi Donaldson

Grants Management Specialist

Division of Grants Management Operations

Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

HDonaldson@hrsa.gov

301-945-3051

HRSA contact center

Open Monday through Friday, 7 a.m. to 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Help with systems

Grants.gov

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

SAM.gov

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

Helpful websites

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

Appendices

Appendix A: Rural Health Network Advancement Program (RH NAP) program definitions

For the purpose of this notice of funding opportunity, the following terms are defined:

Budget Period – An interval of time into which the period of performance is divided for budgetary and funding purposes.

Direct Services – A documented interaction between a patient/client and a clinical or non-clinical health professional that has been funded with this grant.

Equipment – Tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$10,000. See 200 CFR 200.1.

Governing Board – A nonprofit board made up primarily of representatives of the network member organizations, to ensure they control decisions regarding network activities, programmatic decisions, and finances. The body should include representation from all network member organizations. An already-existing nonprofit board of individuals convened for providing oversight to a single organization is not an appropriate board structure.

Health Care Provider – Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community health centers, federally-qualified health centers, tribal health programs, churches, and civic organizations that are/will be providing health related services.

Health Information Technology – The electronic storage of records, electronic billing, electronic ordering of tests and procedures, and even a shared, interoperable network to allow providers to communicate with one another.

Integrated Rural Health Network – A formal organizational arrangement among at least three separately owned health care providers or other entities that provide or support the delivery of health care services. The purpose of an Integrated Rural Health Network is to foster collaboration and integration of functions among network members to strengthen the rural health care system.

Local Control – The ability to include and/or engage rural entities to participate in shared decision making that will improve the health and well-being of the citizens in the local rural community.

Memorandum of Agreement – The Memorandum of Agreement (MOA) is a written document that must be signed by all network member CEOs, Board Chairs or tribal authorities to signify their formal commitment as network member organizations. An acceptable MOA must describe the network purpose and activities in general; member responsibilities in terms of: financial contributions, participation, voting and benefits, officers and terms, committees, staff and resources, frequency of meetings; and endorsements of members.

Network Director – An individual designated by the award recipient institution to direct the project or program being supported by the award. The network director is responsible and accountable to the recipient organization officials for the proper conduct of the project or program. The entity (organization) is, in turn, legally responsible and accountable to HRSA and HHS for the performance and financial aspects of the award-supported activity. The interim network director may be employed by or under contract to the award recipient organization. The permanent network director may be under contract to the award recipient and the contractual agreement must be explained.

Period of Performance – The time during which the non-Federal entity may incur new obligations to carry out the work authorized under the Federal award. The Federal awarding agency or pass-through entity must include start and end dates of the period of performance in the Federal award (see §§ 2 CFR 200.211; 200.332).

Project – All proposed activities specified in an award application as approved for funding.

Recipient – An entity, usually but not limited to non-federal entities, that receives a federal award directly from a federal awarding agency to carry out an activity under a federal program. The term recipient does not include subrecipients.

Rural Hospital – Any short-term, general, acute, non-federal hospital that is not located in a metropolitan county, is located in a RUCA type 4 or higher, or is a Critical Access Hospital.

Telehealth – The use of electronic information and telecommunications technologies to support remote clinical services and remote non-clinical services.

1. **Telecommunication technologies** include but are not limited to: mobile health, video conferencing (with or without video), digital photography, store-and-forward/asynchronous imaging, streaming media, wireless communication, telephone calls, remote patient monitoring through electronic devices such as wearables, mobile devices, smartphone apps; internet-enabled computers,

specialty portals or platforms that enable secure electronic messaging and/or audio or video communication between providers or staff and patients not including EMR/EHR systems.

2. **Remote clinical services** include but are not limited to: telemedicine, physician consulting, screening and intake, diagnosis and monitoring, treatment and prevention, patient and professional health-related education, and other medical decisions or services for a patient.
3. **Remote non-clinical services** include but are not limited to: provider and health professionals training, research and evaluation, the continuation of medical education, online information and education resources, individual mentoring and instruction, health care administration including video conferences for managers of integrated health systems, utilization and quality monitoring.

NOTE: if a telecommunication technology, remote clinical or remote non-clinical service is missing, please reach out to HRSA for further clarification.

Tribal Government – Includes all federally-recognized tribes and state-recognized tribes.

Tribal Organization – Includes an entity authorized by a tribal government or consortia of tribal governments.

Appendix B: Determining rural status

For the purposes of this NOFO, to determine if a county or census tract is a qualifying [HRSA-designated rural area](#) visit the [Rural Health Grants Eligibility Analyzer](#).

- The Rural Health Grants Eligibility Analyzer identifies all counties and census tracts that are considered a HRSA-designated rural area as of Fiscal Year (FY) 26.

Appendix C: Performance measures

The Rural Health Network Advancement Program seeks to document and monitor progress on program goals through the collection of data from each award recipient and their network members. Award recipients will work with a HRSA-funded data support provider to collect data from network partners and report data on a regular basis throughout the course of the program as determined by FORHP.

The purpose of the data collection and report is for the network and the HRSA-funded Data Support Provider to inform progress on the work plan.

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

- Number and name of counties served in project.
- Number of people in the target population.
- Number of benefits that have strengthened collaboration among network members (i.e. increased shared savings, increased shared contracting, increased joint-decision making).
- Number of improved financial metrics across network members (i.e., improved reimbursement rates, new revenue streams, reduced operating costs).
- Progress toward or attainment of Clinically Integrated Network/ Utilization Review Accreditation Commission.
- Number of service gaps identified through data analysis.
- Number of new clinical service lines.
- Number of expanded clinical service lines.
- Number of new patient visits.

Please note that these are examples of the data elements that award recipients may be expected to collect and report; the final list of required data elements may differ from the list above. Additional information will be provided by the Federal Office of Rural Health Policy.

Endnotes

1. National Cooperative of Health Networks Association. What is a Rural Health Network?
<https://www.nchn.org/site/what-are-health-networks> ↑
2. HRSA FORHP Internal Summary of Rural Health Networks Across Four Decades. March 2025 ↑
3. Volkov, E., Ghosh, K., Sheingold, S., and Bai, G. Determinants of Rural Hospital Closures or Conversions in the United States. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. May 2026.