

Notice of Funding Opportunity

Application due 07/08/2026

HRSA

Health Resources & Services Administration








Federal Office of Rural Health Policy

Rural Community Health Support Program

Opportunity number: HRSA-26-083



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Before you begin

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

SAM.gov registration (this can take several weeks)

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

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

Grants.gov registration (this can take several days)

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

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

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on 07/08/2026.



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

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

court orders.



Step 1:

Review the Opportunity

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Basic information

Health Resources and Services Administration

Federal Office of Rural Health Policy

Developing, delivering, and coordinating nationally available technical assistance (TA) that supports community organizations and rural health stakeholders serving rural populations.

Summary

The purpose of the Rural Community Health Support Program (R-CHSP) cooperative agreement is to develop, deliver, and coordinate nationally available technical assistance (TA) that supports community organizations and rural health stakeholders serving rural populations.

Funding details

Application types: New

Expected total available funding in FY2026: \$4,500,000

Expected number and type of awards: 1 cooperative agreement

Funding range per award: Up to \$4,500,000

We plan to fund awards in three budget periods for a period of performance from 09/01/2026 to 08/31/2029.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:
Rural Community Health Support Program

Opportunity number:
HRSA-26-083

Announcement version:
Initial

Federal assistance listing:
93.912

Key dates

NOFO issue date:
06/05/2026

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

Application deadline:
07/08/2026

Expected award date:
09/01/2026

Expected start date:
09/01/2026

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

All domestic public or private, non-profit or for-profit entities including domestic faith-based and community-based organizations, tribes and tribal organizations.

Individuals are not eligible applicants under this NOFO.

This section outlines other eligibility requirements for successful award recipients of this cooperative agreement. Failure to adequately respond to the requirements in this section may result in your application being marked ineligible. These include:

Rural Communities

Successful award recipients are expected to deliver technical assistance (TA) that improves health care access, care delivery and health outcomes for [rural populations](#) nationally.

This should be demonstrated by experience and expertise documented in responses provided under the [project narrative section](#) of this notice.

This includes expectations that:

- You will deliver TA to key rural health stakeholders, which includes community-based organizations and other relevant rural stakeholders serving rural populations. This also includes rural health care organizations, rural health networks, tribal organizations and other rural health care providers, among others.
 - This also includes current and future applicants and recipients of FORHP community-based programs, particularly for the Outreach Program ([Outreach](#)).
- TA will be delivered to rural audiences across local, multi-state, and regional settings in rural areas located in the continental U.S. and U.S. territories.
- TA is provided exclusively to communities located in [HRSA-eligible rural counties or rural census tracts](#).

Partnerships

You have in place, at the time of the award, partnerships that effectively:

- Contributes to a broad range of expertise and experience (subject matter experts) providing TA to rural communities.
- Supports a wide range of [rural community health-related needs](#).
- Carry out the full range of [program requirements and expectations](#), [roles and responsibilities](#) and [program goals](#) outlined in this notice.
- Maintains identified partner collaborations throughout the duration of the award.
- Helps collaborations at the local, regional, state, and national levels to share information and best practices that improve health care services and outcomes in rural communities.

The successful recipient clearly shows these requirements are met in responses provided throughout the project narrative and documentation provided under [Attachment 8](#) and [Attachment 5](#).

Evidence-Informed

The recipient has had direct prior experience delivering TA based on evidence-informed strategies to improve health outcomes, strengthen rural healthcare networks, and improve the access to and delivery of quality healthcare services in rural communities across a wide range of healthcare topics and rural healthcare organizations. For example, topics may include chronic disease management, telehealth/telemedicine, maternal health, mental health, disease prevention, workforce development, and board development (see [Appendix A](#) for some topic examples), among others.

This includes:

- Delivering TA to a wide range of community-based organizations and rural health stakeholders serving rural populations. This includes FORHP community-based award recipients and potential applicants that would benefit from FORHP community-based programs.
- Development of evidence-based tools and best practice models specifically designed for dissemination to community-based organizations and other rural health stakeholders serving rural populations nationwide.
- Identification and analysis of successful rural community health initiatives to help develop best practices models and strategies for TA tools and resources.

You must clearly show a successful history of evidence-informed experience and results by providing technical assistance to community-based organizations and other relevant rural stakeholders serving rural communities in responses provided throughout the [project narrative](#) and [Attachment 5](#).

Non-duplication of federal funding

Funding under this program must be used for Rural Community Health Support Program (HRSA-26-083) activities that are clearly non-duplicative, coordinated or complementary of other federally funded activities. You must complete responses to the non-duplication of federal funding information requested in [Attachment 9](#).

Completeness and responsiveness criteria

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

Program description

Purpose

The purpose of the Rural Community Health Support Program (R-CHSP) cooperative agreement is to develop, deliver, and coordinate nationally available technical assistance (TA) that supports community-based organizations and rural health stakeholders serving rural populations.

The aim is to improve and expand healthcare access for rural communities with a focus on:

- Supporting a full range of healthcare delivery in rural communities.
- Improving chronic disease management, nutrition, and preventive services.
- Helping organizations to work better and provide higher quality care.
- Addressing emergent public health needs and priorities.

You will provide TA to a wide range of rural community-based organizations and other relevant rural stakeholders serving rural populations. This includes Federal Office of Rural Health Policy (FORHP) community-based award recipients. It also includes potential applicants that would benefit from FORHP community-based programs.

Funding opportunity goals

- Increase access to and delivery of rural health care services by providing targeted, nationally available TA to community-based organizations and other relevant rural stakeholders serving rural populations, with a focus on current and future FORHP community-based awardees.
- Help R-CHSP TA recipients successfully address their unique unmet community needs through the development and implementation of adaptive TA models.
- Develop and share effective and usable evidence-based and best practice resources, models, tools and information, including information about rural health federal funding opportunities, for use by TA recipients serving rural populations.
- Facilitate collaboration across local, regional, state, and national levels to enhance the exchange of information and best practices that strengthen sustainable health care services and improve health outcomes in rural communities.

Background

The Department of Health and Human Services (HHS) is dedicated to improving the health and well-being of all Americans. This aligns with the HHS Secretary's Make America Healthy Again (MAHA) priorities, which focus on addressing the root causes of America's health crisis through preventing and managing chronic disease for children, adults, and older adults across the United States.

Rural areas often face unique challenges in accessing quality healthcare services. They face higher rates of chronic diseases and related mortality with higher rates of common chronic conditions such as high cholesterol and high blood pressure and report higher rates of multiple chronic conditions.

Rural residents also have a higher percentage of preventable premature deaths from heart disease, stroke, and chronic lower respiratory disease.^[1]

These challenges stem from various factors, including geographic isolation, limited resources and shortage of healthcare providers.^[2]

The Rural Community Health Support Program (R-CHSP) will provide a reliable national platform of rural-focused TA expertise designed support community-based organizations and other relevant rural health stakeholders serving rural populations. R-CHSP TA will strengthen the healthcare services and health outcomes of rural communities through delivery of tailored, targeted, and innovative TA that enhances the effectiveness, sustainability, and outcomes of rural health projects.

Program requirements and expectations

If funded, you will be expected to meet all program requirements and expectations, as evidenced throughout [project narrative](#) responses.

Customized TA

Provides a wide range of intensive and targeted, hands-on and on-demand TA with a focus on current and future applicants and recipients of FORHP community-based programs, particularly [Outreach](#), to achieve grant funded project and program goals. For example, some TA recipients may be well established and experienced with their projects. Other TA recipients may be experiencing challenges related to project implementation, organizational structure, or may be in the early development stage of their project. This TA includes, but is not limited to:

- Targeted TA is uniquely tailored for delivery, based on readiness and positioning for receipt of TA, such as TA delivered through a tiered structure.
- Targeted TA, specific to regions, states, Tribal territories and specific health issues.

- Regular 1:1 TA calls with individual FORHP community-based award recipients, and other relevant rural stakeholders or customized cohorts serving rural populations.
- In-person or virtual site visits, as needed.
- Learning opportunities such as Learning Collaboratives, Peer-to-Peer Networking, Policy Academies, etc.
- In-person or virtual partnership meetings, webinars, workgroups, town halls and training.
 - This includes coordinating and leading logistics for one national rural health meeting occurring each year during the project period for each FORHP community-based award recipient program in the Washington, DC Metropolitan area or a region for regional programs, as applicable.
- Other new TA methods as recommended by HRSA or the R-CHSP award recipient.
- Responds in real-time, to TA needs of FORHP community-based award recipients and other recipients of TA, including the needs of rural health networks, local- and state level organizations and agencies, HRSA and HHS level rural health priorities, and other needs as they present.
- Prioritizing TA for applicants who have not received federal funding before.

We will assess you for compliance throughout the period of performance. If we identify noncompliance, we will place a condition on your award. If you do not resolve the issue successfully, we may cancel all or part of your award.

Statutory authority

[Section 711\(b\)\(5\) of the Social Security Act \(42 U.S.C. 912\(b\)\(5\)\)](#)

Award information

Cooperative agreement terms

Our responsibilities

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

- Collaborate with you on refining R-CHSP objectives and activities in your project work plan to support emerging needs or priorities, such as changes in the health care landscape or prioritizing methods or delivery of TA.
- Provide support for identifying and selecting:
 - Effective methods for delivering TA.
 - Focus areas and methods for developing evidence-based resources, tools, and program-specific deliverables.
- Review and advise on TA approach, including any changes to the approach during the period of performance.
- Review and advise on TA materials and resources developed for format, tone, and expected impact.
 - Review and advise on TA products, including presentations and online resources, before they are printed, disseminated, or implemented.
- Participate, as appropriate, in the planning of any meetings, educational activities, or work groups held during the period of performance, including, but not limited to:
 - Selecting dates.
 - Developing the agenda.
 - Inviting speakers.
- Identifies opportunities and provides guidance on strategies to share information about programs, activities, and resources, including key organizations and channels for dissemination.
 - Provide guidance on TA delivered to rural community-based organizations and other relevant rural stakeholders serving rural populations. This includes current and future applicants and recipients of FORHP community-based programs, particularly [Outreach](#), to identify emerging health care needs and priorities that impact health outcomes, health care delivery, and access to high quality health care services.

- Identify and suggest special projects, products, resources, or technical assistance focused on improving health care in rural communities.
- Provide guidance and help in identifying key organizations to partner and collaborate with.
 - This includes facilitating collaboration with other HRSA/federal partners.

Your responsibilities

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

- Collaborate with HRSA and other relevant federal, non-federal and national partners to provide TA nationwide.
 - This includes current and future applicants and recipients of FORHP community-based programs, particularly [Outreach](#), to achieve their grant-funded project and program goals.
 - Coordinate with national, federal, state and local organizations to develop and carry out your workplan.
- Collaborate with HRSA for the planning, execution and assessment of R-CHSP activities, including the identification of R-CHSP TA and educational/developmental needs and implementation strategies.
- Compliance with R-CHSP [goals](#) and [program requirements and expectations](#).
- Collaborate with HRSA to develop and disseminate TA tools and resources to TA recipients and the broader public, such as through publications and webinars.
- Collaborate with HRSA to revise and carry out R-CHSP work plan in alignment with administration, HHS and HRSA priorities, and changes in the health care landscape.
- Participate and provide input in HRSA and related stakeholder meetings.
- Collaborate with HRSA to effectively measure and assess the impact of TA activities.
- Coordinate with other FORHP-funded TA providers to ensure alignment across programs in how TA impact is measured.
- Submit the performance measures outlined in your R-CHSP Notice of Award, including any subsequent revisions to the work plan authorized by FORHP.
- Submit all required performance assessments, evaluations, and financial reports included in the terms and conditions. See the [reporting section](#).
- Attend regular calls with the FORHP project or grants management specialist to discuss your project's progress and challenges.
 - The meetings may include key personnel, as determined by FORHP.

- Identify and provide access to [subject matter experts](#) (SMEs) with experience implementing projects in communities located in rural areas.
 - SMEs will also help execute TA activities and develop tools/deliverables, including FORHP community-based grant program deliverable templates such as strategic plans, sustainability plans, cost savings estimation plans, data dashboards, etc.
- Use a data-driven approach to tailor TA strategies, including the review and analysis of FORHP Community-based recipient performance metrics.
- Maintain and use platforms that provide FORHP community-based award recipients and rural communities access to regularly updated information and resources.
 - This includes examples of promising and innovative practices related to health care policies, rural health service delivery and sustainability strategies across topics such as food and nutrition security, mental health, chronic disease prevention and management, among others (see [appendix](#) for examples of potential topics).

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 \[PDF\]](#).

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-26-083.

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	Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 3. Biographical sketches	No
<input type="checkbox"/> 4. Agreements with other entities	Yes
<input type="checkbox"/> 5. Attestation of expertise and experience	Yes
<input type="checkbox"/> 6. Attestation of nationwide scope	No
<input type="checkbox"/> 7. Project organizational chart	No
<input type="checkbox"/> 8. Non-duplication of federal funding	No
<input type="checkbox"/> 9-15. Other relevant documents	Yes

Other required forms

Upload using each required form in Grants.gov.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary form	With application.
Grants.gov Lobbying form	With application.

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

Note: Failure to provide all required components in response to this NOFO may result in your application being marked ineligible.

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 how you will advance R-CHSP [goals](#). Complete responses address how your prior experience providing TA to U.S. domestic community-based organizations and other relevant rural stakeholders serving rural populations and expertise provides the capacity, knowledge and ability to meet all R-CHSP [goals](#), [program requirements and expectations](#) and [cooperative agreement terms](#).

Responses are expected to align with information provided in [Attachment 5](#).

Specifically, address your ability to:

- Support rural community-based organizations and other relevant rural stakeholders serving rural populations, including current and future applicants and recipients of FORHP community-based programs, particularly [Outreach](#), to:
 - Implement sustainable cost-effective grant projects across multiple rural health care settings and rural health care focus areas.
 - Meet grant funding goals, including improving access and delivery of quality care and health outcomes for rural communities.
- Provide targeted 1-1 TA support to current and future applicants of FORHP community-based programs, particularly [Outreach](#) that meets a wide range of rural community needs.
- Tailor and customize TA to community-based organizations and other rural stakeholders serving rural populations and current and future applicants and recipients of FORHP community-based programs, based on organization need and readiness, providing a spectrum of low, medium and most intensive TA support levels. In particular, you must specify how you will target TA to historically underfunded organizations, including but not limited to:
 - Native American tribal organizations (other than Federally recognized tribal governments).
 - Faith-based organizations.
 - Small businesses.
- Provide rural community health TA resources, information and products to the public on a national scale.
- Provide TA to organizations that have not received federal funding before.

Need

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

- Describe your understanding of U.S. domestic rural populations and community level health needs based on your prior experience. Use current information and recent quantitative and qualitative data (within the last three years) to describe the needs and drivers of these needs. This section should include:
 - Gaps in access to healthcare services for rural populations.
 - Challenges and barriers related to health care service delivery and health system infrastructure operations in rural settings.
 - The importance of strategies for sustainability in rural community health projects.
 - How planned TA will:
 - Meet the needs of community-based organizations and other rural health stakeholders serving rural populations, including current and future applicants and recipients of FORHP community-based programs, particularly [Outreach](#).
 - Strengthen the delivery of and access to health care.
 - Improve health outcomes of rural populations.
- Describe how collaborating with other rural health constituents and rural subject-matter experts (SMEs) support the needs of community-based organizations and other relevant rural health stakeholders serving rural populations.
- Describe how collaborating with other rural health constituents and rural SMEs supports the needs of community-based organizations and other relevant rural health stakeholders serving rural populations.

Approach

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

- Detail the methods you will use to deliver TA that fulfills the [goals, program requirements and expectations](#) and [cooperative agreement terms](#) of R-CHPS, based on your past direct experience providing TA to domestic U.S. rural communities.
- Describe how you will deliver different levels of TA tailored to support recipients most effectively based on their individual needs and readiness. Complete responses describe how your prior experience providing TA to rural communities informs your approach, including how you will:
 - Define different levels of TA.

- Determine the recipient's readiness for the different levels of TA you defined.
- Determine the recipient's need for the different levels of TA you defined.
- Detail how your TA approach will assist recipients through all phases of their funded projects from planning to implementation. This includes how:
 - Different levels of TA and methods for delivering TA are appropriate and aligned to support community-based organizations and other relevant rural health stakeholders serving rural populations, including current and future applicants and recipients of FORHP community-based programs, particularly [Outreach](#).
 - You will use your prior rural-specific experience using innovative approaches to inform how you provide TA.
 - Include unique examples of rural community or network engagement (collaborative relationship for sharing resources and/or improving health outcomes) and how it can be used in your approach to TA.
- Describe the resources, training, and other tools you will use to provide TA recipients with information and skills to support successful use and application of evidence-informed, best practice models, and resources to:
 - Meet rural community health needs of TA recipients.
 - Reach funded grant project and program goals of TA recipients' rural health projects.
- Describe how you will develop, update, and host TA products, tools, and learning activities, such as webinars, templates, and newsletters. Complete responses include:
 - Information about the types of resources you plan to develop.
 - Your plan to distribute reports, products, or project outputs to clearly specified target audiences.
 - Your plan to target audiences that have not historically received federal funding.
 - How you will make TA tools, assessments, and resources publicly available, including the platforms that will be used to store and share information broadly.
- Discuss how you will monitor and notify HRSA about issues that could affect award recipients' ability to succeed and address HHS/HRSA priorities.
- Describe the method you will use to collaborate and communicate with HRSA and other rural stakeholders.
- Describe how your approach to TA will have an impact on TA recipients serving rural populations.
- Include your plan to assist TA recipients in understanding FORHP community-based program funding opportunities available for rural areas.

- Describe your TA approach to address the sustainability of rural community-based initiatives implemented by rural community-based organizations and other relevant rural health stakeholders, including current and future applicants and recipients of FORHP community-based programs.

High-level work plan

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

Describe your work plan. Your description is expected to align with the work plan you have provided in table format in [Attachment 1: Work Plan](#). Clearly address how your workplan supports:

- Achieving the R-CHSP [goals](#) and advancing objectives and activities outlined in your workplan during the period of performance.

Your workplan must also clearly include:

- An appropriate timeline for proposed activities during the R-CHSP period of performance.
- Who will be responsible for overseeing implementation of each activity.
- How key stakeholders will help plan, design, and carry out these activities.
- Framing that accounts for how your work plan can be adapted to evolve, in collaboration with HRSA, to best meet the needs of TA recipients.

Resolving challenges

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

- Discuss possible challenges you may face in designing and carrying out the TA activities in your work plan. Include how any prior direct experience providing TA will inform how you will address challenges. At minimum, include the following challenges with explanations describing how you will resolve each:
 - Challenges associated with working with HRSA and other rural stakeholders assisting with the provision of TA.
 - Challenges associated with providing TA to community-based organizations and other relevant rural health stakeholders serving rural populations, including current and future applicants and recipients of FORHP community-based programs.
 - Challenges associated with identifying new organizations that have not historically received federal funding.
 - Challenges anticipated in assessing TA activities and TA delivered. Discuss how you will address them.
 - Challenges, including rural specific challenges anticipated, at the local community, state or regional levels.

- Internal challenges within TA recipient organizations and the recipient organization's respective partners.
- Identify the resources or infrastructure in place that will help address potential challenges and overcome barriers to delivering TA across a wide range of rural geographies, health care infrastructures, and community-identified health care needs.
- Detail how your cooperative agreement will be complementary, versus duplicative, of other HHS and HRSA-funded activities. Complete responses align with responses provided in [Attachment 8](#).

Performance reporting and evaluation

See merit review criteria 3: [Performance reporting and evaluation](#)

- **Outcomes / Performance measurement**
 - Describe the expected outcomes of the R-CHSP activities outlined in your work plan. Your response should clearly explain:
 - Expected results of rural health educational or training sessions delivered, including in person or virtual partnership meetings and site visits. Be specific how these sessions will influence and strengthen the projects of TA recipients.
 - Expected outcomes of one-on-one TA calls with individual recipients and applicants to FORHP community-based programs, and other relevant rural stakeholders or customized cohorts serving rural populations.
 - Explain how you will coordinate with other FORHP-funded TA providers to ensure consistent and aligned approaches to measuring impact across programs.
 - Describe how you will assess and quantify both the scope and impact of the TA provided under this award.
 - Describe how you will have successfully aided organizations that have not previously received federal funding. In particular, provide updates on how you will measure outcomes in providing TA to historically underfunded organizations, including but not limited to:
 - Native American tribal organizations (other than Federally recognized tribal governments).
 - Faith-based organizations.
 - Small businesses.
- **Evaluation / Self-assessment**
 - Describe how you will assess the effectiveness of TA activities provided to R-CHSP TA recipients and how you will continually improve your approach.

Strong responses should clearly:

- Identify who will be responsible for conducting these assessments and specify whether it is a staff member from the lead organization or a partner organization.
- Describe the self-assessment questions, methods, and types of data you will collect. Include your approach and timeline for gathering feedback and conducting ongoing assessments of TA activities through the period of performance.

- Describe the inputs that will inform your self-assessment process. Strong responses identify and explain:
 - What data sources or resources will be used to gather relevant information.
 - How participation and attendance at training events will be incorporated into your assessment.
 - How frequently data will be collected.
- Explain how you will use your self-assessment results and findings to communicate key lessons learned to HRSA and other rural stakeholders.
- Describe how you will report on the effectiveness of new TA approaches and evaluate different TA methods by comparing their impact.
- Identify at least one individual who will work directly with FORHP to ensure TA activities are continuously monitored, evaluated and improved over time.

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

Sustainability

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

- Describe how you will assist TA recipients build and sustain the organizational, financial, and clinical capacity of rural health projects, including current and future applicants and recipients of FORHP community-based programs over time.
- Detail how you will help TA recipients in sustaining efforts across a wide range of rural geographic locations, health care infrastructures and community identified health care needs and explain:
 - The methods, tools and resources you will use to support TA recipients in positioning for sustainability.
 - Outcomes related to sustainability from previous experience providing TA to rural health stakeholders.

Organizational information

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

- Briefly describe your mission, structure, and the scope of your current activities. Explain how these will help you carry out the [goals](#), [program requirements and expectations](#) and [cooperative agreement terms](#) of R-CHSP. Complete responses clearly align with details about your organization provided in your [project narrative](#) and information in your [project organizational chart](#) attachment.
- Detail evidence that you have the necessary staffing, infrastructure, and capacity to provide TA at a national level to U.S. domestic community-based organizations

and other relevant rural health stakeholders serving rural communities, including current and future applicants and recipients of FORHP community-based programs, to oversee program activities, and serve as the fiscal agent for R-CHSP. [Attachment 2 \(Staffing Plan\)](#) and [Attachment 3 \(Biosketches\)](#) will support the information provided in this section. Complete responses address:

- Your organizational profile, budget, partners, and key processes.
 - Staff's skills, knowledge, and direct experience to carry out all aspects of the project nationally.
 - Provide specific examples and outcomes based on prior experience providing TA to FORHP community-based awardees to support organizational experience.
 - How you will follow the approved project work plan, keep track of all federal funds, and record all costs to avoid issues during the project audit.
 - Specific examples of how your prior direct experience providing rural health TA will inform how you address future challenges and allow you to begin service upon award.
 - Provide specific examples of the TA provided, including the methods of TA delivery and resulting outcomes from the TA your organization delivered to these audiences.
 - Detail how the TA you delivered showed success in the long term sustainability of FORHP community-based recipient rural community initiatives.
- Provide examples of TA documents and materials your organization has produced for community-based organizations and other rural health stakeholders serving rural populations nationally, including applicants and recipients of FORHP community-based programs, particularly [Outreach](#). Examples may be provided as attachments with this application package (attachments 9-15) and/or via external hyperlinks to materials you have published electronically.
 - Identify the rural stakeholders and partnerships who will be involved in the implementation of R-CHSP TA. Complete responses include details about the roles and activities partners will contribute to fulfill the [goals, program requirements and expectations](#) and [cooperative agreement terms](#) of R-CHSP. This must include organizations dedicated to providing TA to organizations that have not received federal funding before.
 - Attach a letter of support that details the partner's commitment to helping you address national rural TA needs and achieve the objectives for your R-CHSP award in [Attachment 4](#).
 - Describe your organization's prior direct experience providing TA to FORHP's community-based grant awardees and other rural stakeholder organizations

serving rural populations that would benefit from applying to FORHP grant funding.

- Describe existing collaborations with key national rural organizations and rural constituencies, such as the National State Offices of Rural Health, and other relevant rural SMEs.

Budget and budget narrative

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

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the [Application Guide \[PDF\]](#) and the instructions listed in this section. Your budget should show a well-organized plan.

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

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

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

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

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

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 your project's work plan. Make sure it includes each year of the cooperative agreement's three-year period of performance and aligns with responses completed in your [project narrative](#). This attachment is required in addition to the work plan description provided in the project narrative.

The work plan must:

- Outline the person responsible for carrying out each activity.
- Include a timeline for all three years of the period of performance.
 - The minimum timeline increment is by quarter.
- Indicate flexibility to collaborate with HRSA to fulfill the [goals](#), [program requirements and expectations](#) and [cooperative agreement terms](#) of R-CHSP.

We recommend that you format your work plan as a table and use these headings:

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

Attachment 2: Staffing plan and job descriptions

Include a staffing plan that shows staffing positions that will support your proposed project. Include key information about each staff position. Justify your staffing choices, including their education and experience. Explain your reasons for the time you request for each staff position.

For each key staff member:

- Attach a one-page job description. It must include their role, responsibilities, and qualifications.
- Highlight their experience with providing TA to FORHP community-based award recipients.

Attachment 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in Attachment 2.

Each biographical sketch should be no more than two pages. Do not include non-public, [personally identifiable information](#). If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Attachment 4: Agreements with other entities

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

Attachment 5: Attestation of expertise and experience

The successful recipient of this cooperative agreement is expected to provide TA to a wide range of rural community-based organizations and other relevant rural stakeholders serving rural populations, including FORHP community-based award recipients and potential applicants that would benefit from FORHP community-based programs.

Attachment 6: Attestation of nationwide scope

Provide a statement that shows your organization's ability (as demonstrated by prior experience) to fulfill R-CHSP [goals](#), [program requirements and expectations](#) and [cooperative agreement terms](#) on a national level. This includes delivering funded services and activities to communities located in rural areas across all 50 continental states, U.S. territories, Tribal Nations, and freely associated states.

Attachment 7: Project organizational chart

Provide a project organizational chart that visually communicates how decisions will be made and how communication among applicable partnership members, subrecipients and/or current and future recipients of FORHP programs, will flow. This includes how you will monitor the progress of any sub-recipients, if applicable.

As part of the chart you complete, include a list of all partnership members addressing:

- The organization's name and type.
- The organization's physical address.
- The name of the key person from the organization who will be working on the project.
- The organization's anticipated role and responsibility in the project.

Also include a written summary that describes the history of any collaborative activities carried out by the proposed partners participating.

Include the degree to which the participating partners you identify are ready to integrate their functions, as well as the capacity of these partners to carry out R-CHSP [goals, program requirements and expectations](#) and [cooperative agreement terms](#).

To demonstrate that the TA you will provide under this cooperative agreement is able to effectively meet this expectation, you must provide an attestation supporting how your organization has the experience and expertise necessary to effectively deliver TA described in R-CHSP.

Complete responses to this attachment include a written attestation formally identifying specific rural evidence-informed expertise and **prior direct experience in these topics:**

- Developing new and innovative, evidence-informed health care delivery systems in U. S. domestic rural communities that lack essential health care services through collaborations with several community-based organizations.
 - Past direct experience working with domestic rural stakeholders to develop innovative, evidence-informed approaches to expand rural clinical and service capacity through a group of local health care and social service providers.
- Developing infrastructure to build and sustain a network of rural providers and community organizations to share joint resources.
- Implementing quality improvement activities that aim to improve chronic disease management, patient health outcomes, and engagement of patients and caregivers in rural communities.
- Providing TA for the development or expansion of centralized billing and coding infrastructure for increasing revenue in rural communities.

- Providing TA to rural communities seeking to establish new clinical service lines such as behavioral health, oncology/infusion, cardiology, maternal health, and pulmonary and cardiac rehabilitation. Prior direct experience providing TA that addresses health care topics including but not limited to:
 - Diabetes.
 - Obesity.
 - Nutrition.
 - Acute ischemic stroke.
 - Chronic lower respiratory disease.
 - Disease prevention
 - Unintentional injury.
 - Mental and behavioral health.
 - Cardiovascular disease.
- Improving access to and continuity of maternal and obstetrics care in under-resourced rural communities.
- Providing TA for rural communities developing an infrastructure to address electronic health records or financial sustainability (including support for communities in billing and coding services, as appropriate).
- Providing TA that addresses educational and health intervention programs for people experiencing illness and disease related to occupational or environmental factors.
- Strengthening health care and access to health care services for tribes or tribal organizations.
- Developing an infrastructure focusing on health promotion and disease prevention, including focusing on emerging and enduring rural health issues.
- Providing TA that addresses mental and behavioral health services in rural areas and the integration of primary care and mental health.
- Providing TA that expands access to primary care services through collaboration with rural health care providers and community organizations.
- Developing the financial, clinical, and organizational capacity to put in place value-based care models.

You should also clearly show the declared expertise and experience in this attachment in the [project narrative](#). Prior experience that is electronically published can be used to support your attestation provided as electronic hyperlinks in this attachment or provided with examples of previous TA materials in attachments 9-15.

Attachment 8: Non-duplication of federal funding

If applicable, provide a list of current and previous (within the last 5 years) federal awards.

- Include the dates of any prior award(s) received, the federal funding agency, and the grant number(s) assigned to current or previous project(s).
- For current funding, you must clearly explain how your proposed HRSA-funded work through R-CHSP (HRSA-26-083) 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 and specifically address how the proposed HRSA-funded work through R-CHSP (HRSA-26-083) is non-duplicative, coordinated, and complementary to your state's CMS Rural Transformation Program.
- If no, include a statement that confirms this.

Funding under this program must be used for R-CHSP (HRSA-26-083) 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 9-15: Other relevant documents

You may use attachments 9 through 15 to add other relevant documents. This may include examples of previous TA materials.

Other required forms

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

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary form	With application.
Grants.gov Lobbying form	With application.

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. When writing your summary:

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

Important: Public information

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

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

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

[See instructions and examples](#).



Step 4: Understand Review, Selection, and Award

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

Criterion 1: Need (15 points)

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

The panel will review your application for how well it:

- Shows how the proposed project supports the R-CHSP [goals](#), [program requirements and expectations](#) and [cooperative agreement terms](#) and works in collaboration with rural health stakeholders and rural subject matter experts (SMEs) to advance each.
- Clearly describes and demonstrates prior experience providing TA to U.S. domestic community-based organizations and other relevant rural stakeholders serving rural communities, including awardees of FORHP community-based programs, particularly Outreach.
- Clearly shows understanding of the need for targeted 1-1 TA support to FORHP community-based award recipients and potential applicants to FORHP programs or other federal funding that meets a wide range of rural community needs.

- Demonstrates clear understanding of U.S. domestic rural populations and community level health needs and uses qualitative and quantitative data to describe the needs and drivers of needs identified.
- Describes challenges and barriers related to health care service delivery and health system infrastructure operations in rural settings are clearly described.
- Details the ability to tailor and customize TA based on need and readiness of community-based organizations and other relevant rural health stakeholders, including current and future applicants and recipients of FORHP community-based programs, across a spectrum of low, medium and most intensive TA support levels is demonstrated.
- Effectively presents clear knowledge and expertise in and understanding of the importance of sustainability for community-based organizations and other relevant rural health stakeholders serving rural populations, including applicants and recipients of FORHP community-based programs.
- Describes how it will provide TA to organizations that have not previously received federal funding.
- Describes the importance of collaborating with other rural health constituents and rural SMEs to support the needs of community-based organizations and other relevant rural health stakeholders serving rural populations.

Criterion 2: Response (30 points)

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

The panel will review your application for how well it:

Approach (15 points)

- Clearly details methods that will be used to deliver TA that aligns with R-CHSP [goals, program requirements and expectations](#) and [cooperative agreement terms](#).
- Clearly describes how different levels of TA will be tailored to effectively support recipients based on their unique individual needs and readiness. Successful responses:
 - Defines the different levels of TA.
 - Explains how prior direct experience will be used to inform approaches to TA delivery.
 - Clearly details the approach that will be used to determine the recipient's need and readiness for different levels of TA.

- Clearly details how delivery of R-CHSP TA will assist recipients through all phases of the project from planning to implementation. Successful responses:
 - Explain how different levels of TA and methods for delivering TA are appropriate and aligned to supporting community-based organizations and other relevant rural health stakeholders serving rural populations, including current and future applicants and recipients of FORHP community-based programs, particularly [Outreach](#).
 - Clearly details how prior rural-specific experience using innovative approaches will inform TA delivery.
- Describes the extent to which resources, training, and tools used to provide TA are described will be used to equip TA recipients with information and skills to support successful use and application of evidence-informed, best practice models, and resources.
 - This includes a clear description detailing how TA delivered will assist in meeting rural community health needs and achieving funded grant project and program goals of TA recipients' rural health projects.
- Details how the TA products will be developed, updated, distributed and hosted is described. Successful responses:
 - Present a clear description of the types of TA resources that will be developed.
 - Provides a thorough plan to distribute reports, products or project outputs to target audiences and make TA tools, assessments and resources publicly available.
 - Provides a plan to tailor TA to organizations that historically have not received federal funding, including but not limited to:
 - Native American tribal organizations (other than Federally recognized tribal governments).
 - Faith-based organizations.
 - Small businesses.
- Provides a detailed plan that describes the process of monitoring and notification to HRSA about issues that could affect award recipients' ability to succeed and address HHS/HRSA priorities.

- Clearly describes the method that will be used to collaborate and communicate with HRSA and other rural stakeholders.
- Clearly describes how the proposed approach to TA will have an impact on TA recipients serving rural populations.
- Describes a clear approach to TA to address sustainability of rural community-based initiatives implemented by community-based organizations and other relevant rural health stakeholders, including current and future applicants and recipients of FORHP community-based programs.

High-level workplan (10 points)

- Includes a workplan that ([Attachment 1](#)) is complete, clear, and aligned with proposed project goals and activities, [work plan](#), [project narrative](#), and includes well-defined timelines.
- Includes a workplan narrative that:
 - Clearly describes how the proposed workplan will meet R-CHSP [goals](#) and advance the objectives and activities outlined in your workplan during the period of performance, including how each activity will be achieved.
 - Documents how stakeholders will help plan, design, and carry out activities.
 - Details a well-organized workplan that accounts for how the workplan can be adapted to evolve, in collaboration with HRSA, to best meet the needs of TA recipients.

Resolving challenges (5 points)

- Clearly defines potential challenges and barriers in designing and carrying out the TA activities in the workplan. This includes how well each are addressed and describes how each will be resolved, including challenges:
 - Within TA recipient organizations and the recipient organization's respective partners, working with HRSA and other rural stakeholders assisting with the provision of TA. They should explain how they will work with stakeholders, including community organizations, providers, and faith-based organizations.
 - Providing TA to community-based organizations and other relevant rural health stakeholders serving rural populations, including current and future applicants and awardees of FORHP community-based programs, in assessing TA activities and TA delivered.
 - That include anticipated rural specific challenges at the local community, state or regional levels.
- Identifies and describes resources or infrastructure in place (at time of award or post award) to assist in overcoming potential challenges and barriers in TA delivery to a wide range of rural geographic locations, health care infrastructures and community-identified health care needs.

- Clearly presents how the cooperative agreement will be complementary, versus duplicative, of other HHS and HRSA-funded activities. Responses align with responses provided in Attachment 8.

Criterion 3: Performance reporting and evaluation (5 points)

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

The panel will review your application for how well it:

Evaluation / Self-assessment

- Describes the effectiveness of TA activities provided to R-CHSP TA recipients and how they will continually improve the approach. Strong responses should clearly:
 - Identify who will be responsible for conducting these assessments and specify whether it is a staff member from the lead organization or a partner organization.
 - Describe the self-assessment questions, methods, and types of data that will be collected, including the approach and timeline for gathering feedback and conducting ongoing assessments of TA activities through the period of performance.
- Describe the inputs that will inform the self-assessment process. Strong responses identify and explain:
 - What data sources or resources will be used to gather relevant information.
 - How participation and attendance at training events will be incorporated into your assessment.
 - How frequently data will be collected.
- Explains how self-assessment results and findings will be used to communicate key lessons learned to HRSA and other rural stakeholders.
- Describes how the effectiveness of new TA approaches will be reported and how different TA methods will be evaluated by comparing their impact.
- Identifies at least one individual who will work directly with FORHP to ensure TA activities are continuously monitored, evaluated and improved over time.

Outcomes / Performance measurement

- Clearly defines expected outcomes of R-CHSP activities outlined in the work plan. Strong responses clearly explain the expected results of:
 - Rural health educational or training sessions delivered, including in-person or virtual partnership meetings and site visits.

- One-on-one targeted TA calls with individual recipients and applicants of FORHP community-based programs and other relevant rural stakeholders or customized cohorts serving rural populations.
- Explains the process for coordinating with other FORHP-funded TA providers to ensure consistent and aligned approaches to measuring impact across programs.
- Describes how the scope and impact of TA provided under this award will be assessed and quantified.

Criterion 4: Impact (10 points)

See the project narrative [Resolving Challenges](#) and [Sustainability](#) sections.

The panel will review your application for:

- The likely effectiveness of the project in meeting the goals and objectives outlined in the workplan.
- The extent to which a clear plan to assist TA recipients build and sustain the organizational, financial, and clinical capacity of rural health projects, including current and future applicants and recipients of FORHP community-based programs, over time is described.
- How well it clearly details how the proposed project will assist TA recipients in sustaining efforts across a wide range of rural geographic locations, health care infrastructures and community-identified health care needs. Successful responses provide details that clearly describe:
 - The methods, tools and resources that will be used to support TA recipients in positioning for sustainability
 - Outcomes related to sustainability from previous experience providing TA to rural health stakeholders

Criterion 5: Resources and capabilities (35 points)

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

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

Staffing Plan and organizational chart (10 points)

- Clearly defines the organizational mission and structure and scope of current activities..
- Clearly presents how R-CHSP [goals](#), [program requirements and expectations](#) and [cooperative agreement terms](#) align with details about the organization provided in the project narrative section and information provided in the [project organizational chart](#) attachment.

- Provides a description that clearly shows the necessary staffing, infrastructure, and capacity are in place to provide TA at a national level to U.S. domestic community-based organizations and other relevant rural health stakeholders serving rural communities, including current and future applicants and recipients of FORHP community-based programs. Also shows the ability to oversee program activities and serve as the fiscal agent for R-CHSP.
 - Successful responses clearly align with information provided in [Attachment 2 \(Staffing Plan\)](#) and [Attachment 3 \(Biosketches\)](#).
 - Successful responses also clearly detail:
 - Organizational profile, budget, partners, and key processes.
 - Expertise of staffing positions that demonstrates the extensive skills, knowledge, and direct experience needed to carry out all aspects of the project nationally.
 - Documentation that supports how the organization will follow the approved project work plan, keep track of all federal funds, and record all costs to avoid issues during the project audit.
 - Specific examples that clearly document prior experience providing TA to community-based organizations and other rural health stakeholders serving rural communities, including current and future applicants and recipients of FORHP community-based programs.
 - The ability to begin service upon award.

Organizational capacity (15 points)

- Includes specific examples of direct experience providing TA to U.S. domestic community-based organizations serving rural communities nationally, including applicants and recipients of FORHP community-based programs, particularly [Outreach](#). Successful responses clearly provide:
 - Documentation of prior experience and expertise providing TA to FORHP community-based recipients and other rural stakeholder organizations.
 - Evidence detailing how the TA delivered showed success in long term sustainability FORHP community-based program recipients' rural community initiatives.
- Provides clear examples of TA documents and materials produced for community-based organizations and other rural health stakeholders serving rural populations nationally, including applicants and recipients of FORHP community-based programs, particularly [Outreach](#).

Partnerships/Subrecipients (10 points)

- Clearly describes partnerships, including any sub-recipients, with national rural organizations, rural constituencies, rural subject matter experts (SMEs), and community organizations, including federally qualified health centers (FQHCs), public health departments, and faith-based and community-based social service organizations.
- Rural stakeholders and partners, including any sub-recipients, who will be involved in the implementation of the R-CHPS TA are clearly identified
- Clearly describes how the roles and activities of partners, including any sub-recipients, identified will contribute to fulfilling R-CHSP [goals, program requirements and expectations](#) and [cooperative agreement terms](#).
- Clearly provides letter(s) of support (in [Attachment 4](#)) that evidence the commitment of partners and/or sub-recipients identified to help address national rural TA needs and achieve the objectives of R-CHSP.
- Clearly details existing collaborations with key national rural organizations and rural constituencies, such as the National State Offices of Rural Health, and other relevant rural SME partners and/or sub-recipients.

Criterion 6: Support requested (5 points)

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

The panel will review your application to determine:

- How reasonable allowable, allocable, and necessary 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.

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.

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 Reports

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 07/08/2026, at 11:59 p.m. ET.

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

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

Submission method

Grants.gov

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

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

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

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



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

Other submissions

Intergovernmental review

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.



Step 6: Learn What Happens After Award

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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 [2 CFR § 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

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

Health IT

Successful applicants under this NOFO agree that:

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

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

Reporting

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

You must also follow these program-specific reporting requirements:

- Annual Performance reports.

You will not be asked to report performance measures that have not completed an OMB PRA process.



Contacts and Support

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Agency contacts

Program and eligibility

Michele Gibson

Public Health Analyst

Federal Office of Rural Health Policy

Attn: Rural Community Health Support Program

Health Resources and Services Administration

mgibson@hrsa.gov

301-443-7320

Financial and budget

Patryce Peden

Grants Management Specialist

Division of Grants Management

Operations Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

PPeden@hrsa.gov

301.443.2277

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](#)

Appendix

Potential technical assistance topics:

- Chronic disease management
- Food instability/nutrition
- School-based health programs
- Sustainability planning
- Telehealth and telemedicine services
- Substance use disorder
- Integration of behavioral health and primary care
- Collaboration with faith-based and community-based social service organizations
- Governance, such as network infrastructure building/board development
- Maternal health
- Value-based care
- Mental health
- Behavioral Health
- Billing and Coding
- Disease prevention
- Health promotion activities
- Quality improvement initiatives
- Workforce development
- Healthcare payment and reimbursement mechanisms
- Needs assessment
- Access to care in Tribal communities
- Occupational and environmental health

See [FORHP Grants in Motion](#) for examples of additional potential topics.

Endnotes

1. Source: Preventable Premature Deaths from the Five Leading Causes of Death in Nonmetropolitan and Metropolitan Counties, United States, 2010-2022. <https://www.cdc.gov/mmwr/volumes/73/ss/ss7302a1.htm> ↑
2. Source: [Health-Related Behaviors by Urban-Rural County Classification – United States, 2013](#), 66(5), 1-8, February 2017 ↑