

Notice of Funding Opportunity
Application due Wednesday, July 8 , 2026

HRSA

Health Resources & Services Administration








Office for the Advancement of Telehealth

Telehealth Nutrition Services Network Grant Program

Opportunity number: HRSA-26-076



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](https://sam.gov) and [Grants.gov](https://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 Wednesday, July, 8 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

Office for the Advancement of Telehealth

Using telehealth networks to integrate nutrition services into primary and specialty care in rural and medically underserved areas.

Summary

The Telehealth Nutrition Services Network Grant Program supports healthcare professionals who provide or help provide nutrition services.

This program supports the use of telehealth networks to integrate nutrition services into primary and specialty care in rural and medically underserved areas. We encourage you to propose new and innovative ways to use telehealth networks to expand access to nutrition care in rural and medically underserved areas.

Funding details

Application types: New

Expected total available funding in FY 2026: \$5,400,000

Expected number and type of awards: 18 Grants

Funding range per award: Up to \$300,000

We plan to fund awards in five 12-month budget periods for a total five- year period of performance from 09/01/2026 to 08/31/2031.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:
Telehealth Nutrition Services Network Grant Program

Opportunity number:
HRSA-26-076

Announcement version:
Initial

Federal assistance listing:
93.468

Key dates

NOFO issue date:
06/05/2026

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

Application deadline:
07/08/2026

Expected award date:
08/03/2026

Expected start date:
09/01/2026

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

Eligibility

Domestic organizations can apply, including any:

- Public or private, non-profit or for-profit entity.
- Domestic faith-based or community-based organization.
- Tribal (governments, organizations).

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.
- 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

"Domestic" means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

Geographic requirements

You can use funds under this award for an originating site* only if the originating site is located in a rural and medically underserved area (i.e., a rural area that is also a frontier community, medically underserved area, or has a medically underserved population). Originating sites in rural areas that are not also either frontier communities, medically underserved areas, or have medically underserved populations, may not be funded through this award. Originating sites in urban areas may not be funded through this award.

You can use funds under this award for any distant site, regardless of location.

To determine whether a site is located in a rural and medically underserved area, please refer to the HRSA-supported [Rural Health Information Hub – Am I Rural? Tool \(RHlhub Tool\)](#). This page allows you to search by county or street address.

- A site is located in a rural area if the RHlhub Tool indicates that it is in a Federal Office of Rural Health Policy-defined rural area, meaning a nonmetropolitan county or a rural census tract of a metropolitan county.
- A site is located in a frontier community if the RHlhub Tool indicates that it is in a frontier and/or remote area.
- A site is located in a medically underserved area (MUA) if the RHlhub Tool indicates that it is in a MUA or a medically underserved area—governor's exception (MUA-GE).
- A site has a medically underserved population (MUP) if the RHlhub Tool indicates that it has a MUP or a medically underserved population—governor's exception (MUP-GE).

Your application must propose to use at least 50% of award funding for activities in rural areas.

**For quick reference, telehealth services have an originating site and a distant site. The originating site is the location of the patient receiving medical services through telehealth. The distant site is the location where the physician or practitioner is providing services through telehealth. HRSA acknowledges the temporary Medicare [policy changes](#) in place.*

Composition of the telehealth network

To be eligible for the award, you must demonstrate that you will provide services through a telehealth network. The entities participating in the telehealth network may be nonprofit or for-profit. The telehealth network must include at least one distant site and at least two of the following entities as originating sites. Additionally, at least one originating site must be a community-based health care provider, and all originating sites must be located in rural and medically underserved areas:

- All types of community health centers or other Federally Qualified Health Centers.
- Health care providers, including pharmacists, in private practice.
- Entities operating clinics, including Rural Health Clinics.
- Local health departments.
- Nonprofit hospitals, including Critical Access Hospitals.
- Other publicly funded health or social service agencies.
- Long-term care providers.
- Providers of health care services in the home.
- Providers of outpatient mental health services and substance use disorder services, and entities operating these facilities.
- Local or regional emergency health care providers.
- Institutions of higher education.
- Entities operating dental clinics.
- Providers of prenatal, labor care, birthing, and postpartum care services, including hospitals that operate obstetric care units.

Telehealth networks are encouraged to include direct primary care clinics in their telehealth networks.

These community-based health care providers may also utilize mobile health units that are part of their organization/facility. The applicant organization must participate in the network, and all entities participating in the network must be owned domestic entities.

Networks that fulfill certain criteria will get funding preference. Please see the [funding preference](#) section.

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](#).

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 Telehealth Nutrition Services Network Grant Program is to integrate nutrition services into primary and specialty care settings using telehealth technology through telehealth networks.

The program's goal is to support evidence-based projects that expand telehealth access to nutrition services through telehealth networks in rural and medically underserved areas. In this NOFO, a rural and medically underserved area is a rural area that is also a frontier community, medically underserved area, or has a medically underserved population.

The program will:

- Improve access to integrated nutrition services (nutrition screening and treatment) in primary and specialty care settings.
- Expand and improve the quality of nutrition-related health information available to health care providers, patients, and their families.

To do this, you are strongly encouraged to propose established telehealth networks to provide nutrition services that are integrated into primary and specialty care for groups with health challenges. We aim to support telehealth networks and strategies that improve access to nutrition screenings, registered dietitians, and [MNT](#). Through this program, telehealth programs and their networks will connect registered dietitians to primary and specialty care providers so the target population can access nutrition services. Telehealth networks will also strengthen how nutrition services are delivered and expanded, including by increasing the use and availability of community health workers and other providers.

Funding opportunity goals

- Program results will include:
 - Expanding nutrition services to rural and medically underserved communities in primary and specialty care settings.
 - Increasing the capacity of telehealth networks.
 - Developing innovative strategies, methods, or tools to integrate nutrition services into primary and specialty care settings.
 - Generating data to help evaluate the program and activities.

Background

HRSA's Office for the Advancement of Telehealth (OAT) supports the advancement of telehealth by improving access to quality health care through integrated telehealth services.

The Telehealth Nutrition Services Network Grant Program builds on HRSA's experience supporting telehealth, telehealth network models, and evidence-based initiatives. This program allows telehealth networks to expand telehealth nutrition services through collaboration among distant-site professionals, originating-site clinical providers, and community-based partners.

Nutrition plays a critical role in preventing, managing, and treating many of the most [common and costly chronic diseases](#) in the United States, including obesity, diabetes, cardiovascular disease, hypertension, kidney disease, and cancer. About [75% of adults have one or more chronic diseases](#), and more than half have two or more. [Poor nutrition is a major risk factor](#) for chronic diseases that lead to more health care use, avoidable hospital stays, and lower quality of life. Evidence-based nutrition care, including medical nutrition therapy (MNT) provided by registered dietitians, can improve clinical outcomes, help manage diseases, and decrease health care costs.

Despite the benefits of nutrition care, many people still have limited access to registered dietitians and nutrition services, especially those living in rural and medically underserved communities. Many rural areas often experience [shortages of health professionals](#) along with barriers such as geographic isolation, transportation challenges, and less access to specialty services. Integrating nutrition care into primary and specialty care settings is critical to address these challenges and the chronic disease burden, while advancing whole-person, team-based care.

Telehealth plays a key role in expanding access to nutrition care. [Telehealth nutrition services](#) can reduce travel burdens, increase available appointments, and help patients stay connected to care, particularly for patients with [chronic diseases](#) requiring nutrition management. Through telehealth technologies, registered dietitians can provide timely, evidence-based nutrition services across geographic areas, collaborate with primary and specialty care providers, and engage patients in personalized nutrition counseling and follow-up. Community health workers contribute to nutrition care by helping patients navigate care, providing education, collecting information, and connecting patients with health services.

This program aims to include innovative strategies that integrate high-quality nutrition care through telehealth into primary and specialty care to help prevent and manage chronic diseases.

Activities should advance one or more of the Make America Health Again (MAHA) priorities through telehealth nutrition services network. Strategies to consider include work that:

- Addresses root causes of poor health.
- Improves access to primary care, behavioral health, preventive care, or developmental services.
- Expands nutrition programs or chronic disease prevention.
- Supports early childhood development or autism services.
- Prepares systems for value-based care.
- Partners with tribal health systems.

Applicants may consider including organizations with telehealth accreditation that may help ensure that programs meet standards, evidence-based best practices, and regulations.

Program requirements and expectations

Telehealth Nutrition Services Network Grant Program recipients will enhance access to, coordinate, and improve the quality of health care and nutrition services. Projects must expand and improve the quality of nutrition-related health care and information for health care providers, patients, and their families.

Chronic disease nutrition interventions

If funded, you must deliver nutrition services for prevention and treatment in support of the MAHA initiative that includes MNT, individual nutrition counseling, group classes and/or nutrition screenings. Your nutrition care program must provide nutrition interventions targeting at least two chronic diseases, such as:

- Autoimmune disorders.
- Asthma.
- Allergies.
- Cancer.
- Cardiovascular disease.
- Diabetes.
- Mental health.
- Neurodevelopmental disorders.
- Obesity.

You should use remote patient monitoring (RPM), which can include AI-driven RPM or other telehealth technology, to assess, evaluate, and track patient progress.

The program must incorporate community health workers to expand nutrition access and improve health outcomes for the targeted population. You must integrate nutrition services into an interdisciplinary care team made of health professionals such as:

- Registered dietitians (at least 1 full-time equivalent (FTE)).
- Nutrition professionals.
- Community health workers (at least 0.5 FTE).
- Physicians.
- Nurses.
- Other relevant health professionals.

You must ensure that the total combined effort for any individual does not exceed 1.0 FTE across all federal awards.

Administrative requirements

You will be required to work with a HRSA-funded technical assistance provider during the period of performance. We will provide additional guidance on technical assistance during the period of performance.

You must, when possible, collaborate to provide services with public, private organizations, centers, or programs that receive federal or state funding to offer telehealth services or related activities.

You are encouraged to evaluate the integration of nutrition services into primary and secondary care settings and the effectiveness of your services.

You will be required to report data requested by OAT, including in HRSA's Data Collection Platform (DCP), that captures data to monitor project progress. This could include, for example, the number of telehealth encounters or number of patients receiving telehealth. OAT will provide more information about this requirement during the project period. You will not be required to provide performance measures and results on a form that is not Paperwork Reduction Act approved.

Your telehealth network must bill all services covered by a third-party reimbursement plan and make every effort to obtain payments throughout all five years of the period of performance. If you provide services that could be reimbursed by Medicaid, Children's Health Insurance Programs (CHIP), Medicare, or private insurance, you must be able to develop a sustainable network through your state's reimbursement environment. Find more information about state-specific telehealth reimbursement at the Center for Connected Health Policy's [Compare State Policies](#) page.

Note: You may not deny services to any individuals because they cannot pay. You may allocate award funding to pay providers for telehealth services, only if you first document that you attempted to get third-party reimbursement and/or explain why it

is not possible to receive reimbursement. The HRSA project officer will have to approve any payments to providers for telehealth services.

During your project, you must work with the network members that you list in your application. If you do not, we may reduce your award amount in later budget periods.

You will be required to submit memoranda of agreement (MOA) that describe how you will work with each telehealth network member. Each MOA should be signed by an authorized official from the originating sites and distant site with authority to commit the site to the project. HRSA will provide detailed instructions about this requirement after September 1, 2026. If you do not bring on board network members as indicated in the application, you may receive a decrease in your award amount.

You are required to consult your State Office of Rural Health (SORH) or other appropriate state entity prior to submitting your application. The SORH may be able to provide consultations; share information on model programs and data resources; provide technical assistance; or support information sharing.

Statutory authority

[42 U.S.C. § 254c-14\(d\)\(1\) \(§ 330I\(d\)\(1\) 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 the [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.

Program-specific statutory or regulatory limitations

Use of funds

You may use funds received through this award for salaries, equipment, and operating, or other costs. This includes the costs of:

- Developing and delivering telehealth nutrition services that enhance access to community-based health care services in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations.
- Developing and acquiring, through lease or purchase, equipment that furthers the objectives of the program.
- Developing and providing distance education that enhances access to care in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations.
- Mentoring, precepting, or supervising health care providers and students seeking to become health care providers in a manner that enhances access to care in the target areas and communities or for the target populations.
- Developing and acquiring instructional programming.
- Communicating medical data and maintaining equipment.
- Compensating specialists, including travel expenses.
- Paying health care providers who provide telehealth services, if third-party payment is not available.

- Developing projects to use telehealth technology to facilitate collaboration between health care providers.
- Collecting and analyzing usage statistics and data to document the cost-effectiveness of the telehealth services.
- Carrying out other activities to achieve the objectives of this program, as approved by HRSA.

Prohibited uses of funds

You cannot use funds:

- To acquire real property.
- For expenditures to purchase or lease equipment, to the extent that those expenditures would exceed 20% of the total grant funds.
- To purchase or install transmission equipment.
- To pay for any equipment or transmission costs not directly related to the purpose of this program.
- To purchase or install general purpose voice telephone systems.
- For construction.
- For expenditures for indirect costs (as determined by the Secretary), to the extent that the expenditures would exceed 15% of the total grant funds.

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 charge 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 have never received a 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-26-076.

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

For more information about this opportunity, join the webinar. More information on the HRSA-26-076 webinar will be posted at a later date to the documents tab in Grants.gov.

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

We will record the webinar.



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



Step 3:

Build Your Application

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	Yes
<input type="checkbox"/> 4. Multi-year budgets, fifth-year budget	No
<input type="checkbox"/> 5. Funding preference documentation	Yes
<input type="checkbox"/> 6. Project organizational chart	Yes
<input type="checkbox"/> 7. Rural and medically underserved site identification	No
<input type="checkbox"/> 8. Network site commitment	Yes
<input type="checkbox"/> 9. Map of service area	Yes
<input type="checkbox"/> 10. Proof of existing telehealth services	No
<input type="checkbox"/> 11. Other U.S. Department of Health and Human Services (HHS) awards	Yes

Component	Included in page limit**?
<input type="checkbox"/> 12-15. Other relevant documents	Yes

Other required forms

Upload using each required form in Grants.gov.

Form	Submission requirement
<input type="checkbox"/> Application for Federal Assistance (SF-424)	With application.
<input type="checkbox"/> Project Abstract Summary Form	With application.
<input type="checkbox"/> Grants.gov Lobbying Form	With application.
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL), optional	With application.
<input type="checkbox"/> Project/Performance Site Location(s)	With application.
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF 424A)	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](#)

In this section, you will describe the purpose, goals, objectives, activities, and expected outcomes of the proposed project.

You should:

- Provide a brief overview of the project, telehealth network members, and target population.
- Briefly describe your collaborative plans for expanding nutrition services, such as providing MNT for chronic disease management and prevention, individual counseling, group counseling, or nutrition screening.
- Specify the nutrition services and chronic diseases that you will address and support through this program. You must address **at least two** chronic diseases in the proposed service area.

See a suggested [list of chronic diseases in the program description](#).

Need

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

In this section, you will detail the needs of the populations you will serve. Include citations referencing federal, state, or local data, if possible. Where data is limited, note this and use other means to document the needs assessment.

You should:

- Describe the target population and their unmet health needs.
- Identify rural and medically underserved patient groups, including their demographics, who face significant barriers to health and health care.
 - Describe this population's nutrition-related health challenges and unmet needs, including chronic disease prevalence, health outcomes, and key nutrition issues. Explain their impact on patients.

- Explain the opportunity for telehealth nutrition services within the target population. Include existing health care delivery support and the proposed number of rural and medically underserved originating sites and patients you will serve.
- Outline the community or organization needs you plan to address.
 - Detail the availability of nutrition services in your organization and/or community.
 - Describe the nutrition providers and community organizations located in and near the service area. Include their role in meeting nutrition needs.
 - Explain how the project will benefit and support the community, organization, and providers.
 - Describe local support for the project and how you will involve the community in development and ongoing operations of your project. This could include rural community members; patients; representatives of local, regional, tribal, and/or state governments; and non-government organizations. Explain how they will be involved in implementing your project.
- Discuss any relevant barriers to nutrition care, telehealth services, or other challenges that may impact your ability to develop or implement the project.

Approach

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

In this section, you will describe how you will address the stated needs and meet the [program requirements and expectations](#) described in this funding opportunity.

You should:

- Define the proposed goals and objectives of your project. These should be specific, measurable, realistic, and achievable in a specific timeframe.
- Explain how your project will meet the needs identified for the target population, including any subpopulations. Include a map of the service area in [Attachment 9: Map of service area](#).
- Identify the selected telehealth sites and explain why you chose them, using supporting data. Describe plans to collaborate with local providers to maximize patient reach and encounters.
- Explain how you will integrate nutrition services provided through telehealth into primary and specialty care settings at the distant and originating sites to prevent and manage chronic diseases.

- Detail how the telehealth program and its network will connect registered dietitians to primary and specialty care providers to expand access to and improve the quality of telehealth nutrition services for the target population.
- List the disciplines of the health care team that you will integrate telehealth nutrition services into.
- Describe the nutrition services (screening, treatment, and prevention) and chronic diseases you will address, the settings and specialties into which you will integrate them, the technology you will use, and how these services will help prevent and manage chronic diseases with telehealth. See the [Chronic Disease Nutrition Interventions section](#).
- Specify how you will use RPM, AI-driven RPM, or other telehealth technologies to assess and track patient progress, conduct nutrition screenings, and deliver MNT to prevent and treat chronic diseases. Explain how the technology supports accurate, cost-effective, user-friendly care, meets federal and industry standards, integrates into care practices, avoids redundancy, and works with telehealth platforms, nutrition software, and electronic health record (EHR) systems.
- Include a plan for how you will track and address changes in demand for nutrition services over time.
- Explain strategies to expand access to nutrition screenings and treatment by improving access to nutrition professionals, including registered dietitians and MNT providers, and increasing the use of community health workers and other providers to strengthen service delivery and outreach.
- Identify key stakeholders.
 - Explain their roles and how you will involve them in planning and implementing your project.
 - Describe how you will work with your State Office of Rural Health.
- Detail strategies for training and outreach for patients, providers, and the community, such as staff training, information sharing, and patient health education.
- Describe how you will reach different patient communities through innovation in the provider network, including by integrating dietitians, pharmacists, and direct primary care physicians, particularly in areas that lack traditional health care infrastructure.
- Describe the reimbursement landscape for telehealth nutrition services in the service area, its impact on fee-for-service billing, and plans to optimize reimbursement across insurance types and support uninsured patients.
- Clearly demonstrate how providers will implement a promising nutrition care model that includes MNT and nutrition screening, and that strengthens the

existing health care infrastructure.

- Describe your plan to collect and evaluate program and nutrition-related data to assess the impact of telehealth nutrition services on the target population, including nutrition measures and health outcomes for chronic diseases.
- Include a plan to distribute reports, products, and project outcomes to your target population, community members, and stakeholders.
- Describe how you will sustain the program beyond the period of performance.

High-level work plan

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

Share how you will meet each of the objectives during the five-year period of performance. You must also include a work plan in a table format in [Attachment 1: Work Plan](#) that aligns with the work plan you describe in this section.

You should describe your work plan, including:

- A brief summary of the purpose, goals, objectives, and activities to expand and integrate nutrition services to prevent and manage chronic diseases. These goals should connect directly to the [Need section](#).
 - A timeline for planning and implementing the proposed activities during the project's five-year funding cycle, showing your ability to start upon receipt of the award.
 - Who will oversee each activity.
 - How you will collaborate with network members, partners, and key stakeholders to plan, design, and implement the project.
- State the telehealth nutrition services you will provide and to whom you will provide them. Identify when each site will start receiving telehealth nutrition services.
- Identify the overarching evidence-based, evidence-informed, or innovative models that you will use to develop and implement the program.
- Describe how you will monitor progress for each activity by measuring performance, products or deliverables, outcome measures, and/or benchmarks.
- Detail how you will share expected results, outcomes, and/or impact on the target population, including any subpopulations. For example, results may be related to changes in chronic disease rates, improvements in health outcomes, or amount of nutrition services provided.
- Plan to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

This section should reflect the information in the [Approach section](#) of the project narrative. Include a more detailed work plan in a table format in [Attachment 1: Work Plan](#).

Resolving challenges

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

Explain how you will address challenges or barriers that may come up during the project period. You should:

- Discuss current or expected challenges and barriers you may encounter when implementing telehealth nutrition services. Examples may include partnership or network collaboration, staffing, technology, community challenges, or sustainability.
- Explain how you will resolve each of the challenges and barriers.

Performance management

See merit review criteria 3: [Performance reporting and evaluation](#) and 5: [Resources and capabilities](#)

Describe how you will effectively collect, monitor, and evaluate project results and:

- Demonstrate the capacity and ability of your organization and network members to collect and report data on progress, performance, impact, and outcomes, including all measures required by the Office for the Advancement of Telehealth.
- Describe how you will use data to monitor, evaluate, and improve your project.
- Detail how you will manage and securely store data and protect against cybersecurity threats, breaches, or other loss of data integrity.
- Explain how you will receive input from the service area and target population on project data collection.

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

Sustainability

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

You will be expected to sustain project elements that deliver services and improve practices and outcomes for the target population. Discuss your plan to maintain the proposed activities and services after federal funding ends.

- Identify strategies and how you will sustain telehealth nutrition services.
- Include potential sources of support for achieving long-term sustainability after the five-year period of performance.
- Discuss challenges that you will likely encounter in sustaining the program and how you will resolve each challenge.

Organizational information

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

You should describe the organizational structure of your organization and the proposed telehealth network and its ability to implement activities in the work plan.

- Briefly describe your mission, structure, and the scope of your current activities. Explain how they support your ability to carry out the program requirements. Complete [Attachment 6: Project organizational chart](#).
- Describe the organizational and staffing capacity to implement and sustain the project. Include a staffing plan and job descriptions for key faculty and staff in [Attachment 2: Staffing plan and job descriptions](#).
- Describe the organizations you will partner with, what type of collaboration it is, and how you will specifically work together to meet program goals and objectives. Include additional information in [Attachment 8: Network site commitment](#).
- Detail the key project staff, including their roles, qualifications, and FTE levels for the program. HRSA recommends you have at least 2.0 total FTEs with the following:
 - At least 0.25 FTE dedicated to the project director, who provides strategic oversight and oversees daily operations, including administrative, technical, and financial responsibilities.
 - At least 1 FTE for one or more registered dietitians to support nutrition services and provide MNT.
 - At least 0.50 FTE for a [community health worker](#). Describe how they will facilitate nutrition education and coordinate with the sites, providers, and patients.
- In [Attachment 11: Other U.S. Department of Health and Human Services \(HHS\) awards](#), describe your organization's history of and ongoing federally funded activities.
- Discuss how you will follow the approved plan, track all federal funds, and record all costs to avoid audit findings.
- Provide evidence of institutional commitment to the project at your organization.

Telehealth network site identification

Provide additional information for each network member site. You will also submit other information in [Attachment 7: Rural and medically underserved site identification](#).

- Provide the total number of sites, the number of originating sites and distant sites, and the number of urban (distant) and rural sites. Indicate whether the site is

located in a HRSA-designated rural county or rural census tract, using the [Rural Health Grants Eligibility Analyzer](#).

- Describe how many distant or originating sites will be new to the network, and how many sites will be added to the network, and when they will be added.
- Identify how many counties are represented and the population of the counties served by sites using the most recent census or HRSA data.
- Detail how many and the types of facilities you will use, including if they are in a Health Professional Shortage Area (HPSA, partial HPSA, MUA), or MUA-GE, as determined by the [RHlhub Tool](#).
- Indicate whether and how many network sites have committed to the project. Include additional information in [Attachment 8: Network site commitment](#).

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](#).
- Budget and budget narrative for multi-year awards:
 - Present each network member site's name (with the applicant site first), each site's corresponding costs, and a thorough explanation of what the costs will be used for. Label each site as being distant or originating and rural or urban. You may identify a range of partners in your network, such as local health

departments, institutions of higher education, and other community-based or clinical partners.

- Confirm that your application proposes to use at least 50% of award funding for activities in rural areas.
- Under Personnel, list each position and the person's name, with annual salary, FTE, percentage of fringe benefits paid, and salary charged to the award for each site.
- List equipment under the site where the equipment will be used. List the types of equipment to be funded at each site. Only list equipment expenditures here. Personnel costs for equipment installation should be listed in the "Other" category. Expenditures to purchase or lease equipment are limited to 20% of the total grant funds.
- List clinician payments in the "Other" category. See [Program requirements and expectations – Administrative Requirements](#).
- Include travel funds for at least two staff members to attend at least one annual recipient meeting.
- Include information on the source and amount of non-federal funds you will provide for the project.

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

Your work plan must contain all required elements for the project and be in a table format. It should include a timeline for all five years of the award, list the steps for each activity, and identify the individual and/or organization responsible for each activity.

- Describe the steps and activities you will carry out during the project, using a clear timeline that shows each activity, who is responsible, and when it will be completed.
- Make sure the work plan lines up with the project's goals and objectives and shows the goals, objectives, strategies, activities, how progress will be measured, and outcome indicators.

- Show how you will work closely with key partners in planning, design, and implementation.

Attachment 2: Staffing plan and job descriptions

Provide a staffing plan identifying project roles, qualifications, and time commitments. Justify staffing choices based on education, experience, and level of effort.

For each key personnel, attach a one-page job description. It must include the role, responsibilities, FTE, and qualifications. If the project director also serves as a project director for other federal awards, list the federal awards and the % FTE for each federal award.

Attachment 3: Biographical sketches

Include brief bios for all key staff listed in your staffing plan ([Attachment 2](#)), with two pages or fewer per person. If you include a biographical sketch for someone who is not yet hired, include a letter of commitment from them with the biographical sketch.

Attachment 4: Multi-year budgets, fifth-year budget

For the fifth budget year, submit a copy of Section B of the SF-424A as an attachment. We do not count this in the page limit however, any related budget narrative does count. See the [Application Guide \[PDF\]](#).

Attachment 5: Funding preference documentation

Provide documents that prove you qualify for the statutory funding preference eligibility criteria, as applicable:

- Organization.
- Services.
- Coordination.
- Network.
- Connectivity.

See the [funding preference](#) section.

Attachment 6: Project organizational chart

Provide a one-page diagram that shows the project's organizational structure, including the applicant organization, subcontractors, and network member sites.

Attachment 7: Rural and medically underserved site identification

Provide the following information for all sites, including both distant and originating.

Rural and medically underserved site identification headings:

- Name of site.
- Street address, including city, state, and zip code.
- County.
- Originating site or distant site.
- Rural or Urban.

Please reference [Other Eligibility Criteria](#) section.

Attachment 8: Network site commitment

Include a list or table of whether each proposed site has committed to the project or if it is still pending, and describe each site's commitment. Provide contact information for each site's point of contact.

Post-Award, you will be required to submit additional details for each site, including a MOA(s) that describe working relationships between the awardee and each member of the telehealth network and additional details as requested from HRSA.

Attachment 9: Map of service area

Include a map of the service area that details the location of the network or partner sites, including originating and distant sites, the rural geographic areas served, and information that visualizes the scope of your proposed activities.

Attachment 10: Proof of existing telehealth services

Provide data showing your organization has provided telehealth services for at least six months and at least 15 patients per month. Give evidence of your experience providing nutrition services such as nutrition screenings and MNT to patients to prevent and treat chronic diseases.

Attachment 11: Other U.S. Department of Health and Human Services (HHS) awards

If your organization has received any HHS funds within the last five years, include the name of the HHS awarding agency, award number, and amount of the award.

Attachments 12-15: Other relevant documents

You may use attachments 12 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](#).

Form	Submission requirement
<input type="checkbox"/> Application for Federal Assistance (SF-424)	With application.
<input type="checkbox"/> Project Abstract Summary Form	With application.
<input type="checkbox"/> Grants.gov Lobbying Form	With application.
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL), optional	With application.
<input type="checkbox"/> Project/Performance Site Location(s)	With application.
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF 424A)	With application.
<input type="checkbox"/> Key Contacts	With application.

Form instructions

The [Application Guide \[PDF\]](#) 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 with the needs you plan to address, the proposed services, and the population groups and service area that you plan to serve. Your Project Abstract must identify which chronic disease focus areas from the [Program requirements and expectations](#) section your project will address through nutrition care. Identify whether you meet at least one of the Funding Preferences (see [Funding preferences](#) section), specify which one(s), and briefly explain how you qualify. HRSA staff will determine the funding preference. Preference will be given to an eligible entity that meets at least one of the criteria for funding preferences. Include the requested award amount. Confirm that your application proposes to use at least 50% of award funding for activities in rural areas.

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.

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](#). The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	35 points
3. Performance reporting and evaluation	15 points
4. Impact	15 points
5. Resources and capabilities	20 points
6. Support requested	5 points

Criterion 1: Need (10 points)

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

The panel will review your application for how well it:

- Displays a clear understanding of the population to be served.
- Clearly explains the purpose of the proposed project, what selected nutrition-related focus areas will be offered, which diagnoses or chronic diseases will be addressed at each site, what telehealth technologies will be used, and how services will be delivered and offered.
- Describes the opportunity to expand nutrition services to address the needs of target rural and medically underserved populations through and in collaboration with telehealth networks.
- Discusses barriers to nutrition care and addressing needs of the target population.
- Demonstrates knowledge of the availability and state of telehealth and nutrition services in the proposed populations and regions.

Criterion 2: Response (35 points)

The panel will review your application for how well it:

Methodology (15 points)

- Responds to the program's purpose, goals, and objectives.
- Describes the strategy and methods you will use to address needs and barriers related to access and use of nutrition care, telehealth, and health care in the target area.
- Clearly and completely describes a realistic approach to provide and integrate nutrition services through telehealth, expand nutrition training and the nutrition workforce, and support health care providers who are planning to or are currently offering telehealth nutrition services.
- Details how telehealth nutrition services and registered dietitians will integrate with primary and specialty care; includes the disciplines of the health care team where you will integrate telehealth nutrition services.
- Describes the nutrition services to be delivered and how you will use RPM, AI-driven RPM, or other telehealth technologies to track patient progress and deliver nutrition screenings; and how you will use MNT to prevent and manage chronic diseases in the target population.
- Explains how the technologies meet federal and industry standards and can easily be integrated at the rural and medically underserved sites.
- Thoroughly explains the proposed strategies for outreach and sharing lessons learned.
- Demonstrates a strong strategy to collect data and share lessons learned and best practices with new or existing telehealth nutrition programs and stakeholders.
- Presents a strong model for the project that is based on evidence and is supported by relevant sources.
- Presents a plan for project sustainability after federal funding ends, and a clear explanation of the sustainable impact of the program.
- Addresses and proposes solutions to anticipated challenges or barriers.

Work plan (15 points)

- Includes goals and objectives for the entire five-year period of performance.
- Addresses the project activities, responsible parties, the timeline of the proposed activities, expected outputs, and processes and milestones needed to achieve project goals and objectives.
- Describes which nutrition telehealth services will be implemented and how they will be implemented at the rural and medically underserved originating sites.

- Demonstrates that the work plan activities will be completed collaboratively across the telehealth network members.
- Details meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.
- Provides timing for when each site will receive telehealth nutrition services.
- Explains how the project will monitor progress for each activity through measuring performance, products or deliverables, outcome measures, and benchmarks.
- Includes plans to share expected results, outcomes, and/or impact on the target population.

Resolving challenges (5 points)

- Clearly and effectively identifies the challenges you may encounter in designing and implementing the activities described in the work plan.
- Describes how you will resolve challenges.

Criterion 3: Performance reporting and evaluation (15 points)

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

The panel will review your application for:

Evaluation

- How well it explains how you will collect data and input from the rural and medically underserved sites.
- The extent that project staff have the training and experience to evaluate the program.
- Evidence that you have procedures to adjust program activities or try new approaches if the project is not meeting its goals and objectives.

Performance measurement

- How thoroughly you describe your plan to regularly use data to track and continuously improve performance and health outcomes.
- The extent that project staff have the training and experience to report on performance.
- The ability of your organization and the network members to collect and report data based on progress, performance, impact, and health outcomes, including all measures required by the Office for the Advancement of Telehealth.

Criterion 4: Impact (15 points)

The panel will review your application for:

- The likely impact of the project on the community or target population and in expanding nutrition services.
- How appropriate the timeline is.
- How well it describes expected results, outcomes, and/or impacts.
- The strength of the proposed plans to achieve sustainable impact, monitor progress and improve health outcomes using performance and outcome measures and benchmarks.
- The effectiveness of plans to share results with target populations, stakeholders, and other relevant audiences.
- How likely the program is to continue after federal funding, including describing potential sources of support for achieving sustainability after the five-year period of performance.

Criterion 5: Resources and capabilities (20 points)

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

The panel will review your application for how well it:

- Describes previous experience successfully designing and implementing telehealth programs in rural and medically underserved communities.
- Demonstrates that your team has the capabilities to fulfill the needs of the proposed project.
- Clearly provides the required information for all network sites.
- Outlines staffing requirements, training, and qualifications, including FTE requirements for a project director, registered dietitians, and community health workers.
- Shows that clinicians and senior management are committed to and support the project and its success.
- Clearly defines the site information, roles, and specific responsibilities of the distant sites as well as the rural and medically underserved originating sites.
- Clearly explains each site's role and responsibilities, including both distant and rural and medically underserved sites.

Criterion 6: Support requested (5 points)

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

The panel will review your application for:

- How reasonable the proposed budget is for each year of the period of performance.
- Whether costs, as outlined in the budget and required resources sections, are reasonable and align with the project's scope.
- Whether key staff have adequate time devoted to the project to achieve project objectives.
- The extent to which you have provided a complete and detailed narrative and justification to support each line item on the SF-424A budget form and the allocation of resources.

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.
- 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.
- [Alignment with HRSA Mission and Strategic Priorities](#)

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

You cannot appeal a denial, or the amount of funds awarded.

Funding preferences

This program includes funding preferences, based on 42 U.S.C. § 254c-14(h)(1) (§ 330I(h)(1) of the Public Health Service Act. If we determine that your application meets one of these criteria, we will move it up in our ranking of fundable applications.

Qualifying for a funding preference does not guarantee that you will receive funding.

HRSA staff will determine the funding preference for eligible entities that meet at least one of the qualifications. You can apply for more than one funding preference, but you can only be awarded one. Please use [Attachment 5](#) to request a funding preference.

Qualification 1: Organization

Your organization is a rural, community-based organization or another community-based organization.

Qualification 2: Services

Your organization plans to use funding to develop plans for or to establish telehealth networks that provide mental health care, public health services, long-term care, home care, preventive care, case management services, prenatal care, labor care, birthing

care, or postpartum care.

Qualification 3: Coordination

You demonstrate how you will coordinate the project with other relevant federally funded projects in the areas, communities, and populations to be served through the grant.

Qualification 4: Network

You demonstrate that the project involves a telehealth network that includes an entity that:

- Provides clinical health care services or educational services for health care providers and for patients or their families, and
- Is a public library, an institution of higher education, or a local government entity.

Qualification 5: Connectivity

You are proposing a project that promotes local and regional connectivity within areas, communities, or populations to be served through the project.

Special considerations

This program includes special considerations based on HRSA priorities. This program includes special considerations to prevent significant overlap of service areas. We may give your application special consideration if it addresses the following focus areas:

- Proposes a new program in a target area not currently served by a previously or currently funded Telehealth Network Grant Program recipient in the same specialty as your proposed program.
- Is the highest ranked application of two or more applicants that propose programs in the same focus and service area.

Qualifying for special consideration does not guarantee that you will receive funding.

To achieve the distribution of awards as stated, we may need to fund out of rank order.

Other award distribution

When awarding grants, at least 50% of the funds awarded will be for activities in rural areas.

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

In this step

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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](#).

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

In this step

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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.
- Support collaboration with HRSA's Telehealth Centers of Excellence, Telehealth Resource Centers, the Telehealth Research Centers, and the Telehealth Network Grant Program recipients.

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 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](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- **Performance measures.** To continue your funding, you must submit a report on performance and evaluation measures after each budget period. After the award, we will tell you about measures you must report.
- **Sustainability plan.** As an award recipient, you will be required to submit a sustainability plan by the sixth month of the third year. This plan should build on the original plan included in the application. We will provide more information after the award.
- **Office for the Advancement of Telehealth (OAT) Recipient Directory:** If you receive and accept this award, you must provide information for Recipient Directory Profiles. HRSA will give you more instructions.
- **Data.** You may need to set up data sharing agreements with network members so you can assess the effectiveness of telehealth nutrition network models on patient outcomes and providers.
- **Integrity and performance reporting.** You will need to report on integrity and performance through the SAM.gov Entity Information Responsibility / Qualification system. We will provide more information in your Notice of Award. This requirement is based on 45 CFR part 75 Appendix I, F.3. and 45 CFR part 75 Appendix XII.
- **Final report.** You must provide a final report three months after the period of performance ends through HRSA’s GrantSolutions system. We will provide more information after the award, but the final report will collect information such as:
 - Program-specific goals and progress.
 - Results and impact of the overall project.
 - How well you met your goals and strategies.
 - Overall experience during the project.



Contacts and Support

In this step

Agency contacts [55](#)

Help with systems [56](#)

Agency contacts

Program and eligibility

Krishna Patel

Public Health Analyst

Office for the Advancement of Telehealth

Attn: Telehealth Nutrition Services Network Grant Program

Health Resources and Services Administration

Email: kpatel1@hrsa.gov

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Financial and budget

Shelia Burks

Grants Management Specialist

Division of Grants Management Operations Office of Financial Assistance and

Acquisition Management (OFAAM)

Health Resources and Services Administration

Email: sburks@hrsa.gov

Telephone: 301-443-6452

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](#)
- [HRSA Office for the Advancement of Telehealth](#)
- [Rural Health Information \(RHI\) Hub](#)
 - [RHI Hub – Community Health Workers in Rural Settings](#)
 - [National Consortium of Telehealth Resource Centers](#)
 - [2025-2030 Dietary Guidelines](#) and [RealFood.gov](#)
 - [Telehealth.HHS.gov](#) and [Telehealth.HHS.gov Best Practice Guides](#)
 - [Telehealth for nutrition care and services](#)
 - [Telehealth for prevention and management of chronic disease](#)
 - [Telehealth for diabetes management](#)
 - [Telehealth for older adults](#)
 - [Telehealth and remote patient monitoring](#)
 - [Telehealth for rural areas](#)
 - [Telehealth accreditation](#)