

# Telehealth Nutrition Services Network Grant Program

## Opportunity number: HRSA-26-076

### FREQUENTLY ASKED QUESTIONS AND ANSWERS (Q&A)

**Q: What is the purpose of the Notice of Funding Opportunity (NOFO) HRSA-26-076, Telehealth Nutrition Services Network Grant Program?**

A: The NOFO HRSA-26-076 is designed to outline the availability of funding and the specific criteria that applicants must meet to be considered for grants. It provides detailed information on project goals, funding priorities, eligibility requirements, and submission procedures.

**Q: Where can I download a copy of the Notice of Funding Opportunity?**

A: The Notice of Funding Opportunity (NOFO) for HRSA-26-076 Telehealth Nutrition Services Network Grant Program is posted on the [Grants.gov](https://www.grants.gov).

**Q: Who is eligible to apply for the NOFO HRSA-26-076?**

A: Eligible entities include public and state-controlled institutions of higher education, county governments, special district governments, private institutions of higher education, for-profit organizations (other than small businesses), nonprofits without 501(c)(3) IRS status (excluding higher education institutions), small businesses, federally recognized Native American tribal governments, nonprofits with 501(c)(3) IRS status (excluding higher education institutions), independent school districts, city or township governments, state governments, and Native American tribal organizations that are not federally recognized. It is crucial to carefully review the eligibility section of HRSA-26-076 to ensure that your organization qualifies.

**Q: When is the application deadline for HRSA-26-076?**

A: The deadline is July 8, 2026, at 11:59 p.m. ET.

**Q: What is the period of performance for HRSA-26-076?**

A: The period of performance for HRSA-26-076 is 5 years (September 1, 2026 through August 31, 2031).

**Q: Can I request an extension for the application deadline for HRSA-26-076?**

A: We will not consider an application that is submitted after the deadline (page 9).

**Q: What is the page limitation for my application?**

A: 60 pages.

**Q: What is a domestic entity?**

A: "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.

**Q: How do I receive notifications about funding opportunities?**

A: You can subscribe to a daily email from Grants.gov listing all new grant opportunities. You must register as an applicant to subscribe and receive notifications about funding opportunities. You can choose the agencies and types of opportunities that are relevant. For more information about customizing and receiving email notifications, see [Manage Subscriptions](#).

**Q: Is there a limit on the number of applications an institution may submit?**

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

**Q: If my organization has a negotiated HHS Indirect Cost (IDC) rate of more than 15%, can we use that rate in our application?**

A: No. The maximum IDC rate authorized by statute and applied to this grant program is 15%.

**Q: Do patients' homes qualify as originating sites? And, can patients receive telehealth nutrition services from their home?**

A: Yes, but do not provide patient home addresses in "Attachment 7 Rural and Medically underserved site identification". Only list the originating site that the patient's home is closest to, and listed in Attachment 7. The proposed telehealth network should include at least two originating site street addresses, of traditional health care settings, that are rural and medically underserved. See page 8, section "Composition of the telehealth network" for list of eligible entities. **PO Box addresses should not be listed in Attachment 7.**

**Q: Our clinicians (RD, NP, MD, etc.) work remotely. Would their home locations count as a distant site(s)?**

A: If the clinician's home is also a business address, then it will count as a distant site. If the clinician is a contractor with one of the eligible entities listed on page 8, then the applicant should note the eligible entities street address in Attachment 7. **Do not include PO Box addresses in Attachment 7.**

**Q: How do I provide evidence of existing telehealth services? And what if we plan to serve less than 15 patients per month under the NS-TNGP?**

A: Attachment 10 requires applicants to "provide data showing your organization has provided telehealth services for at least six months and at least 15 patients per month" and to provide evidence of experience delivering nutrition services such as nutrition screenings and medical nutrition therapy (MNT) to prevent and treat chronic diseases (NOFO, pgs. 37). Attachment 10 requires applicants to "provide data showing your organization has provided telehealth services for at least six months and at least 15 patients per month" and to provide evidence of experience delivering nutrition services such as nutrition screenings and medical nutrition therapy (MNT) to prevent and treat chronic diseases (NOFO, pgs. 37). The requirement is written in terms of the applicant organization's telehealth experience overall. Applicants should provide documentation responsive to the requirements described in Attachment 10.

**Q: Should my application include a Registered dietitian (RD) as part of the "Personnel" costs?**

A: The NOFO requires that funded projects integrate nutrition services into an interdisciplinary care team and include at least 1.0 FTE for one or more registered dietitians to support nutrition services and provide MNT (NOFO, pgs.13 and 33). You (as a potential applicant) should clearly

describe proposed staffing, roles, FTE allocations, and qualifications in the Staffing Plan and Job Descriptions attachment, consistent with the NOFO requirements (NOFO, pgs.13, 33, and 36).

**Q: Do I need to consult with a State Office of Rural Health (SORH)?**

A: Yes, The NOFO requires you (potential applicant) to consult with their State Office of Rural Health (SORH), or another appropriate state entity, prior to submitting an application. The NOFO explains that the SORH may provide consultations; share information on model programs and data resources; provide technical assistance; or support information sharing (NOFO, pgs.14). In addition, you (potential applicant) are instructed in the Project Narrative to describe how you will work with their State Office of Rural Health as part of the proposed project approach (NOFO, pgs. 28). Please visit the [National Organization of State Offices of Rural Health \(NOSORH\) website for more information.](#)

**Q: Is a originating site eligible if it's medically underserved but urban and suburban only?**

A: No. All proposed originating sites must be in rural and medically underserved areas

**Q: Is the award \$300,000 per year for five years or \$300,000 total?**

A: The award ceiling amount is up to \$300,000 per year.

**Q: How many distant sites are required?**

A: At least one distant site is required

**Q: For the required "50% of funding for activities in rural areas", if we have a registered dietitian at the urban site and provide the telehealth nutrition counseling to rural residents - is that activity included under the urban or rural part of the budget?**

A: Rural because the originating site is rural.

**Q: Can the 1.0 FTE for a RD a required position be interpreted as 1.0 FTE for direct provision of services? For example, we provide services through a training program in which students provide services under the supervision of a licensed provider. Would 1.0 FTE of student providers fulfill this requirement?**

A: The FTE requirements are listed in the NOFO with the language "such as" so that would likely be acceptable. However, they need to make sure to fulfill the rest of the NOFO requirements, including with the types of services (such as MNT which is provided by an RD or DTR, but can also be overseen by a RD overseeing a student).

**Q: Two orginating sites - can this be two different physical health centers within the same health system?**

A: Yes.

**Q: Can the telehealth network member be at the rural clinic?**

A: Yes, they can part of the telehealth network since Rural Health Clinics are included on page 8.