Request for Grant Applications (RFGA)

Application due 6/17/2026 at 5:00 p.m. MT

Department *of* Health & Human Services

Utah Rural Health Transformation Program

RISE 2.1, 2.A. Graduate Medical Education (GME)

Strategic Plan

Opportunity number: URHTP-2594-2026

CMS Disclaimer: This Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $195,743,566.29 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

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Additional Guidance for Applicants

If you believe you are a good candidate for this funding opportunity, secure your Utah State Purchasing vendor registration now. If you are already registered, make sure your registration is active and up-to-date.

Apply by the application deadline:
June 17, 2026 at 5:00 p.m. Mountain Time (MT)

Section 1: Project Overview

Background

The Rural Health Transformation Program (RHTP) is a five-year federally funded initiative from the Centers for Medicare & Medicaid Services (CMS) designed to modernize and strengthen health systems within rural communities. In November 2025, the Utah Department of Health and Human Services (DHHS), acting as the state's lead agency, submitted a stakeholder-informed application to CMS. Consequently, Utah was awarded $195.7 million in federal funding for Year 1. While the program is anticipated to run through 2030, continued annual funding is contingent upon program outcomes, the availability of funds, and CMS discretion.

Utah's RHTP framework is built upon four strategic pillars: Making Rural Utahns Healthy, Workforce Development, Innovation and Access, and Technology Innovation. These pillars are operationalized through 24 key activities divided into seven integrated initiatives: PATH, RISE, SHIFT, FAST, LIFT, SUPPORT, and LINCS. These initiatives and activities aim to unite rural stakeholders to transform rural healthcare delivery, strengthen patient-centered care, and drive measurable improvements in health, coordination, and financial sustainability across rural Utah.

The Rural Incentive and Skill Expansion (RISE) initiative is a core component of Utah's RHTP plan. Aligned with the Workforce Development strategic goal, this initiative encompasses five key actions designed to build lasting infrastructure and capacity for the clinical workforce in rural Utah. This funding opportunity is directly linked to RISE key action 2.1: Develop GME training in rural healthcare facilities and subactivity 2.A: Create and implement a comprehensive strategic plan to sustainably develop and expand GME opportunities in rural facilities with Utah's medical schools and health care partners.

Detailed eligibility criteria and program expectations are outlined in the subsequent sections of this application packet.

Purpose of Request for Grant Application (RFGA)

The purpose of this request is to select one Grantee via competitive solicitation to develop a comprehensive 10-year strategic plan to expand Graduate Medical Education (GME) opportunities in rural Utah. The Grantee will partner with medical schools, health systems, Community Health Centers, Tribal partners, and additional stakeholders to develop a robust strategic plan which will deliver sustainable and reliable physician access for rural Utah. The strategic plan will support activities necessary to achieve the benchmarks established by the Utah RHTP RISE initiative. See Utah's RHTP plan at DHHS's RHTP website at dhhs.utah.gov/ruralhealth/. Click Utah's RHTP Full Project Narrative.

Questions regarding this RFGA should be addressed to the Utah RHTP team at ruralht@utah.gov. All questions and answers will be compiled and posted publicly in a continuously updated Q&A document located at the Utah Procurement and Contract Management (PCM) page, dhhs.utah.gov/dhhspurchasing/. Applicants are encouraged to check the document regularly for updates. The final day to submit questions is **June 15, 2026 at 5:00 p.m. MT**, and the final Q&A document will be updated by **June 16, 2026 at 5:00 p.m. MT.**

Eligible Applicants

To ensure stewardship of federal funds and the highest quality project execution, applicants will be evaluated on two distinct tiers of criteria: Minimum Mandatory Eligibility Requirements (evaluated on a pass/fail basis) and Scored Technical Criteria (evaluated by reviewers based on the application proposal).

Minimum Mandatory Eligibility Requirements (Pass/Fail)

Applicants must meet all of the following minimum criteria to move forward to the technical review. Failure to meet any of these items will result in immediate disqualification.

- **Legal Entity Status and State Vendor Registration:** The applicant must prove legal operational status as a recognized entity (for-profit, non-profit, or government) and formally attest to their eligibility and intent to register as an active vendor with Utah State Purchasing within 14 business days of receiving a Notice of Intent to Award. Depending on the applicant's status, the applicant must provide the following documentation:
    - **For-Profit Businesses:** Must provide a valid business license and active registration with the Utah Division of Corporations.
    - **Non-Profit Entities:** Must provide proof of active 501(c)(3) tax-exempt status and active registration with the Utah Division of Corporations.

    - **Government/Public Entities:** Must provide proof of public status (e.g., statutory authorization, charter, or an official letter from a department head/authorized official).
- **Federal and State Standing:** The applicant must not be debarred, suspended, or otherwise excluded from receiving federal or state funding.

Scored Technical Criteria (Evaluated via Application Proposal)

Reviewers will score the quality, depth, and feasibility of the applicant's proposal based on the following technical competencies:

- **Rural GME Strategic Planning:** Proven capability to design long-term, scalable, and stakeholder-informed strategic frameworks specifically for rural areas and physician workforce.
- **Baseline GME Operational Experience:** Institutional experience working directly with Graduate Medical Education (GME) accreditation standards and operational frameworks.
- **Technical Assistance Delivery:** Demonstrated expertise providing hands-on advisory services, navigating accreditation bodies (such as the Accreditation Council for Graduate Medical Education), and supporting clinical facilities through GME expansion.
- **GME Financial Architecture:** Understanding of state and federal GME financing mechanisms, including CMS Direct Graduate Medical Education/Indirect Medical Education funding, Health Resources and Services Administration grants, and Medicaid matching.
- **Utah Healthcare Landscape Fluency:** Structural knowledge of Utah's unique rural healthcare delivery networks, geographical frontiers, tribal healthcare infrastructures, and existing physician workforce shortages.
- **Collaborative Stakeholder Facilitation:** Exceptional capacity to coordinate, align, and drive consensus among various groups (e.g., medical schools, health systems, legislative bodies, and community health clinics).

Completeness and Responsiveness Criteria

DHHS will review the application to make sure it meets the requirements set forth in this RFGA document.

DHHS will not consider an application that:

- is from an organization that does not meet all minimum mandatory eligibility requirements;
- is submitted after the deadline;
- is not submitted via the provided application link; and
- does not include all of the components required in the application.

Application Limits

DHHS will accept only one formal application per entity. In the event that multiple completed applications are received from the same entity, only the final submission recorded prior to the application deadline will be considered for review, and all preceding versions will be disqualified.

Section 2: Funding Details

Funding type: Grant agreement

Maximum funding available for the agreement: Up to $1,600,000.00.

Expected total number of awards: Up to one.

Grant extensions and terminations are determined by availability of funds, grantee performance, and the discretion of CMS and DHHS.

Agreement Period

The agreement period is anticipated to begin **July 20, 2026** and will end on **September 30, 2027**. Failure to expend funds by September 30, 2027 will result in funds recouped by DHHS to return to CMS.

Cost Sharing

This RFGA has a no costs-sharing requirement, meaning applicants are not required to contribute to the costs of this project.

Use of Funds

The Grantee agrees to use all funds received under this agreement only for the permissible uses defined in the CMS Notice of Funding Opportunity (NOFO) and Utah's initial Notice of Award (NOA). These uses are governed by Federal statute: Pub. L. No. 119 21, § 71401 (July 4, 2025) (codified at 42 U.S.C. § 1397ee(h)) ("Rural Health Transformation Program"). Use of funds categories may not be applicable to specific project tasks or to all phases of project implementation. Descriptions of Use of Funds categories are outlined in the NOFO p. 11, 12 and NOA p. 9-12.

The Grantee shall not use funds provided under this agreement for any unallowable costs. Prohibited expenditures under CMS guidelines and the federal RHTP may not be applicable to specific project tasks or to all phases of project implementation. Unallowable costs are outlined in the NOFO p.18-20 and the NOA p. 9-12.

Section 3: Services and Deliverables

This section describes the expected activities and deliverables of the Grantee to develop a comprehensive 10-year strategic plan to expand GME opportunities in rural Utah. The following milestones and benchmarks should be incorporated into the description and implementation approach in the application.

Phase 1: Foundational Activities—Gather Partners and Assess the Rural GME Landscape. At a minimum:

1.1. Establish a stakeholder framework and workgroup.

- Representation must include key partners in Utah including: Rural health facilities (e.g., Critical Access Hospitals, Community Health Centers, Rural Health Clinics, Federally Qualified Health Centers), medical schools, health systems, relevant state and local agencies (e.g., Utah Medicaid, Utah System of Higher Education, etc.), Indian health system (I/T/U) providers, and the Utah Health Workforce Advisory Council, including its relevant subcommittees, such as the Utah Medical Education Council.
- Convene and engage the workgroup at a frequency and duration that ensures progress. Throughout the agreement period, workgroup members should provide expertise on the immediate and anticipated needs of rural GME in Utah. Workgroup members should guide the development of the strategic plan and provide actionable feedback to ensure its efficacy.

1.2. Assess the current rural Utah GME landscape to inform strategic planning.

- Conduct a comprehensive analysis to assess alignment, feasibility, and sustainability. At minimum, address and incorporate the following topics:
    - Utah's rural community health and rural physician workforce needs through population health data, provider shortage data, physician pipeline analysis, specialty gaps, etc.
    - Models and best practices from other states, including scalable growth models
    - Utah's rural clinical resources and assets to support rural GME expansion

- Financial infrastructure, viability, and sustainability
- Accreditation barriers
- Needs of Utah tribal and high-needs populations or those who encounter significant challenges to accessing resources and services
- State and federal GME policy landscape
- Synchronization with undergraduate medical education in Utah
- Governance structure to guide planning and implementation

Phase 2: Development—Develop Utah's Approach and Outline the Plan. At a minimum:

2.1. Identify the 10-year plan's scope and approach.

- Engage the workgroup to translate the key findings from the landscape assessment into a viable model and approach for rural Utah.
- Facilitate decision-making among the workgroup and set feasible timelines for rural GME implementation as part of the 10-year plan.

2.2. Outline Utah's 10-year GME strategic plan.

- Submit a detailed outline of Utah's 10-year GME strategic plan for DHHS review and approval. Revise as needed, according to DHHS feedback.

Phase 3: Drafting—Draft Strategic Plan and Gather Feedback. At a minimum:

3.1. Draft a robust, 10-year strategic plan document.

- Draft a 10-year strategic plan to expand GME in rural Utah based on findings from the landscape assessment and input from the workgroup and other stakeholders. The strategic plan should be no longer than 50 pages and must include the following elements at a minimum:
  - Executive summary
  - Table of contents
  - Background information, including a summary of the landscape assessment, specialty gaps in Utah's rural and tribal communities, and clinical capacity assessment to support rural GME expansion
  - Key objectives, strategies, and tactics to expand rural GME over the next 10 years, including proposed locations and specialties for rural GME expansion, an implementation plan, timelines, and technical assistance needed to support implementation
  - Citations and references

3.2. Seek stakeholder expertise to revise and refine the plan.

- Present the detailed, 10-year strategic plan to DHHS.
- Present to additional stakeholders and groups as instructed by DHHS.
- Compile and synthesize stakeholder feedback to inform strategic adjustments to the plan.

Phase 4: Optimization & Sustainability—Complete and Present the Final Plan. At a minimum:

4.1. Finalize Utah's 10-year strategic plan.

- Integrate stakeholder feedback into a comprehensive, finalized strategic plan.
- Engage in a formal review and approval processes with DHHS, workgroup members, key stakeholders, and other relevant entities as required by DHHS.

4.2. Disseminate the strategic plan.

- Develop a dissemination plan that addresses audience-specific information needs.
- Produce engaging resources and presentation materials for diverse audiences.
- Present the final strategic plan to groups and stakeholders as directed by DHHS. This may include relevant state and local agencies, legislators and legislative bodies, medical schools, health systems, rural health facilities (e.g., Critical Access Hospitals, Community Health Centers, Rural Health Clinics, Federally Qualified Health Centers), Indian health system (I/T/U) providers, and relevant oversight and advisory committees, including the Utah Health Workforce Advisory Council and the Utah Medical Education Council.

Ongoing: Implementation and Technical Assistance—Provide continued support as instructed or requested by DHHS.

- Facilitate the launch and implementation of Utah's GME strategic plan.
- Provide specialized technical assistance to help stakeholders navigate GME planning and implementation at the program level.
- Log technical assistance and provide summary reports to DHHS.

Deliverables	Anticipated Timelines
Phase 1	
Workgroup charter, including objectives, meeting cadence, members, and key milestones	Within 30 days of contract execution
Continuous report of workgroup meetings	Continuously throughout the agreement period
Report and presentation of rural Utah's current GME landscape, capacity assessment for expansion, and sustainable financing options	Within 90 days of contract execution
Phase 2	
Outline of Utah's 10-year GME strategic plan	Within 6 months of contract execution
Phase 3	
Drafted 10-year strategic plan document	Within 9 months of contract execution
Presentation of strategic plan draft	Within 9 months of contract execution
Phase 4	
Final 10-year strategic plan	Within 10 months of contract execution
Collection of resources and assets for dissemination to various audiences and stakeholders	Within 11 months of contract execution
Presentations to key stakeholders in Utah	Within 12 months of contract execution
Implementation and Technical Assistance	
Continued technical assistance to support implementation of the strategic plan	Continuously through the remainder of the agreement period
Summary reports of logged technical assistance	Continuously through the remainder of the agreement period

Grantee Expectations

The Grantee will be expected to adhere to the following:

- Meet at least monthly with the Utah RHTP team to coordinate activities, provide updates about findings and progress of activities, and ensure all contractual requirements are met.
- Provide monthly reimbursement requests/invoices of expenses in accordance with State Contracting processes.
- Attend all RHTP trainings related to the project.
- Provide all services and deliverables described in the agreement.
- Participate in the DHHS evaluation process.
- Timely delivery of reports to Utah DHHS as outlined in the Grantee agreement.

Section 4: Payments

Utah RHTP shall reimburse the Grantee based on the negotiated budget, not to exceed the funding available for this agreement. Expenses shall be reimbursed based on actual expenditures with appropriation documentation. Expenditures must follow the guidelines described below. The categories defined below are the only expenditures allowed under this agreement.

Grantees must submit reimbursement invoices of expenses monthly in accordance with State Contracting processes. Payment(s) may be withheld until the services and deliverables defined in this agreement are completed. These funds are not to be used for purchasing meals. The only exception is for per diem reimbursement for authorized personnel while traveling.

Categories	Rate/allowable costs*
Personnel: salaries/fringe	Personnel working on project implementation
Administration of funding	Up to 10% of the total amount requested. This 10% limit applies to administrative costs for your entire budget, including indirect and direct costs.
Project implementation	Expenses to create and execute project and agreement requirements
Travel	Mileage/meal reimbursement (per diem)

Supplies	Purchases under $10,000.00
Other	Other costs (e.g., software licenses, data sources, etc.)

*See the CMS NOFO for full information on allowable and unallowable costs.

Section 5: Application

To be considered for this RFGA, interested applicants must submit an application and budget using the following linked forms:

- Application link: utahdhs.iad1.qualtrics.com/jfe/form/SV_3myMjjkPTdUMZJI
- Budget template link: docs.google.com/spreadsheets/d/10_99W5ID5RRDL9lyADYceXFEpLseQABsuaoNFcCcWz8/edit?usp=sharing

The application must be submitted by June 17, 2026 at 5:00 p.m. MT. Late applications will not be considered.

Application Questions

The application questions are detailed below for reference. To ensure a smooth application submission, applicants are encouraged to prepare responses to the following sections before using the application link. Please note that character limits apply to certain responses.

Section 1: Organization Information

1. Organization Name
2. Organization Website (if applicable)
3. Organization Contact Name
4. Organization Contact Title
5. Organization Contact Email Address
6. Organization Contact Phone Number

Section 2: Eligibility Criteria

Please provide objective confirmation of your organization's legal and operational eligibility. Note: False statements will result in immediate disqualification from the application process.

7. **Organization Legal Structure:** Select your organization’s legal framework:
    a. For-Profit Business

b. Non-Profit Organization / 501(c)(3)
c. Government / Public Entity (e.g., Public University, State/Local Agency)

8. **Legal Status Documentation Upload**: Please upload the appropriate verification document based on your selection above (e.g., Business License, IRS 501(c)(3) Determination Letter, or Government/Statutory Charter). [Upload Button]
9. **Eligibility & Intent to Register as a State Vendor:** Disbursements for this project can only be made to entities registered with the Utah Division of Purchasing (via the U3P/Jaggaer system). Please review the following attestation and check the box to confirm compliance:
    a. "I certify that my organization is eligible to register as a vendor with the State of Utah and, if selected for an award, agrees to fully complete and submit our Utah State Purchasing vendor registration within 14 business days of receiving the Notice of Intent to Award. I understand that failure to complete this registration in a timely manner may result in the forfeiture of the award."
        i. I agree and attest.
10. **Federal and State Standing:** Do you certify that your organization is in good standing and is not currently debarred, suspended, or otherwise restricted from participating in federal or state grant programs? [Yes / No]

Section 3: Stakeholder Engagement Strategy

11. **Stakeholder Framework:** Describe your conceptual framework to identify and engage stakeholders with interest in or who will be impacted by GME expansion in rural Utah. (1000 characters)
12. **Workgroup Composition:** List the key sectors, organizations, or specific workgroup roles you would include to ensure all relevant stakeholders are represented. (1000 characters)
13. **Engagement & Consensus Strategy:** Describe your operational strategy to convene, manage, and facilitate the workgroup on a frequent basis to achieve actionable input for strategic plan development, and explain how you will manage competing priorities. (2000 characters)

Section 4: Analysis Approach & Methodology

14. **Landscape Analysis Strategy:** Explain your approach to planning and conducting a comprehensive rural GME landscape analysis for Utah. (1500 characters)
15. **Core Elements of Assessment:** Detail the specific focus areas of your analysis that will ensure the final strategic plan is comprehensive and feasible. (1500 characters)
16. **Data Sources & Validation:** Specify the quantitative and qualitative data sources you intend to use in your analysis, and how you will validate this information. (1000 characters)

17. **Milestones & Timelines:** Outline the critical milestones and structured timelines necessary to conduct the landscape analysis effectively. (1000 characters)

Section 5: Strategic Plan Approach & Methodology

18. **Scope and Approach:** Identify the key decisions and timelines necessary to define the scope and approach of Utah's 10-year plan, and explain your process. (1000 characters)
19. **Drafting & Finalization Process:** Detail your structured methodology for transforming landscape data and workgroup expertise into a cohesive, finalized 10-year strategic plan. (2000 characters)
20. **Dissemination Plan:** Outline your planned approach to disseminating the final strategic plan to various audiences (e.g., legislators, health systems, rural clinics). (1000 characters)
21. **Technical Assistance (TA) Framework:** Specify how you will support the immediate implementation of the plan. What specific models of technical assistance will you provide to rural facilities navigating accreditation and funding? (2000 characters)
22. **Implementation Plan Upload:** Upload a 1-page visual timeline/implementation framework detailing all phases, milestones, deliverables, and resource allocations you will execute across the agreement period.

Section 6: Experience & Qualifications

23. **Organizational Capability Narrative:** Detail your organization's specific past performance with rural GME planning, physician workforce strategy, and federal funding optimization. Highlight one relevant past project (including client, scope, and measurable outcomes). (3000 characters)
24. **Project Lead & Key Personnel Qualifications:** Identify the Project Lead and up to two additional key personnel and describe their roles in developing the strategic plan. (1500 characters)
25. **Resumes/CVs Upload:** Upload the Resume or Curriculum Vitae (CV) for the Project Lead and two key personnel named in the previous question (Limit of 4 pages per CV; maximum of 3 uploads).

Section 7: Budget

26. What is your proposed budget for this project?
27. Upload an itemized budget sheet using the template provided.

Section 6: Application Review

Compliance and Eligibility Review Process

Each application submitted by the due date and time will first be reviewed by RHTP for completeness and compliance with the requirements provided in this RFGA. All applications that fail to address all requirements shall be deemed incomplete and shall receive no further consideration.

Compliance Criteria

- Organization meets all minimum mandatory eligibility requirements (Pass/Fail)
- Application submitted by the deadline (Pass/Fail)
- Application submitted via the provided application link (Pass/Fail)
- Application includes all of the components required in the application (Pass/Fail)

Minimum Mandatory Eligibility Requirements

- Applicant provides documentation of legal operational status as a recognized entity (for-profit, non-profit, or government) (Pass/Fail)
- Applicant agrees and attests to their eligibility and intent to register as a state vendor. (Pass/Fail)
- Applicants certifies the organization is in good standing and is not currently debarred, suspended, or otherwise restricted from participating in federal or state grant programs. (Pass/Fail)

Technical Review Committee

DHHS will conduct a comprehensive, fair, and impartial review of applications received as a result of this RFGA. The Technical Review Committee will review the applications, rank them according to the scoring system described below, and meet as a group to compare evaluations. The committee will then make award recommendations to RHTP.

Scoring for Applications

Applications are scored on a maximum 120-point scale. Reviewers will score each section using a 0–5 point scale, which is then multiplied by each criteria's assigned weight to determine the total score. Maximum point values and evaluation criteria for each section are as follows:

1. **Stakeholder Engagement Strategy: 20 points available**
    a. Stakeholder framework (6 points)
        i. Fail: Not structured or specific.
        ii. Satisfactory: Demonstrates a general approach with some detail.
        iii. Excellent: Demonstrates a comprehensive approach that is highly specific.
    b. Workgroup composition (6 points)
        i. Fail: Not specific to rural Utah or missing key stakeholders.
        ii. Satisfactory: Includes the following key stakeholder groups: Rural health facilities, medical schools, Health systems, State/local agencies, I/T/U providers, Utah Health Workforce Advisory Council or Utah Medical Education Council.
        iii. Excellent: More comprehensive and specific key stakeholders including groups not listed above.
    c. Engagement & consensus strategy (8 points)
        i. Fail: Not structured or specific.
        ii. Satisfactory: Demonstrates a general strategy with some detail, but is lacking active engagement strategies.
        iii. Excellent: Demonstrates a comprehensive strategy that is highly specific with detailed protocols for navigating competing interests and ensuring continued progress.

2. **Analysis Approach & Methodology: 25 points available**
    a. Landscape analysis strategy (6 points)
        i. Fail: Not structured or specific.
        ii. Satisfactory: Passive approach that lacks focus on rural Utah and rural GME.
        iii. Excellent: Detailed, structured, and methodical approach that demonstrates a strong rural Utah landscape alignment and a strong understanding of rural GME.
    b. Core elements of assessment (8 points)
        i. Fail: Not specific to rural Utah or rural GME.
        ii. Satisfactory: Includes the following key aspects: rural community health data, models/best practices, Utah's rural clinical resources, physician pipeline analysis and specialty gaps, financial infrastructure/viability, accreditation barriers, needs of tribal and high-needs populations, state and federal GME policy landscape, synchronization with undergraduate medical education in Utah, and governance structure.
        iii. Excellent: More comprehensive and specific, including additional aspects not listed above.

c. Data sources & validation (6 points)
    i. Fail: Not relevant or specific.
    ii. Satisfactory: Demonstrates relevant, but generic data sources and a validation methodology that is lacking analytical rigor.
    iii. Excellent: Demonstrates a plan to use comprehensive, relevant, and high-quality data sources with a sound validation methodology that is specific to rural Utah and rural GME.
d. Milestones and timelines (5 points)
    i. Fail: Not structured or specific.
    ii. Satisfactory: Demonstrates a general structure with some detail.
    iii. Excellent: Demonstrates a comprehensive structure that is highly specific with necessary milestones and timelines.

3. Strategic Plan Approach & Methodology: 35 points available

a. Scope and approach (9 points)
    i. Fail: Not structured or specific.
    ii. Satisfactory: Demonstrates a general strategy with some detail, but is not comprehensive.
    iii. Excellent: Demonstrates a comprehensive strategy that is highly specific with details for navigating competing interests and ensuring continued progress, and demonstrates a strong rural Utah landscape alignment.
b. Drafting & finalization process (9 points)
    i. Fail: Not structured or specific.
    ii. Satisfactory: Demonstrates a general methodology with some detail, but is lacking methodological rigor.
    iii. Excellent: Demonstrates a comprehensive methodology that is highly specific to rural Utah and rural GME.
c. Dissemination plan (5 points)
    i. Fail: Not structured or specific.
    ii. Satisfactory: Demonstrates a general plan with some detail.
    iii. Excellent: Demonstrates a comprehensive plan that is specific with necessary strategies, products, and timelines.
d. Technical assistance (TA) framework (7 points)
    i. Fail:Not structured or specific.
    ii. Satisfactory: Demonstrates general support strategy that is limited in scope.
    iii. Excellent: Demonstrates a comprehensive support strategy that is specific with extensive and varied TA capacity.
e. Implementation plan (5 points)

i. Fail: Not structured or specific.
ii. Satisfactory: Demonstrates a general plan with some detail.
iii. Excellent: Demonstrates a comprehensive structure that is specific to rural GME in Utah and includes necessary phases, milestones, deliverables, and resource allocations.

4. Experience & Qualifications: 25 points available

a. Organizational capability (15 points)
   i. Fail: Limited experience or lacks relevant experience.
   ii. Satisfactory: Demonstrates some relevant experience and/or the past project is not well aligned.
   iii. Excellent: Demonstrates extensive, relevant experience through past performance and highlighted project.
b. Project lead and key personnel (10 points)
   i. Fail: Personnel lack the necessary and relevant experience, or roles are undefined.
   ii. Satisfactory: Personnel have necessary and relevant experience, but roles are not well defined.
   iii. Excellent: Personnel are highly qualified with necessary and relevant expertise in rural GME planning, and roles are highly defined.

5. Budget: 15 points available

a. Total budget is within the maximum award amount (1 points)
   i. Fail: Not within the maximum award amount.
   ii. Excellent: Within the maximum award amount.
b. Budgeted items are relevant and within scope of the RFGA project (7 points)
   i. Fail: Not relevant or not within scope.
   ii. Satisfactory: Demonstrates relevance and within scope.
   iii. Excellent: Demonstrates all budgeted items are highly relevant, fully within the scope of the RFGA, and logically structured to support the project.
c. Budget includes clear and rational justifications for each section (7 points)
   i. Fail: Not structured or specific.
   ii. Satisfactory: Includes basic justifications for sections, but the rationale is vague or generic.
   iii. Excellent: Demonstrates a clear and logical justification for each section.

Total 120 points

Required technical point threshold: 60 points. Scores below 60 points will not qualify for funding.

Award timeline

DHHS will notify all applicants of the award decision by **June 26, 2026**. Upon award, DHHS will initiate the State of Utah contracting process. DHHS may negotiate modifications with the Grantee during contract implementation and funding cycle.

Disqualification

DHHS reserves the right to cancel an award if, in its sole discretion, any interest disclosed from any source could give the appearance of a conflict or cause speculation as to the objectivity of the program/project developed by the grantee. DHHS determination regarding any questions of conflict of interest shall be final.

Allotment Process

DHHS may:

- Fund projects in whole or in part.
- Fund projects at a lower amount than requested.
- Choose to fund no applications under this RFGA.

Section 7: Additional Resources

- CMS Notice of Funding Opportunity (NOFO): Provides CMS guidance on program scope, permissible use of funds, and unallowable cost. dhhs.utah.gov/wp-content/uploads/NOFO-RHTP-2.pdf
- Utah's RHTP website: Updates on Utah's implementation and publicly available resources, including most of those listed here. dhhs.utah.gov/ruralhealth/
- Utah's RHTP Full Project Narrative: Utah's original application which guides implementation. dhhs.utah.gov/wp-content/uploads/Rural-Health-Transformation-Plan.pdf
- Notice of Award (December 29, 2025): Initial notice of funding award that also outlines budget restrictions, reporting periods, and other guidelines aligned with the NOFO. dhhs.utah.gov/wp-content/uploads/NOA_RHTCMS332051-01-00.pdf
- CMS Frequently Asked Questions (FAQs): Responses from CMS regarding inquiries from states. cms.gov/files/document/rural-health-transformation-frequently-asked-questions.pdf