Request for Grant Applications (RFGA)

Application due 8/4/2026 at 5:00 p.m. MT

Department of Health & Human Services

Utah Rural Health Transformation Program

RISE 2.5 Recruit and Retain

Opportunity number: URHTP-2796-2026

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.

Table of contents

Apply by the application deadline:
August 4, 2026 at 5:00 p.m. Mountain Time (MT)

Glossary

RFGA applicants: Applicants who apply for this RFGA.
Grantees or **Selected Grantees:** Organizations who apply for, are successfully awarded under this RFGA, and enter into a legal contract with DHHS.
Sub-award applicants: Applicants who apply for the incentive sub-award.
Selected sub-awardees: Applicants who are successfully awarded under the sub-award application.

RFGA application: The application included in this RFGA.
Sub-award application: The application for the incentive sub-award, to be designed and administered by the Selected Grantees.

Eligible Tier organizations: Organizations who are eligible for being categorized in one of the five Tiers, based on federal designation status, rural health organization type, and rural location status.
Funded Tier organizations: Eligible organizations who apply for and are successfully awarded under the sub-award application.

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 2.5: Recruit and Retain and subactivities 2.I–2.J.

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 up to five Grantees via a competitive application process to implement a clinical workforce recruitment and retention strategy in rural Utah. Grantees will deploy structured incentives to recruit and retain high-need professionals, aligning with Utah's ongoing investment in systems, resources, policies, and collaborative models. The structured recruitment and retention incentives 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 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 on Utah's RHTP funding opportunities website at dhhs.utah.gov/ruralhealth/funding-opportunities/. RFGA applicants are encouraged to check the document regularly for updates. The final day to submit questions is **July 31, 2026 at 5:00 p.m. MT**, and the final Q&A document will be updated by **August 3, 2026 at 5:00 p.m. MT**.

Eligible RFGA Applicants

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

Minimum Mandatory Eligibility Requirements (Pass/Fail)

RFGA 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 RFGA applicant must prove legal operational status as a recognized Utah-based 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 RFGA applicant's status, the RFGA applicant must provide the following documentation:
    - **Utah-Based For-Profit Businesses:** Must provide a valid business license and active registration with the Utah Division of Corporations.
    - **Utah-Based Non-Profit Entities:** Must provide proof of active 501(c)(3) tax-exempt status and active registration with the Utah Division of Corporations.
    - **Utah-Based 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 RFGA applicant must not be debarred, suspended, or otherwise excluded from receiving federal or state funding.

Scored Technical Criteria (Evaluated via RFGA Application)

Reviewers will score the quality, depth, and feasibility of the RFGA application based on the following technical competencies:

- **Rural Workforce Structured Incentives:** Proven capability to design and implement a clinical workforce incentives program specifically for rural healthcare organizations and independent billing providers. This includes the capability to ensure enforcement of 5-year service commitment requirements by clinical providers, where applicable, as outlined by CMS.
- **Baseline Operational Experience:** Institutional experience working directly with rural healthcare organizations and independent billing providers.
- **Technical Assistance Delivery:** Demonstrated expertise providing hands-on services, navigating internal and external workforce policies and market forces leading to meaningful incentive structures.
- **Rural Workforce Financial Architecture:** Understanding of state and federal reimbursement and financial policies and procedures contributing to Utah's rural clinical workforce dynamics.
- **Utah Healthcare Landscape Fluency:** Structural knowledge of Utah's unique rural healthcare delivery networks, geographical frontiers, tribal healthcare infrastructures, and existing clinical workforce shortages.
- **Stakeholder Collaboration:** Exceptional capacity to coordinate, align, and drive consensus among various healthcare organizations and independent billing providers implementing and receiving recruitment and retention incentives (e.g., health systems, rural independent

hospitals, federally qualified health centers, state and local health authorities, long-term care, and behavioral health clinics).

Partners

Only the organization that submits an application for this RFGA can be the primary recipient of the award. Selected Grantees, those who enter into a legal agreement or contract with DHHS, may sub-award or contract RHTP funds to partners, or "sub-awardees," for various activities. However, these partners are not co-applicants. Selected Grantees will be responsible for reporting to DHHS. Organizations who submit the application for this RFGA are awarded the funding.

Completeness and Responsiveness Criteria

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

DHHS will not consider an RFGA application that:

- is from an organization that does not meet all minimum mandatory eligibility criteria;
- 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.

RFGA Application Limits

DHHS will accept only one RFGA application per legal entity. In the event that multiple completed RFGA 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: RFGA Funding Details

Funding type: Grant agreement

Expected total number of awards: Up to five.

Maximum funding amount:

Budget Period 1: Up to $20,000,000.00*

*Over the RHTP five-year federally funded initiative, the anticipated total funding is up to $100,000,000.00. Agreements may be extended contingent on project progress and the availability of funds. See Section 7: Budget Period Timeline for CMS RHT Program budget timelines.

Grant Agreement Period

This grant agreement period is anticipated to begin **September 14, 2026** and will end on **September 30, 2027**. All funds related to project implementation must be expended by September 30, 2027.

Grant agreements may be extended for up to 4 years contingent on project progress and the availability of funds. See Section 7: Budget Period Timeline for CMS Rural Health Transformation Program budget timelines.

Cost Sharing

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

Use of Funds

Selected Grantees agree 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.

Selected Grantees 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 selected Grantees to develop and deploy a clinical workforce recruitment and retention structured incentive program for rural Utah. The

following elements should be incorporated into the description and implementation approach in the application.

Structure for Incentives

Selected Grantees are expected to implement an incentive structure with the following options for Utah's rural clinical workforce. Incentive options are not mutually exclusive.

** Asterisked options are subject to the 5-year service commitment in rural Utah.*

Incentive Options

- Recruitment/marketing
- Local short-term (less than 6 months) housing assistance for rotations*****
- Candidate travel stipends for recruitment*****
- Relocation expenses*****
- Hosting/onboarding
- Living expenses support*****
- Signing bonuses*****
- Clinical rotation support***** for: local short-term (less than 6 months) lodging, per diem, mileage, and childcare
- Childcare support: vouchers***** or childcare site/program
- Backup capacity: establish a pool of providers for speciality or low volume service and/or support for overnight coverage, provider vacations and extended leave
- Upskilling support: provide cross-training for key specialty areas (*****_if training provides a structured pathway to a new degree or certification, or a career/new job opportunity in the clinical workforce in a rural area_)
- Professional development: offer financial incentives and support for key training to clinical staff (*****_if training provides a structured pathway to a new degree or certification, or a career/new job opportunity in the clinical workforce in a rural area_)

Selected Grantees should also cultivate transformative incentive options proposed by eligible rural healthcare organizations to pilot and evaluate, with DHHS oversight and in accordance with CMS allowable use of funds guidelines.

Five-year Service Commitment

Selected Grantees are responsible for monitoring compliance with the federal CMS 5-year Rural Service Commitment. The CMS Rural Health Transformation Program requires that specific

individual-level recruitment and retention incentives be tied to a 5-year service obligation to build a sustainable local clinical workforce.

With oversight from DHHS, selected Grantees will create and add the 5-year service commitment language to all agreements with funded Tier organizations. Selected Grantees will be responsible for administering the formal agreement that defines 5-year service commitment participation, program requirements, and remedies for early termination or breach. See CMS Rural Health Transformation Service Commitment Fact Sheet outlining the 5-year service commitment criteria. It is also listed under Section 8: Additional Resources.

Note: The 5-year service commitments are applicable beyond the RHTP project period. At the end of the project period, selected Grantees will hand off all 5-year service commitments and monitoring documentation to DHHS. See Section 3: Grantee Expectations for monitoring 5-year service commitments.

When the 5-Year Service Commitment applies

The type of incentive determines whether the 5-year service commitment applies. Only incentives for individual clinical providers will be tied to the individual 5-year service commitment. For example:

- **Applies**: The 5-year service commitment is required when an individual who is a licensed clinical provider receives structured recruitment and retention incentives, such as sign-on bonuses, relocation expenses, housing assistance, travel subsidies, childcare vouchers, or financial awards for education/training where the training provides a structured pathway to a new degree or certification, or career/new job opportunity in the clinical workforce in a rural area.
- **Does NOT Apply**: The 5-year service commitment does not apply for broader workforce infrastructure, such as minor renovations to an existing hospital space for on-site childcare, or establishing a pooled system for backup provider capacity.

Selected Grantees are expected to provide critical guidance and training to funded Tier organizations to ensure clinical providers understand the implication of receiving incentives that will trigger a 5-year service commitment.

Tier and Organization Type

Selected Grantees are expected to deploy structured incentive sub-awards based on the following Tiers of rural health organizations. Utah RHTP defines “rural” as 25 of the 29 counties excluding Davis, Utah, Salt Lake, and Weber counties, in alignment with the Utah State Legislature definition. Eligible

Tier organizations are those that meet the federal designation statuses below, as applicable, and/or are located in the 25 rural counties. Mobile units headquartered in excluded urban counties are not eligible to receive the incentive sub-award funding.

- Tier 1: Rural Hospitals
    - Federally designated Rural Hospitals
    - Federally designated Critical Access Hospitals located in a rural county
    - All other hospitals located in a rural county
- Tier 2: Federally Qualified Health Centers (FQHCs)
    - Federally designated FQHCs located in a rural county
- Tier 3: Rural Health Clinics
    - Federally designated Rural Health Clinics
- Tier 4: Rural Nursing Homes and standalone Skilled Nursing Facilities (SNF) located in a rural county
- Tier 5: Unaffiliated Independent Billing Providers located in a rural county

RFGA applicants must specify the number of Tiers they are applying to serve. RFGA applicants may apply to serve up to five Tiers. DHHS reserves the right to reassign Tiers across selected Grantees, based on need and capacity.

Funding for structured incentive sub-awards will be issued using the following framework. Table 1 below indicates the total anticipated funding amount for Budget Period 1.

Table 1: Funding Allocation by Tier

Tier	Type	Up to # of awards	I/T/U organizations tribal rider per Tier	Anticipated total Tier amount
1	Rural Hospitals	25	$41,739.00	$9,891,739.00
2	FQHCs	35	$250,435.00	$5,766,435.00
3	Rural Health Clinics	20	$7,826.00	$1,189,826.00
4	Rural Nursing Homes & standalone SNFs	24		$2,364,000.00
5	Unaffiliated Independent Billing Providers	200		$825,524.00
Total				**$20,037,524.00**

I/T/U Tribal Rider Guidance

"I/T/U organizations" means Indian Health Service (IHS), Tribal 638/Tribal Public Health organizations located in rural Utah. These include:

- Blue Mountain Hospital (Blanding) – Tier 1
- Sacred Circle Healthcare (Ibapah, Wendover) – Tier 2
- FourPoints Health (Cedar City, Kanosh, Richfield, St. George, Ivins) – Tier 2
- Utah Navajo Health System, Inc. (Blanding, Montezuma Creek, Monument Valley, Navajo Mountain, Monticello) – Tier 2
- NAT-SU Healthcare (Tooele) – Tier 3

I/T/U organizations or locations in rural Utah may be added to this list in future years of the project period.

Eligibility: Indian Health Service, Tribal, and Urban Indian (I/T/U) entities listed are eligible to receive the I/T/U organization tribal rider for their respective Tiers.
Mandatory Distribution: Selected Grantees must distribute the tribal rider funding to eligible I/T/U organizations that apply for it.
Funding Calculation: Selected Grantees will determine and distribute the specific tribal rider funding amount designated for eligible I/T/U organizations per Tier.

Eligible Tier Participants

Eligible Tier organizations in any Tier are those who are able to independently bill Medicaid and/or Medicare. Eligible Tier organizations must have licensed clinical providers who perform direct patient care in rural Utah. To be eligible to receive Recruit and Retain incentives, individual clinical providers must provide a minimum of 15 hours of patient care per week. Additionally, all individual clinical providers who receive the incentives must continue to provide a minimum of 15 hours of patient care per week in rural Utah communities for the duration of the 5-year service commitment.

Distribution and Redistribution of funding

Selected Grantees shall establish funding ranges for the Tier(s) they serve using the following funding floors for funded Tier organizations. "Funding floor" refers to the minimum amount that an eligible Tier organization may receive, if successfully sub-awarded.

Tier funding floors per rural health organization:

- Tier 1 Rural hospitals: $395,670.00
- Tier 2 FQHCs: $164,755.00
- Tier 3 Rural Health Clinics: $59,491.00

- Tier 4 Rural Nursing Homes and SNFs: $98,500.00
- Tier 5 Unaffiliated Independent Billing Providers: $4,128.00

If eligible Tier organizations do not apply for the total allocated amount in that Tier, selected Grantees may redistribute the remaining funds to other funded organizations within that same Tier. Any redistribution must address the specific needs and capacities of those funded organizations and be allocated across the other funded organizations served in that Tier.

Activities and Deliverables (per Budget Period)

Selected Grantees will incorporate the following activities into their implementation plan.

Phase 1: Prepare to distribute funding

Establish an incentive sub-award application process for eligible Tier organizations to apply for Recruit and Retain incentive funding. The sub-award application for eligible Tier organizations should include the following requirements:

- Sub-award applicant contact information: organization name, contact information, key personnel, etc.
- The requested incentives the sub-award applicant will implement and/or proposed transformative incentive pilot project
- The number of clinical personnel and corresponding direct patient services that the sub-award applicant is seeking to support per incentive type
- The amount of sub-award funding requested and how it will be used
- Plans and efforts that support sustainability

Phase 1 Deliverables:

- Sub-award application materials and processes for eligible Tier organizations to apply for sub-award funding, including easy-to-understand instructions and eligibility criteria.
- Webpage to host the sub-award application(s), instructions, and answers to questions.

Phase 2: Outreach to eligible Tier organizations for sub-award applications

Market the availability of Recruit and Retain funding opportunities to eligible Tier organizations.

- Conduct outreach to eligible Tier organizations about Recruit and Retain funding opportunities.
- Open sub-award application process, receive and score sub-award applications according to the Tier framework and incentive options.

Phase 2 Deliverables:

- Documented outreach to eligible Tier organizations.
- Completed sub-award applications from eligible Tier organizations.

Phase 3: Sub-award funding distribution

Issue sub-award funding through formal agreements with eligible Tier organizations according to the framework in Table 1.

- Establish sub-award funding distribution criteria per Tier
- Establish I/T/U tribal rider distribution mechanisms as applicable
- Establish reporting tools for quarterly reporting to selected sub-awardees to track progress and expenditures
- Establish sub-award reimbursement mechanisms
- Establish evaluation criteria for successful Recruit and Retain incentive program implementation
- Execute formal sub-award agreements according to the Budget Period timeline. See Section 7: Budget Period timeline.
    - 5-year service commitments criteria must be outlined in the formal sub-award agreement.

Phase 3 Deliverables:

- Formal sub-award agreements with eligible Tier organizations to distribute sub-award funding with 5-year service commitment responsibilities outlined.
- Reporting and invoicing tools and protocols.

Phase 4: Project management and monitoring

Provide Recruit and Retain incentives management.

- Establish project monitoring meetings and protocols
- Establish Tier and/or multi-tier organization meetings to facilitate the sharing of emerging and best practices
- Track new individual clinical providers that have entered service due to Recruit and Retention incentives
- Track number of 5-year service commitments, including start and expected end dates
- Track number of new incentive programs implemented per funded Tier organization
- Track number of new incentive programs implemented per Tier
- Track best practices and emerging practices per Tier
- Ensure funding is expended according to the Budget Period timeline expenditure deadline. See Section 7: Budget Period timeline for expenditures deadlines.

Phase 4 Deliverables:

- Monitoring protocols and meetings for funded Tier organizations
    - Number of new individual clinical providers, number of 5-year service commitments, number of new incentive programs per funded Tier organization and per Tier, and best and emerging recruitment and retention practices
    - Expenditure monitoring processes

Ongoing: Technical assistance and monitoring of 5-year service commitments

Selected Grantees will provide continued monitoring and support to funded Tier organizations to ensure the 5-year service commitments are executed according to CMS criteria and DHHS oversight.

- Ensure funded Tier organizations and their individual clinical providers understand the 5-year service commitment terms and conditions and repayment clause.
- Establish clear guidance and training to funded Tier organizations (and relevant partners, as applicable) to execute the 5-year service commitments according to current CMS criteria.
- In collaboration with DHHS, ensure funded Tier organizations have procedures to monitor 5-year service commitments.
- At the end of the project period, Selected Grantees will hand off all 5-year service commitments and monitoring documentation to DHHS.

Table 2: Summary of Deliverables per Budget Period

Phase 1: Prepare to distribute funding
Sub-award application(s) for eligible Tier organizations to apply for funding
Clear instructions, eligibility criteria, and sub-award application on an accessible webpage
Phase 2: Outreach to eligible Tier organizations for sub-award applications
Outreach to eligible Tier organizations
Completed sub-award applications from eligible Tier organizations, outlining incentives and tribal-serving organization guidelines as applicable
Phase 3: Funding distribution
Formal agreements with selected sub-awardees to distribute funding to their individual clinical providers, with tribal riders and 5-year service commitment responsibilities outlined
Reporting and invoicing tools and protocols

Phase 4: Project management and monitoring
Monitoring protocols and meetings for funded partners including key tracking: Number of new providers, number of 5-year service commitments, number of new incentives approaches per funded Tier organization and per Tier, and best and emerging recruitment and retention practices
Expenditure monitoring protocols
Ongoing: Technical assistance and monitoring of 5-year service commitments (for entire Project Period)
Continued training and technical assistance regarding 5-year service commitments to funded Tier organizations and individual clinical providers
Monitoring of 5-year service commitments and processes for repayment

Grantee Expectations

Selected Grantees 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.
- Deliver reports to DHHS as outlined in the Grantees' agreement on time.
- Obligate and expend funds for each Budget Period by the end of the following fiscal year (September 30 of the following year). See Budget Period Timeline section.

Selected Grantees are responsible for the following 5-year Service Commitment monitoring:

- With DHHS guidance, create a 5-year service commitment language to add to the formal funding agreements with selected sub-awardees.
- Ensure funded Tier organizations monitor and implement 5-year service commitments
- Monitoring an individual clinical provider's service timeline to ensure the following practice rules are met:

- **In-State Requirement:** The 5-year commitment must be completed entirely within the state of Utah. If a provider relocates to a rural health organization in a neighboring or other state, it does not satisfy the obligation.
- **Physical Location:** Providers must be physically located in a rural area. Providing telehealth services to a rural community from an urban or non-rural location does not count toward the commitment.
- **Relocation and Combined Service:** Providers may relocate to a different community or rural health organization within rural Utah. Relocation to an urban county in Utah or to another state—even within a rural area of another state—does not satisfy the 5-year service commitment. Time spent providing clinical service across multiple rural Utah sites may be combined to satisfy the 5-year service commitment. However, providers who receive sign-on bonuses at an initial rural health organization in Utah, and who relocate within rural Utah, are not eligible to receive additional sign-on bonuses at subsequent rural health organizations using Recruit and Retain funds.
- **Prorated Repayment:** 5-year service commitments must account for extenuating circumstances and penalties for failing to complete the entirety of the commitment. For unfulfilled 5-year service commitments, the repayment responsibility may be prorated based upon the rural service completed up to that point.

Section 4: Budget

Utah RHTP shall reimburse the selected Grantees 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.

Table 3: Budget Categories Outline for RFGA Applicants

Categories	Rate/allowable costs*
Personnel: salaries/fringe	Personnel working on project implementation

Administration of funding	Up to 5% of the total amount requested for Tiers 1–4. Up to 10% of the total amount requested for Tier 5, due to volume.
Project implementation	Expenses to create and execute project and agreement requirements
Travel	Mileage/meal reimbursement (per diem)
Supplies	Purchases under $10,000.00
Contractual	Products or services needed to execute the initiative
Tier(s)	Select Tier(s) per Section 3: Tier and Organization type
Other	Other costs (e.g., software licenses, data sources, etc.)

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

Section 5: RFGA Application

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

- Application link: utahdhs.iad1.qualtrics.com/jfe/form/SV_cC57oWqJu5GmbtA
- Budget template link: docs.google.com/spreadsheets/d/19b5fGJR8lOyP_vlPElRWG3VxhtbKZMnYMwrRQ71iFvY/edit?usp=sharing

The RFGA application must be submitted by August 4, 2026 at 5:00 p.m. MT. Late applications will not be considered.

RFGA Application Questions

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

Contact Information and Eligibility

Part 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

Part 2: Grantee 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. Utah-based For-Profit Business
    b. Utah-based Non-Profit Organization / 501(c)(3)
    c. Utah-based 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]

Services and Deliverables

Part 3: (Phase 1) Prepare to distribute funding

11. **Tier selection and rationale:** Indicate which Tier(s) you plan to serve according to the Tier framework outlined in Section 3: Tiers and Organizations Type. You may select one or more Tiers. For each Tier selected, provide an explanation of why your organization is well-equipped to serve that particular Tier. (3000 characters)

12. **Sub-award application development:** Describe your plan to develop the Recruit and Retain incentive sub-award application for eligible Tier organizations. Indicate what type of application format will be used, including key information needed to evaluate and execute the application processes. (1000 characters)
13. **Sub-award application accessibility**: Describe where and how the sub-award application and instructions will be housed to ensure accessibility. Include how you will address questions from eligible Tier organizations and other stakeholders to ensure information is available to everyone. (1500 characters)

Part 4: (Phase 2) Outreach to eligible Tier organizations for sub-award applications

14. **Outreach strategy:** Describe your outreach strategy. Include existing partnerships and those you will leverage to ensure eligible Tier organizations know and understand how to apply for the Recruit and Retain incentive sub-awards. (1500 characters)
15. **Receiving and processing sub-award applications:** Describe your internal process, approach, and timeline to review and approve sub-award applications you receive. (1500 characters)

Part 5: (Phase 3) Funding distribution

16. **Formal agreements with selected sub-awardees:** Describe the formal agreement types you will use with selected sub-awardees. (1500 characters)
17. **Funding distribution**: Describe your funding distribution plan according to the Tiers and tribal-serving organization funding. (2000 characters)
18. **Reporting and invoice tools:** Detail the reporting structure and invoice tools you plan to use for funded Tier organizations. (1000 characters)

Part 6: (Phase 4) Project management and monitoring

19. **Monitoring protocols:** Describe the monitoring and reporting protocols that your organization will use to ensure funds and activities meet DHHS and CMS Recruit and Retain guidelines. Include your plans for funded Tier organizations' meeting cadence, how you will track the number of new individual clinical providers, innovative incentive approaches, and 5-year service commitments. (3000 characters)
20. **Organizational Capability Narrative:** Detail your organization's specific past performance with rural health workforce planning, recruitment and retention strategies, and federal funding optimization. Highlight one relevant past project (including client, scope, and measurable outcomes). (3000 characters)

21. **Project Lead and Key Personnel Qualifications:** Identify the Project Lead and up to two additional key personnel and describe their roles in operationalizing the Recruit and Retain incentives. (1500 characters)
22. **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 1 upload — please combine/compress these documents into a single file before uploading).

Part 7: (Ongoing) Technical assistance and monitoring of 5-year service commitments

23. **Training about 5-year service commitments:** Describe your approach to train funded Tier organizations and their individual clinical providers about 5-year service commitment requirements. (2000 characters)
24. **Monitoring 5-year service commitments:** Describe your strategy and enforcement mechanisms to monitoring 5-year service commitments and recouping funds from funded Tier organizations when needed. (2000 characters)

Part 8: Budget

25. Upload an itemized budget sheet using the template provided.

Section 6: RFGA Application Review

Compliance and Eligibility Pre-screening Process

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

Compliance Criteria

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

Minimum Mandatory Eligibility Requirements

- RFGA applicant provides documentation of legal operational status as a recognized Utah-based entity (for-profit, non-profit, or government) (Pass/Fail)

- RFGA applicant agrees and attests to their eligibility and intent to register as a state vendor. (Pass/Fail)
- RFGA applicant certifies their 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 RFGA 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 Utah RHTP.

Scoring for RFGA Applications

RFGA applications are scored on a maximum 100-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. The RFGA scoring guide is provided below.

Table 4: RFGA Scoring Outline

Services and Deliverables
1. Prepare to distribute funding (15 points available) a. Tier selection and rationale (8 points) b. Sub-award application development (5 points) c. Sub-award application accessibility (2 points) **2. Outreach to eligible Tier organizations for sub-award applications (10 points available)** a. Outreach strategy (4 points) b. Receiving and processing sub-award applications (6 points) **3. Funding distribution (20 points available)** a. Formal agreements with selected sub-awardees (8 points) b. Funding distribution (8 points) c. Reporting and invoice tools (4 points) **4. Project management and monitoring (20 points available)**

a. Monitoring protocols (8 points) b. Organizational capability narrative (8 points) c. Project Lead, key personnel qualifications, and resume/CV Uploads (4 points) **5. 5-year service commitments monitoring (20 points available)** a. Training about 5-year service commitments (10 points) b. Monitoring 5-year service commitments (10 points)
Budget **6. Budget: 15 points available** a. Budgeted items are relevant and within scope of the RFGA project (5 points) b. Budget includes clear and rational justifications for each Tier selected, including administrative calculations (10 points)
Total 100 points Required technical point threshold: 60 points. Scores below 60 points will not qualify for funding.

Award timeline

DHHS will notify all RFGA applicants of the award decision by **August 13, 2026**. Upon award, DHHS will initiate the State of Utah contracting process. DHHS may negotiate modifications with the selected Grantees 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 selected Grantees. 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: Budget Period Timeline

CMS issues funding based on the following Budget Periods timelines. Per federal Rural Health Transformation mandates, failure to expend funds for each Budget Period by the end of the following fiscal year (September 30 of the following year) will result in funds recouped by DHHS to return to CMS.

Table 5: CMS Budget Periods

Budget Period "Year"	Beginning date	End date	Budget Period funds must be expended by end of the following fiscal year
1	Agreement start date	October 30, 2026	September 30, 2027
2	October 31, 2026	October 30, 2027	September 30, 2028
3	October 31, 2027	October 30, 2028	September 30, 2029
4	October 31, 2028	October 30, 2029	September 30, 2030
5	October 31, 2029	October 30, 2030	September 30, 2031

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

Section 8: Additional Resources

- CMS Rural Health Transformation Service Commitment Fact Sheet: outlines the 5 year service commitment criteria. cms.gov/files/document/5-year-service-commitment-fact-sheet.pdf
- 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