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**REQUEST FOR APPLICATIONS  
RURAL HEALTH TRANSFORMATION PROGRAM**

**NEVADA WORKFORCE RECRUITMENT & RURAL ACCESS  
PROGRAM (WRRAP)  
PROVIDER APPRENTICESHIP AND TRAINING PROGRAM  
BUDGET PERIOD 1 (BP1 = 12/29/25 – 10/30/26)  
ROUND 1**

- Purpose:** Implementation of the Workforce Recruitment and Rural Access Program (WRRAP) aims to increase access to specialty services by incentivizing rural hospitals, clinics, or health care providers in the recruitment and retention of new provider hires within their practices and facilities
- Project Period:** Upon approval of award through August 30, 2027
- Proposals Due:** Round 1 Due Date: May 15, 2026, 11:59 pm PT
- Funding Available:** \$14,394,529
- \*Note: Individual awards will vary. Any funding that remains after the Round 1 cycle will be distributed through an RFA Round 2. Applicants should retain all supporting documentation in the event that additional information is requested during the second round review.
- Cost Sharing/Match:** None
- Final Funding Decisions:** All funding decisions related to this BP1, Round 1 RFA will be finalized on or before June 15, 2026.
- Website:** [Rural Health Transformation Program](#)
- Contact:** Nevada Health Authority Rural Health Transformation Project Team  
[RHTP@nvha.nv.gov](mailto:RHTP@nvha.nv.gov)

## REQUEST FOR APPLICATIONS

### NEVADA WORKFORCE RECRUITMENT & RURAL ACCESS PROGRAM (WRRAP) PROVIDER APPRENTICESHIP AND TRAINING PROGRAM GRANTS

#### **INTRODUCTION:**

The Nevada Health Authority (NVHA) is seeking to support the transformation and modernization of the state's rural health care infrastructure. In a state with vast geography and sparsely populated rural and frontier counties, rural Nevadans often struggle to access reliable, timely health care. This is primarily due to the challenges rural and frontier communities face in achieving the economies of scale needed to build and sustain a full continuum of care. Funding for this Request for Applications (RFA) opportunity comes from Nevada grant #RHTCMS332074-01, awarded by the Centers for Medicare and Medicaid Services (CMS), Rural Health Transformation (RHT) Program, as authorized through H.R. 1 (2025), also known as the One Big Beautiful Bill Act.

These funds will be awarded and distributed in alignment with Nevada's four strategic initiatives to truly transform, and improve, health and healthcare in rural areas of the state:

1. **Rural Health Outcomes Accelerator Program (RHOAP)** – Invest in efforts that promote value-based and innovate care models that prevent and manage chronic disease.
2. **Nevada Rural Health System Flex Fund** - Bolster and modernize the state's rural health care infrastructure with new investments in items like technology, equipment, supplies, mobile units, emergency services, etc.
3. **Workforce Recruitment and Rural Access Program (WRRAP)** - Multiple strategies will be employed to address immediate and long-term provider gaps, including new incentives for providers to live and serve in rural areas of the state, tuition aid with commitments to serve rural Nevada, and a rural physician residency program.
4. **Rural Health Innovation and Technology Grant (RHIT)** - Innovative technologies and modernization of health data and records systems with a focus on alignment with the CMS Digital Health Ecosystem and addressing cybersecurity needs for rural health systems. These funds can also be used by recipients to bolster the state's rural telehealth infrastructure.

Each of the strategic initiatives will have separate funding opportunities. Subrecipients and contractors may receive RHT funds under more than one initiative throughout the five-year program project period.

**This Request for Application (RFA) seeks applicants under the Nevada Workforce Recruitment and Rural Access Program (WRRAP), specifically the Apprenticeship and Training Program opportunity.**

## **SECTION 1: DESIRED OUTCOMES**

### **Purpose**

Pursuant to the Nevada Health Authority's (NVHA) RHT grant application and subsequent cooperative agreement with the Centers for Medicare and Medicaid Services (CMS), NVHA will award competitive subawards to organizations that operate healthcare training and apprenticeship programs within the state of Nevada, which may include, but is not limited to universities, rural hospitals, and health care providers that operate in rural counties. Healthcare providers for purposes of this application are defined as including but are not limited to: rural hospitals, certified community behavioral health centers, federally-qualified health centers, primary care providers (including dentists), behavioral health providers, emergency medical service providers, paraprofessionals, school health services programs, school-based health centers, other health clinics, and other healthcare providers. NVHA may also consider proposals from other non-rural hospitals and healthcare systems that seek to support rural training programs for rural provider systems if such proposals are supported by strong letters of support from local or tribal health officials, rural hospitals, and other health care providers of services located in the community impacted by the proposal. More details may be found below in Section 3, Eligibility Information. All projects funded through WRRAP must include a 5-year rural service commitment as described in the [CMS Service Commitment Fact Sheet](#).

## **SECTION 2: SUBAWARD INFORMATION**

### **Subawards**

A total of \$14,394,529 is available under the WRRAP Provider Apprenticeship and Training Program grant opportunity in Budget Period 1 (BP1) – (December 29, 2025, through October 30, 2026).

Applications for BP1 will be accepted in **two rounds** (pending availability of funding for the second round) with the first round ending **May 15, 2026 and award decisions by June 15, 2026**.

- The number of subawards available and amount of funds awarded per subrecipient will be variable. The total amount awarded will be based upon individual application scores. Funding for this purpose is subject to availability pending number of applications received and amount of each approved application.
- **Projects awarded with BP1 funds available through this RFA must be completed and funding fully spent on or before August 30, 2027. No exceptions.**

### **Tiered Funding Approach**

NVHA will use a tiered funding approach to support health and allied health provider apprenticeship and training initiatives across the state. Funding tiers and number of awards are estimates and may be adjusted at the discretion of NVHA based on the applications received.

Applicants should request the amount of funding necessary to support program advertisement, implementation, training costs, and personnel directly involved in the proposed program. The tiered approach is intended to:

- Accommodate a wide range of applicant organizations.
- Provide applicants with guidance regarding appropriate funding request levels while maintaining flexibility to address unique workforce needs.
- Allow the program to support both small training and apprenticeship efforts and larger regional workforce initiatives.

Applicants should request funding aligned with the scale of their proposed apprenticeship and training activities. Final award amounts and number of awards within each tier may be adjusted based on application volume, geographic distribution, and program priorities.

| <b>TIER</b>                                     | <b>ESTIMATED NUMBER OF AWARDS</b> | <b>ESTIMATED FUNDING RANGE (per award)</b> |
|---|-----------------------------------|--|
| <b>Tier 1 – Planning / Small Programs</b>       | <b>10</b>                         | \$100,000 – \$250,000                      |
| <b>Tier 2 – Community / Local Programs</b>      | <b>10</b>                         | \$250,001 – \$500,000                      |
| <b>Tier 3 – Regional Workforce Programs</b>     | <b>8</b>                          | \$500,001 – \$1,000,000                    |
| <b>Tier 4 – Large / Multi-Regional Programs</b> | <b>2</b>                          | \$1,000,001 – \$1,500,000                  |

Tier 1 – Planning / Small Programs

- Pilot apprenticeship models
- New workforce partnerships
- Small, rural training initiatives

Tier 2 – Community / Local Programs

- Local training pipelines
- Employer-partnered apprenticeship cohorts
- Sector-based workforce programs

Tier 3 – Regional Workforce Programs

- Multi-county training partnerships
- Scaled apprenticeship programs
- Workforce pipelines tied to high-demand industries

Tier 4 – Large / Multi-Regional Initiatives

- Statewide or multi-regional apprenticeship expansion
- Large employer consortium programs
- Major workforce training infrastructure

## Grant Period

The federal RHT Program is a five-year cooperative agreement between NVHA and CMS. All subrecipients under the RHT Program and this RFA will have until August 30<sup>th</sup> of the following federal fiscal year to spend funds awarded in each budget period. The State's deadlines are noted in Table 1 below. To ensure timely federal fund drawdowns, all subaward activities and expenditures must conclude at least 30 days prior to the State's final spending deadline. This buffer allows the State to meet the rigid close-out requirements set by CMS.

**Table 1: Funding Distribution and Use Deadlines**

| Budget Period | Beginning         | End              | State Deadline for Spending |
|---------------|-------------------|------------------|-----------------------------|
| BP1 (FY2026)  | December 29, 2025 | October 30, 2026 | September 30, 2027          |
| BP2 (FY2027)  | October 31, 2026  | October 30, 2027 | September 30, 2028          |
| BP3 (FY2028)  | October 31, 2027  | October 30, 2028 | September 30, 2029          |
| BP4 (FY2029)  | October 31, 2028  | October 30, 2029 | September 30, 2030          |
| BP5 (FY2030)  | October 31, 2029  | October 30, 2030 | September 30, 2031          |

Funds from one budget period may **not** be carried forward into another budget period. Any unspent funds after the annual September 30<sup>th</sup> deadline will be reverted back to CMS.

Total funding amounts beyond BP1 are dependent on Nevada's performance and compliance with the RHT cooperative agreement requirements, terms, and conditions which CMS will review, score, and award to the state annually. Future total funding amounts will likely differ from BP1 available funding.

Applicants may apply under this RFA for projects intending to span more than one budget period (i.e., phased projects); however, applicants may be awarded funds under this RFA for BP1 only. If requesting a project spanning multiple budget periods, applicants must clearly identify the requested activities, goals, objectives, outcomes and expenditures under each budget period of the project. Funding granted within each budget period **cannot** be carried forward.

Further, for projects expected to extend beyond August 30, 2027, applicants are encouraged to consider a phased project approach. Phase 1 of the project should be fully developed, justified, and budgeted within this BP1 RFA application. Applicants should also provide high level supporting information for any subsequent phases beyond August 30, 2027, including anticipated activities and objectives, projected timelines, and preliminary budget considerations and estimates. In addition, applicants must describe plans for sustaining the project's outcomes once the final phase is completed.

### **IMPORTANT: Use of Funds:**

Funds may not be used to replace payment for clinical services that could be reimbursed by insurance. Funds also may not be used for payments to clinical services if they duplicate billable

services and/or attempt to change the payment amounts of existing fee schedules. If the subrecipient plans to fund direct health care services, the subrecipient must justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery model. NVHA and ultimately CMS will have final approval of whether proposed services are allowable.

Funds also may not be used for clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations.

### **Eligible Uses of Funding**

Eligible uses of funding include, but are not limited to, the following (as detailed in Appendix B):

- Personnel, including fringe benefits, stipends for apprentices/trainees, preceptors/mentors, program coordinators, faculty, and local housing for students/trainees in rural areas - limited to 6 months for rotations
- Travel, including mileage, lodging, and per diem for rural rotations, trainings, and site visits
- Training
- Operating Costs
- Equipment Costs
- Contract or Consultant Costs
- Other Costs

### **Administrative Ineligible Uses of Funding**

**Prohibited Uses of RHT Funds.** The following list contains costs that are unallowable for all CMS programs, including RHT.

- Pre-subaward start date costs.
- Meeting matching requirements for any other federal funds or local entities.
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or tribal law such as vocational rehabilitation or education services. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- Goods or services not allocable to the approved project.
- Supplanting existing state, local, tribal, or private funding of infrastructure or services, such as staff salaries.
- Construction.
- Capital expenditures for improvements to land, buildings, or equipment that materially increase their value or useful life as a direct cost except with the prior written approval.

- The cost of independent research and development, including their proportionate share of indirect costs in accordance with [2 CFR 300.477](#).
- Profit to any recipient even if the recipient is a for-profit organization. Profit is any amount in excess of allowable direct and indirect costs.
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body. See also [45 CFR part 93](#), [2 CFR 200.450 - Lobbying](#), and applicable Appropriations Law.
- Certain telecommunications and video surveillance equipment. See [2 CFR 200.216](#).
- Costs of promotional items and memorabilia, including models, gifts, and souvenirs.
- Costs of advertising and public relations designed solely to promote the non-Federal entity.
- Meals unless in limited circumstances such as:
  - Where specifically approved as part of the project or program activity, e.g., in programs providing children’s services; and
  - As part of a per diem or subsistence allowance provided in conjunction with allowable travel.

**Duplicate payments.** Funds may not be used to replace payment for clinical services that could be reimbursed by insurance. Funds also may not be used for payments to clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules. If the subrecipient plans to fund direct health care services, the subrecipient must justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery model. NVHA and ultimately CMS will have final approval of whether proposed services are allowable.

**Clinician Salaries.** Funds also may not be used for clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations.

**Administrative Cost Funding limitations:** Administrative costs are capped at 10% of overall program costs. Indirect costs are not allowed under Nevada’s RHT Program. However, applicants may request up to 10% of their entire budget for administrative expenses. Applicants must explicitly show that their administrative expenses are less than or equal to 10%. Identify which line items count as administrative expenses (such as salaries of program management and contracts for administrative support) and show that their sum is 10% or less of the total amount requested in the budget.

**Cost Sharing.** No cost sharing or matching is required.

## **SECTION 3: ELIGIBILITY INFORMATION**

### **Eligible Applicants**

Eligible applicants are organizations which includes, but is not limited to: universities within the state that operate healthcare training programs; community colleges within the state that operate healthcare apprenticeship and training programs; other organizations within the state that operate a healthcare apprenticeship and training program; rural hospitals and healthcare providers located in the State of Nevada that operate in rural counties such as rural hospitals, certified community behavioral health clinics, federally-qualified health centers, tribal health clinics, primary care providers (including dentists) and behavioral health providers, emergency medical services, paraprofessionals, school health services programs, school-based health centers, other health clinics, and other healthcare providers that participate with an existing healthcare apprenticeship and training programs.

Apprenticeship and training programs from universities, community colleges, or organizations that operate apprenticeship and training programs which include formalized partnerships with healthcare providers will receive preference in the application review process. Proposals may be entertained from other entities including academic institutions for funding to support the creation of additional training assistance programs that will serve rural communities in Nevada. Non-profit, governmental, and for-profit health care organizations are eligible to apply for this grant opportunity.

NVHA may also consider proposals from other non-rural hospitals and healthcare systems, including out-of-state organizations, that seek to support rural training programs for rural provider systems in Nevada if such proposals are supported by strong letters of commitment or a memorandum of understanding (MOU) from local or tribal health officials, rural hospitals, and other health care providers of services located in the community impacted by the proposal demonstrating a governance structure or partnership agreement.

Additionally, preference will be given to programs that:

- Collaborate with health care training organizations within the state, including partnerships between acute care hospitals/rural hospitals/critical access hospitals; federally-qualified health centers (FQHCs); rural clinics (including rural Tribal Health Clinics); regional coalitions and partnerships within eligible organizations within the state; and talent pipeline development programs, such as rural high school-to-career pathways and local training programs.
- Incorporate initiatives to improve the speed, access, and quality of emergency medical services while addressing long-term financial self-sustainability.
- Support training and apprenticeship programs such as peer networks, behavioral health services to providers, career ladder development within rural hospitals and FQHCs, and apprentice networks.

- Address the most critical provider shortage areas and provider specialty areas within the State of Nevada of providers of health care for which the need in those rural areas is most critical in the state, as identified in the April 2025, “Physician Workforce in Nevada” analysis conducted by the Nevada Health Workforce Research Center at the University of Nevada, Reno.<sup>1</sup> Programs should describe how they plan to prioritize addressing a shortage of providers in specific rural geographic areas, including, but not limited to:
  - Counties with documented service gaps (Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine);
  - Frontier regions;
  - and Tribal communities within these rural counties.

#### **SECTION 4: APPLICATION AND SUBMISSION INFORMATION**

A comprehensive, well-written application provides all the information necessary for a complete evaluation. The review committee will use the rubric located in Attachment F to evaluate applications.

All applications for BP1, Round 1 under Nevada’s RHT WRRAP Apprenticeship and Training Program **are due on May 15, 2026, by 11:59pm PT** electronically via email per the instructions below:

- Applicants must utilize this **pre-populated email** to the Nevada RHT team to attach and submit all final application documents under this RFA here: [Submit Your Application for the WRRAP Apprenticeship and Training RFA](#)

Any questions regarding this process and RFA, please contact [RHTP@nvha.nv.gov](mailto:RHTP@nvha.nv.gov) and enter “Question on RHT Apprenticeship and Training RFA” in the subject line.

A complete application will include the following five (5) components listed below and described later in greater detail. Each section inside the grant should include headings and subheadings.

1. WRRAP Provider Apprenticeship and Training Program Grants Coversheet (Attachment A) *(Required)*
2. WRRAP Budget Narrative (Attachment B) *(Eligible for up to 15 Total Points)*
3. WRRAP Budget Plan (Attachments C) *(Eligible for up to 15 Total Points)*
4. WRRAP Project Narrative Guidance, including Work Plan Template (Attachment D and E, respectively) *(Eligible for up to 70 Total Points)*

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<sup>1</sup> Mwalili, N, et al. (April 2025). *Physician Workforce in Nevada*. Nevada Health Workforce Research Center. University of Nevada, Reno.  
<https://nvha.nv.gov/uploadedFiles/nvhanvgov/content/Community/GME/25%20PWIN%20FINAL%204-21-25%20ADA.pdf>

5. Letters of Commitment, as applicable (*Required for certain applicants*)

Fillable copies of the individual application attachment forms are available on the state's website at [RHT Funding Opportunities](#) – Workforce Recruitment and Rural Access Program (WRRAP) - Apprenticeship and Training RFA.

**Applications will be reviewed to ensure that the eligibility criteria have been met, including the completeness and responsiveness criteria. If the application does not meet these criteria, it will not be scored. Incomplete applications or applications that did not follow the submission requirements as of the filing deadline may risk disqualification. Submitted materials may be retained for consideration in a future application round if additional funding is available; however, retention of documents does not guarantee reconsideration or funding.**

Applicants responding under this RFA must be a registered vendor with the State of Nevada to receive funds awarded under this opportunity. NVHA encourages interested applicants to begin the registration process now with the State Controller's Office. To apply for vendor status (i.e., obtain your "T" vendor ID number), visit Vendor Registration here: [Vendor Registration Requirements](#). For more information on vendor registration, including contact information, please visit: [Vendor services](#).

## **SECTION 5: SUBAWARD ADMINISTRATION INFORMATION**

### **Grant Review and Selection Process**

Applications that meet the minimum eligibility criteria described above will be reviewed, evaluated, and competitively scored using the scoring matrix located in Attachment F by the evaluation committee. The evaluation committee will make award recommendations to NVHA, who will make the final award decisions. Based upon the recommendations of the review committee, NVHA may award all or part of an applicant's request and may require modifications to an application prior to funding.

All complete applications will be reviewed and scored regardless of the requested funding amounts. Applications selected to receive funding under this RFA will enter into a subaward contractual agreement with NVHA in compliance with the State of Nevada regulations. Denial letters will be sent to applications that are not funded.

### **Funding**

Continued funding is conditional on the availability of federally appropriated funds, subrecipient satisfactory performance, and compliance with the Terms and Conditions noted within the subaward. At any time, NVHA may reduce funding, recover funding, or terminate a subaward if a subrecipient fails to perform the requirements of the subaward. The subaward may also otherwise

be terminated to the extent authorized by law, if NVHA determines the subaward no longer effectuates program goals or agency priorities. Subrecipients must demonstrate satisfactory progress throughout the life of the subaward. Satisfactory progress for subrecipients includes, but is not limited to:

- Progress in implementing initiatives approved by NVHA and CMS in Nevada’s approved Rural Health Transformation application (located here: [About Nevada's RHT Program](#)).
- Progress measured for both qualitative and quantitative outcomes. NVHA will use a combination of data submitted in the quarterly and annual progress reports and written and verbal updates from the subrecipient to NVHA staff (e.g., during any check-in or technical assistance calls) to assess progress. NVHA will assess the subrecipient’s adherence to the scope of work and timeline included in the approved subaward.
- Accurate, complete, comprehensive, and timely submission of quarterly and annual progress reports.
- Quality and timely communication with and responses to the NVHA staff. This includes providing the NVHA staff with any ad-hoc data or information, as requested.

### **Subaward Process**

All subaward funding will be paid to subrecipients on a monthly reimbursement basis. Subrecipients are required to spend grant funds in accordance with approved budgets and submit reports as detailed below. Any changes to budgets must be approved in advance prior to the expenditure of funds. The State reserves the right to deny reimbursement requests for expenditures not made in accordance with approved budgets.

### **Subrecipient Responsibilities**

All subrecipients are subject to annual site visits with NVHA RHT staff as a condition of funding.

All recipients of funding are required to identify a fiscal agent if the subrecipient is not its own fiscal agent. All recipients of funding are required to establish and maintain accounting systems and financial records to accurately account for awarded funds. Accounting systems for all projects must ensure the following:

- Funds are not commingled with funds from other grant sources.
- Funds specifically budgeted and/or received for one project cannot be used to support another.
- All subawards under this RFA are subject to audits during and within three years of the date of submission of their final financial report, as stated under [2 CFR 200.334](#).
- The accounting system presents and classifies historical cost of the grant as required for budgetary and auditing purposes.

- If, after the application is approved, costs are lower than expected, previously approved funding must be returned to the State. Unexpended funds will be returned to CMS.

### **Required Information for Subrecipient Approval**

If the applicant intends to subaward any RHT funds under the proposal, the applicant must include the following information within the budget submitted with this application.

1. **Name of Subrecipient**
2. **Period of Performance:** How long is the subrecipient period of performance? Specify the beginning and ending dates of the subaward.
3. **Scope of Work:** What will the subrecipient do? Describe in outcome terms, the specific services/tasks to be performed as related to the accomplishment of program objectives.
4. **Method of Accountability:** How will the subrecipient be monitored? Describe how the progress and performance of the subrecipient will be monitored during and on close of the period of performance. Identify who will be monitoring.
5. **Itemized Budget and Justification:** Provide an itemized budget with appropriate justification for each cost category (personnel, fringe, travel, supplies, etc.).

For more information on subrecipient and contractual relationships, please refer to HHS regulation 2 CFR 200.331 “Subrecipient and Contractor Determinations” and [2 CFR 200.332](#) “Requirements for pass-through entities”. Salary limitations are applicable for subrecipients.

### **Required Reporting Information for Contract Approval**

The subrecipient must follow all applicable local, state and/or federal laws pertaining to the expenditure of funds. If the applicant intends to utilize a contractor with any RHT funds under the proposal, the applicant must include the following information within the budget submitted with this application.

1. **Name of Contractor:** Who is the contractor? Name the proposed contractor and indicate whether the contract is with an institution or organization.
2. **Method of Selection:** How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. **Period of Performance:** How long is the contract period? Specify the beginning and ending dates of the contract.
4. **Scope of Work:** What will the contractor do? Describe in outcome terms, the specific services/tasks performed by the contractor as related to the accomplishment of program objectives. Clearly define the deliverables.
5. **Method of Accountability:** Describe the monitoring plan of the progress and performance of the contractor during and on close of the contract period. Name who will be responsible for supervising the contract.

6. **Itemized Budget and Justification:** Provide an itemized budget with appropriate justification.

### **Reporting Requirements**

The reporting period is defined as the period of time from the day the subgrant is awarded until **August 30, 2027**. All subrecipients are required to submit to NVHA monthly fiscal reports and quarterly progress reports until all subgrant funds have been expended, annual fiscal and progress reports for the entire reporting period, and a final evaluation. The final evaluation is due within thirty (30) days after the conclusion of the spending period. All reports must include the performance measures proposed in the application, satisfaction of partners, and sustainability.

Subrecipients must report on improvements to the number of providers licensed and operating in the State of Nevada in rural areas for the following provider types, using calendar year (CY) 2025 as a baseline:

- Number of primary care physicians in rural Nevada
- Number of nurses in rural Nevada
- Number of physician assistants in rural Nevada
- Number of behavioral health providers in rural Nevada

In addition, subrecipients must report:

- Number of new apprentice and trainee healthcare providers that are enrolled in the subrecipient's program, by name and specialty type, in BP 1
- Number of new apprentices and trainees that have been placed in a healthcare provider setting under the subrecipient's program, as applicable, identifying individuals by name, by provider setting, and by specialty type

### **Reconsiderations**

Funding decisions made by NVHA are final. There is no appeals process.

### **Bidding Process**

The subrecipient must follow all applicable local, state and/or federal laws pertaining to the expenditure of funds. Proof of Invitation to Bid, contracts, and any other pertinent documentation must be retained by the subrecipient. Likewise, all local, state, and federal permits required for construction projects must be applied for by the subrecipient within 90 days after the contract is entered into.

### **Access for Persons with Disabilities**

The subrecipient shall ensure that persons with disabilities are not precluded from using grant-funded facilities. Projects must meet requirements as set by the Americans with Disabilities Act.

**Nondiscrimination**

Projects funded with Rural Health Transformation grant funds shall be available for public use, regardless of race, religion, gender, sexual orientation, age, disability, or national origin.

## **Attachment B: BUDGET NARRATIVE TEMPLATE**



This budget narrative explains how your project plans to spend the funds you are requesting. It should clearly show how each cost supports your project goals. Keep your explanations simple and direct. If you are unsure whether to include something, include it. **NOTE:** Not all applications will request funding tied to all budget cost categories (i.e., personnel, fringe, travel, etc.). It is ok to submit an application requesting funding from only a single budget cost category if that is what best fits the needs of the project.

*Indirect costs are not allowed under Nevada's RHT Program. However, applicants may request up to 10% of their entire budget for administrative expenses. Applicants must explicitly show that their administrative expenses are less than or equal to 10% of their entire budget. Identify which line items count as administrative expenses (such as salaries of program management and contracts for administrative support) and show that their sum is 10% or less of the total amount requested in the budget in the budget summary tab of the Budget Plan document.*

### **BUDGET NARRATIVE (15 points possible)**

#### **BUDGET NARRATIVE SECTION 1 - PERSONNEL**

##### **Personnel (Staff Time – Salaries and Wages)**

Describe the staff who will work on the project and what they will do. For each requested position, provide the following information:

- title of position
- name of staff member occupying the position, if available
- annual salary
- percentage of time budgeted for this program (FTE or level of effort)
- total months of salary budgeted
- total salary requested
- any additional payments to the individual in the form of a bonus, incentive payments, housing stipend (not to exceed 6 months), or other such payment distinct from the individual's salary, subject to requirements under 2 CFR 200.430, particularly 200.430(f) through 200.430(i)
- justification and description of each role and the scope of responsibility for each position, relating it to the accomplishment of program objectives. These individuals must be employees of the applicant organization

**Sample Justification:** (Responsibilities should be directly related to specific program objectives.)

*Job Description: Project Director - (Name)*

*This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in-service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data; responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to CMS. This position relates to all program objectives.*

### **Fringe Benefits**

Explain the fringe benefit rate and what it covers (e.g., health insurance, payroll taxes). Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation (reference NICRA if applicable). If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. This information must be provided for each position (unless the rates for all positions are identical).

- Benefit Rate (%):
- What the rate includes:
- Total Cost:

*Example:*

*Fringe benefits at 28% of salary ( $\$13,000 \times 0.28 = \$3,640$ ). Covers FICA, workers' compensation, and health insurance.*

### **BUDGET NARRATIVE SECTION 2 - TRAVEL**

Include travel required to carry out the project (not general staff commuting). Dollars requested in the travel category are for applicant staff travel only and all travel costs are subject to the rates set by the [General Services Administration](#) (GSA). Travel for consultants is in the consultant category. Provide a budget narrative describing the travel staff members will perform. This narrative includes a justification of why this travel is necessary and how it will enable the applicant to complete program requirements included in the [CMS RHT NOFO](#) and [Nevada's RHT application](#). List where travel will take place, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles, cost per mile, and anticipated destinations. The mileage rate cannot exceed the rate set by the GSA. If travel is by air, provide the estimated cost of airfare. The lowest available commercial airfares for coach or equivalent accommodations must be used. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Costs for per diem/lodging cannot exceed the rates set by GSA. Include the cost of ground transportation when applicable. Please refer to the [GSA website](#).

**Sample Justification**

*The Project Director and the Outreach Supervisor will travel to (location) to attend a conference on the following topic XXXX held once a year in Chicago, IL. Attending this conference is directly linked to project goals/objectives and is a necessity because XXXX. The information and tools we will gather from attending this conference will help us to carry out project objectives by XXXX. A sample itinerary is provided upon request. The Project Director will also make an estimated 25 trips to birth center sites to monitor program implementation (# of birth centers, # of trips per site). We are still in the process of identifying all birth center sites, and identified an average mileage total for each site. This travel is necessary to ensure birth center sites are consistently and systematically collecting birth center data and submitting by deadlines provided. On-site monitoring will enable us to address concerns. This travel also furthers our efforts to carry out specific project goals for the following reasons \_\_\_\_\_.*

**BUDGET NARRATIVE SECTION 3 - TRAINING**

Include training required to carry out the project (not general staff training). Dollars requested in the training category are for applicant staff training, and any training related to the program implementation efforts which are reasonable and project-related. Training for consultants is in the consultant category. Provide a budget narrative describing the training staff members will receive. This narrative includes a justification of why this training is necessary and how it will enable the applicant to complete program requirements included in the [CMS RHT NOFO](#) and [Nevada’s RHT application](#). List type of training that will be provided, number of training modules planned, and who will be attending.

**Sample Justification**

*The Project Director and the Outreach Supervisor will receive grants management training. Attending this conference is directly linked to project goals/objectives and is a necessity because XXXX. The information and tools we will gather from attending this training will help us to carry out project objectives by XXXX. This training also furthers our efforts to carry out specific project goals for the following reasons \_\_\_\_\_.*

**BUDGET NARRATIVE SECTION 4 – OPERATING**

List program administration costs necessary to run the project. These should be reasonable and project related. Operating expenses can include rental space and facility overhead, as applicable. Operating costs must not include new construction costs or any major capital expenditure without provider approval of NVHA. Provide an itemized list of anticipated expenditures requested. Provide justification for each expenditure and relate it to specific program objectives.

**Sample Justification**

*The Project Director will require dedicated office space for proper oversight of the program. The rental price of the office space is \$xxxx per month, and the price of the office space is consistent with fair market value, etc. We anticipate that the monthly rental rate will remain the same throughout the entire budget period resulting in a final anticipated expenditure of \$xxx total expenditure.*

#### **BUDGET NARRATIVE SECTION 5 – EQUIPMENT (If applicable)**

Equipment is tangible nonexpendable personal property, including exempt property, charged directly to the award having a useful life of more than one year and an acquisition cost of \$10,000 or more per unit. See [2 CFR 200](#) for equipment definition.

**Note:** Technology items such as computers that **do not** meet the \$10,000 per unit threshold or an alternative lower limit set by recipient policy that may therefore be classified as **supplies**, must still be individually tagged and recorded in an equipment/technology database. Provide justification for the use of each equipment item and relate it to specific program objectives. List maintenance or rental fees for equipment in the “Other” category. Ensure that all IT equipment is uniquely identified. Show the unit cost of each item, number needed, and total amount.

#### **Sample Justification**

*Provide a complete justification for all requested equipment, including a description of how the program uses the equipment. For equipment and tools shared amongst programs, please cost allocate as appropriate. Applicant must provide a list of hardware, software and IT equipment that will be needed to complete this effort. Additionally, provide a list of non-IT equipment that will be needed to complete this effort.*

#### **BUDGET NARRATIVE SECTION 6 – CONTRACTUAL/CONSULTANTS**

List individuals or organizations who will provide services you cannot provide in-house. Include a complete description and cost breakdown, as outlined below, is provided for each consultant, subrecipient or contract.

#### **Required Reporting Information for Consultant Hiring**

This category is appropriate when hiring an individual who gives professional advice or provides specialty services (e.g., training, expert consultant, etc.) for a fee and who is not an employee of the Recipient organization. Submit the following required information for consultants:

1. **Name of Consultant:** Identify the name of the consultant and describe the person’s qualifications.
2. **Organizational Affiliation:** Identify the organizational affiliation of the consultant, if applicable.

3. **Nature of Services to be Rendered:** Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables.
4. **Relevance of Service to the Project:** Describe how the consultant services relate to the accomplishment of specific program objectives.
5. **Number of Days of Consultation:** Specify the total number of days of consultation.
6. **Expected Rate of Compensation:** Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per diem, and supplies.
7. **Justification of expected compensation rates:** Provide a justification for the rate, including examples of typical market rates for this service in your area.
8. **Method of Accountability:** Describe how the applicant monitors progress and performance of the consultant. Identify who is responsible for supervising the consultant agreement.

### Required Reporting Information for Subrecipient Approval

The costs of project activities to be undertaken by a subrecipient is included in this category. Provide:

6. **Name of Subrecipient**
7. **Period of Performance:** How long is the subrecipient period of performance? Specify the beginning and ending dates of the subaward.
8. **Scope of Work:** What will the subrecipient do? Describe in outcome terms, the specific services/tasks to be performed as related to the accomplishment of program objectives.
9. **Method of Accountability:** How will the subrecipient be monitored? Describe how the progress and performance of the subrecipient will be monitored during and on close of the period of performance. Identify who will be monitoring.
10. **Itemized Budget and Justification:** Provide an itemized budget with appropriate justification for each cost category (personnel, fringe, travel, supplies, etc.).

For more information on subrecipient and contractual relationships, please refer to HHS regulation [2 CFR 200.331](#) “Subrecipient and Contractor Determinations” and [2 CFR 200.332](#) “Requirements for pass-through entities”. Salary limitations are applicable for subrecipients.

### Required Reporting Information for Contract Approval

All recipients must submit to CMS the following required information for establishing a contract to perform project activities.

7. **Name of Contractor:** Who is the contractor? Name the proposed contractor and indicate whether the contract is with an institution or organization.
8. **Method of Selection:** How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.

9. **Period of Performance:** How long is the contract period? Specify the beginning and ending dates of the contract.
10. **Scope of Work:** What will the contractor do? Describe in outcome terms, the specific services/tasks performed by the contractor as related to the accomplishment of program objectives. Clearly define the deliverables.
11. **Method of Accountability:** Describe the monitoring plan of the progress and performance of the contractor during and on close of the contract period. Name who will be responsible for supervising the contract.
12. **Itemized Budget and Justification:** Provide an itemized budget with appropriate justification.

### BUDGET NARRATIVE SECTION 7 - OTHER COSTS

The Other budget cost category includes costs that do not fit in other categories (e.g., printing, software licenses, meeting costs). Individually list each item requested and provide appropriate justification related to the program objectives.

Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If the item is not self-explanatory and/or the rate is excessive, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

#### Sample Justification

*We are requesting costs to accommodate telephone and internet costs for the 3 new hires that will be working on this project in the new space designated. We are also requesting printing and postage costs to support producing fliers to disseminate in the community and brochures to educate participants enrolled in the program. The word processing software will be used to help us track data and compile reports. To track and compile the data, we will need to rent \_\_\_\_\_. Without this equipment, we will not be able to produce this information in an accurate and timely manner.*

### BUDGET NARRATIVE SECTION 8 – BUDGET SUMMARY

Provide a simple summary showing the total for each category:

| Budget Cost Category | Total Program Expenditures | Total Administrative Expenditures | Total Amount Requested |
|----------------------|----------------------------|-----------------------------------|------------------------|
| Personnel            |                            |                                   | \$0.00                 |
| Fringe               |                            |                                   | \$0.00                 |
| Travel               |                            |                                   | \$0.00                 |
| Training             |                            |                                   | \$0.00                 |
| Operating            |                            |                                   | \$0.00                 |

|                                 |        |        |        |
|---------------------------------|--------|--------|--------|
| <b>Equipment</b>                |        |        | \$0.00 |
| <b>Other</b>                    |        |        | \$0.00 |
| <b>TOTAL BUDGET<br/>REQUEST</b> | \$0.00 | \$0.00 | \$0.00 |

**Attachment C: BUDGET PLAN TEMPLATE**



**BUDGET PLAN (15 points possible)**

**Instructions:** Blue text and blue-shaded rows are guidance and example text only. Please delete all guidance text and example rows and use black regular font in final submission. If a table or row is not required due to the nature and scope of your project, please delete before submission.

| Personnel Costs   |               |             |   |   |        |                           |                        |
|---|---------------|-------------|---|---|--------|---------------------------|------------------------|
| <i>List of staff, positions, percentage of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant. If providing bonuses or incentive payments or other non-salary staff payments (including housing stipends), they must be identified here.</i>           |               |             |   |   |        |                           |                        |
| <b>EXAMPLE</b>  | Annual Salary | Fringe Rate | Additional Compensation (Bonus, housing stipend, incentive) | % of Time spent on activities funded through this award | Months | Annual % of Months worked | Total Amount Requested |
| <b>Name of Employee</b> (if known, otherwise state new position): <b>2 new positions</b><br><b>Title of position:</b> Community Health representative (2)   | \$72000.00    | 4.000%      | \$0.00  | 100.000%  | 12     | 100.00%                   | \$74,880.00            |
| <i>Positions will support and train individuals under the apprenticeship and training programs. This will include program oversight staff as well as program participants and trainees. These activities will support the expansion of healthcare services in rural areas of the state.</i> |               |             |   |   |        |                           |                        |
|   | Annual Salary | Fringe Rate | Additional Compensation (Bonus, housing stipend, incentive) | % of Time spent on activities funded through this award | Months | Annual % of Months worked | Total Amount Requested |
| <b>Name of Employee</b> (if known, otherwise state new position):<br><b>Title of position:</b>  | \$0.00        | 0.000%      | \$0.00  | 0.000%  | 12     | 100.00%                   | \$0                    |
| <i>*Insert details to describe position duties as it relates to the funding (specific program objectives)</i>   |               |             |   |   |        |                           |                        |

|   | Annual Salary | Fringe Rate | Additional Compensation (Bonus, housing stipend, incentive) | % of Time spent on activities funded through this award | Months | Annual % of Months worked | Total Amount Requested |
|---|---------------|-------------|---|---|--------|---------------------------|------------------------|
| <b>Name of Employee</b> (if known, otherwise state new position):   | \$0.00        | 0.000%      | \$0.00  | 0.000%  | 12     | 100.00%                   | \$0                    |
| <b>Title of position:</b>   |               |             |   |   |        |                           |                        |
| <i>*Insert details to describe position duties as it relates to the funding (specific program objectives)</i> |               |             |   |   |        |                           |                        |
|   | Annual Salary | Fringe Rate | Additional Compensation (Bonus, housing stipend, incentive) | % of Time spent on activities funded through this award | Months | Annual % of Months worked | Total Amount Requested |
| <b>Name of Employee</b> (if known, otherwise state new position):   | \$0.00        | 0.000%      | \$0.00  | 0.000%  | 12     | 100.00%                   | \$0                    |
| <b>Title of position:</b>   |               |             |   |   |        |                           |                        |
| <i>*Insert details to describe position duties as it relates to the funding (specific program objectives)</i> |               |             |   |   |        |                           |                        |
| <i>*Insert new row for each position funded or delete this row.</i>   |               |             |   |   |        |                           |                        |
|   |               |             |   |   |        |                           |                        |
| <b>TOTAL FRINGE COST</b>  |               | \$0.00      | <b>TOTAL SALARY COST</b>                                    |   |        | \$0.00                    |                        |
| <b>TOTAL PERSONNEL COSTS (FRINGE + SALARY)</b>  |               |             | \$0.00  |   |        |                           |                        |

| Travel  |          |            |           |            |          |  |
|---|----------|------------|-----------|------------|----------|--|
| In-State Travel - <b>EXAMPLE</b>  |          |            |           |            |          |  |
|   | Cost     | # of Trips | # of days | # of Staff | Total    |  |
| <i>Origin &amp; Destination</i>   |          |            |           |            |          |  |
| <b>Airfare:</b> cost per trip (origin & designation) x # of trips x # of staff<br><b>1 Staff travel to Arizona for remote monitoring train the trainer class.</b> | \$792.43 | 1          | 2         | 1          | \$792.43 |  |

|   |         |    |   |   |            |
|---|---------|----|---|---|------------|
| <b>Reno, NV to Tucson, AZ.</b>  |         |    |   |   |            |
| <b>Baggage fee:</b> \$ amount per person x # of trips x # of staff  | \$25    | 1  | 1 | 1 | \$25       |
| <b>Per Diem:</b> \$ per day per GSA rate for area x # of trips x # of staff   | \$80    | 1  | 2 | 1 | \$160      |
| <b>Lodging:</b> \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff  | \$105   | 1  | 2 | 1 | \$105      |
| <b>Motor Pool:</b> (\$ car/day + # miles/day x \$ rate per mile) x # trips x # days   | \$0     | 0  | 0 | 0 | \$0        |
| <b>Mileage:</b> (rate per mile x # of miles per r/trip) x # of trips x # of staff<br><b>2 CHR travel to client's homes. (\$0.70c x 55 miles round trip) X 24 trips annually x 2 staff</b> | \$38.50 | 24 | 0 | 2 | \$1,848.00 |
| <b>Parking:</b> \$ per day x # of trips x # of days x # of staff  | \$0     | 0  | 0 | 0 | \$0        |

**Justification:**

**New CHR position will travel to Tucson for train the trainer class on using remote monitoring system. They will train the second CHR position hired and they will each travel 2x month to client homes to support them in utilizing remote patient monitoring systems.**

**In-State Travel -**

| <u>Origin &amp; Destination</u>   | <u>Cost</u> | <u># of Trips</u> | <u># of days</u> | <u># of Staff</u> | <u>Total</u> |
|---|-------------|-------------------|------------------|-------------------|--------------|
| Airfare: cost per trip (origin & designation) x # of trips x # of staff         | \$0         | 0                 | 0                | 0                 | \$0          |
| Baggage fee: \$ amount per person x # of trips x # of staff                     | \$0         | 0                 | 0                | 0                 | \$0          |
| Per Diem: \$ per day per GSA rate for area x # of trips x # of staff            | \$0         | 0                 | 0                | 0                 | \$0          |
| Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff | \$0         | 0                 | 0                | 0                 | \$0          |

|  |               |   |   |   |     |
|--|---------------|---|---|---|-----|
| Motor Pool: (\$ car/day + # miles/day x \$ rate per mile) x # trips x # days | \$0           | 0 | 0 | 0 | \$0 |
| Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff   | \$0           | 0 | 0 | 0 | \$0 |
| Parking: \$ per day x # of trips x # of days x # of staff                    | \$0           | 0 | 0 | 0 | \$0 |
| <b>Justification:</b><br>Document here who will travel and why.              |               |   |   |   |     |
| <b>TOTAL TRAVEL COSTS</b>  | <b>\$0.00</b> |   |   |   |     |

|  |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <b>Training</b>  |               |  |  |  |  |
| <b>EXAMPLE</b>   |               |  |  |  |  |
| List all costs associated with Training, including justification of expenditures.  |               |  |  |  |  |
| <b>Describe training</b>   | <b>Total</b>  |  |  |  |  |
| Comprehensive Lexipol online EMS training courses  | \$15,000.00   |  |  |  |  |
| <b>Justification:</b> This comprehensive training program includes 10 modules that build skills and enhance knowledge of individuals working in EMS. Modules include state and national certified and accredited EMS training, leadership series, dispatch and crisis management. These training will be available to individuals being recruited as well as current employees needing refreshers and new skills to enhance the quality of care provided by our EMS teams. Making these training easily accessible for our EMS teams will support morale, reduce travel time for trainings and improve the quality of care provided. |               |  |  |  |  |
| List all cost associated with Training, including justification of expenditures.   |               |  |  |  |  |
| <b>Describe training</b>   | <b>Total</b>  |  |  |  |  |
|  | \$0.00        |  |  |  |  |
| Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures or public information. Tie budget piece to project deliverable.   |               |  |  |  |  |
| <b>TOTAL TRAINING COSTS</b>  | <b>\$0.00</b> |  |  |  |  |

|                  |
|------------------|
| <b>Operating</b> |
|------------------|

## EXAMPLE

List operating expenditures such as office space rent and utilities, as applicable. Listing of typical or anticipated operating costs should be included.

Rent: \$250 per/mo. x 12 months x 2 FTE

\$6000.00

Justification:

List program operating expenses such as office rental space and utilities. Listing of typical or anticipated operating costs should be included.

Rent: \$ per/mo. x 12 months x # of FTE

\$0.00

\$0.00

\$0.00

Justification: Provide narrative to justify operating expenses included in this budget. Include details for how budget item supports deliverables of the project.

**TOTAL OPERATING COSTS**

**\$0.00**

## Equipment

### EXAMPLE

List Equipment purchase or lease costing \$5,000 or more and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.

| Describe equipment:            | # of Units | Price per unit | Total price |  |  |  |
|--------------------------------|------------|----------------|-------------|--|--|--|
| Remote Fetal monitoring system | 10 Units   | \$6420/unit    | \$64,200.00 |  |  |  |

Justification: The clinic will purchase 10 remote fetal monitoring systems to support mothers with high risk pregnancies. In 2024 there was an average of 11 high risk pregnancies that could have benefits from this service. Each unit cost is \$6,420.00. The purchase of these units will allow us to improve the health outcomes and prevent unnecessary clinic visits, and reduce adverse outcomes such as preeclampsia, neonatal hypoglycemia and stillbirth, while increasing maternal satisfaction and enhancing safety.

List Equipment purchase or lease costing \$5,000 or more and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.

| Describe equipment:  | # of Units | Price per unit | Total price   |  |  |  |
|--|------------|----------------|---------------|--|--|--|
|  |            |                | \$0.00        |  |  |  |
|  |            |                | \$0.00        |  |  |  |
|  |            |                | \$0.00        |  |  |  |
|  |            |                | \$0.00        |  |  |  |
|  |            |                | \$0.00        |  |  |  |
| <b>TOTAL</b>   |            |                | \$0.00        |  |  |  |
| <b>Justification:</b> Include a description and narrative to justify line items included in this category. Tie budget line items to project deliverable(s); what projects will this equipment support and why? |            |                |               |  |  |  |
| <b>TOTAL EQUIPMENT COSTS</b>   |            |                | <b>\$0.00</b> |  |  |  |

|  |  |  |                               |                 |  |  |
|--|--|--|-------------------------------|-----------------|--|--|
| <b>Contractual</b>   |  |  |                               |                 |  |  |
| <b>EXAMPLE</b>   |  |  |                               |                 |  |  |
| We will be hiring a part time IT contractor to support the use of the new remote monitoring systems. This will include supporting set up, connectivity issues and support the RHP staff with technology issues to ensure continuous monitoring and support for members and their families. |  |  |                               |                 |  |  |
| <b>Name of Contractor, Subrecipient:</b> IT Technician At Your Service   |  |  | <b>Total amount requested</b> | <b>\$40,000</b> |  |  |
| <b>Method of Selection:</b> Individual contractor will be selected through the tribes contract with reliable health care service a temporary employment agency that support our recruitment of contractors for various projects.   |  |  |                               |                 |  |  |
| <b>Period of Performance:</b> June 30, 2026 – September 30, 2026   |  |  |                               |                 |  |  |

**Scope of Work:** IT contractor will assist with technology set up, maintenance, trouble shooting and provide technical support to the RHP staff working directly with members and their families. This position will be funded to work 20 hours per week.

**\* Sole Source Justification:** Define if using the sole source method, not needed if using competitive bid. The subrecipient must follow all applicable local, state and/or federal laws pertaining to the expenditure of funds. Proof of Invitation to bid, contracts, and any other pertinent documentation must be retained by the subrecipient and made available to NVHA upon request.

| <b>Budget</b>       | <b>Totals</b> |  |  |  |
|---------------------|---------------|--|--|--|
| Personnel           | \$0.00        |  |  |  |
| Travel              | \$0.00        |  |  |  |
| <b>Total Budget</b> | <b>\$0.00</b> |  |  |  |

**Method of Accountability:**

Define – The IT contract position will be supervised by the Office Manager, Beth Masters. The will be required to log activities and time spend on this project.

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site.

|                                   |                        |        |  |  |
|-----------------------------------|------------------------|--------|--|--|
| Name of Contractor, Subrecipient: | Total amount requested | \$0.00 |  |  |
|-----------------------------------|------------------------|--------|--|--|

Method of Selection: explain, i.e. sole source or competitive bid

Period of Performance: June 30, 20xx - June 29, 20xx

**Scope of Work:** Define scope of work. What will be the specific services/tasks that will be completed and specific deliverables. How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s).

**\* Sole Source Justification:** Define if using the sole source method, not needed if using competitive bid. The subrecipient must follow all applicable local, state and/or federal laws pertaining to the expenditure of funds. Proof of Invitation to bid, contracts, and any other pertinent documentation must be retained by the subrecipient and made available to NVHA upon request.

| <b>Budget</b>       | <b>Totals</b> |  |  |  |
|---------------------|---------------|--|--|--|
| Personnel           | \$0.00        |  |  |  |
| Travel              | \$0.00        |  |  |  |
| <b>Total Budget</b> | <b>\$0.00</b> |  |  |  |

**Method of Accountability:**

Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

|                                |               |  |  |  |
|--------------------------------|---------------|--|--|--|
| <b>TOTAL CONTRACTUAL COSTS</b> | <b>\$0.00</b> |  |  |  |
|--------------------------------|---------------|--|--|--|

**Other**

**EXAMPLE**

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.

| Description                                   | Totals |  |  |  |
|---|--------|--|--|--|
| Rent: \$ per/mo. x 12 months x # of FTE       | \$0    |  |  |  |
| Communications                                | \$0    |  |  |  |
| Copier/Printer Lease: \$ amount x 12 months   | \$0    |  |  |  |
| Other Utilities: \$ per month                 | \$0    |  |  |  |
| Postage: \$ per mo. x 12 months               | \$0    |  |  |  |
| Phone Line: \$ per mo. x 12 months x # of FTE | \$0    |  |  |  |

Justification: **Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures or public information. Tie budget piece to project deliverable.**

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.

| Description  | Totals |  |  |  |
|--|--------|--|--|--|
| Rent: <b>\$ per/mo. x 12 months x # of FTE</b>       | \$0    |  |  |  |
| Communications                                       | \$0    |  |  |  |
| Copier/Printer Lease: <b>\$ amount x 12 months</b>   | \$0    |  |  |  |
| Other Utilities: <b>\$ per quarter</b>               | \$0    |  |  |  |
| Postage: <b>\$ per mo. x 12 months</b>               | \$0    |  |  |  |
| Phone Line: <b>\$ per mo. x 12 months x # of FTE</b> | \$0    |  |  |  |

Justification: **Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures or public information. Tie budget piece to project deliverable.**

|                          |               |  |  |  |
|--------------------------|---------------|--|--|--|
| <b>TOTAL OTHER COSTS</b> | <b>\$0.00</b> |  |  |  |
|--------------------------|---------------|--|--|--|

|                            |  |
|----------------------------|--|
| <b>Total Charges:</b>      | <i>Administrative costs are capped at 10% of overall program expenditures.</i> |
| Category                   | Total  |
| Personnel                  | <b>\$0.00</b>  |
| Travel                     | <b>\$0.00</b>  |
| Training                   | <b>\$0.00</b>  |
| Operating                  | <b>\$0.00</b>  |
| Equipment                  | <b>\$0.00</b>  |
| Contractual                | <b>\$0.00</b>  |
| Other                      | <b>\$0.00</b>  |
| <b>GRAND TOTAL CHARGES</b> | <b>\$0.00</b>  |

## **Attachment D: PROJECT NARRATIVE GUIDANCE**



### **Project Narrative (70 points possible)**

Format: The Project Narrative must not exceed twenty (20) pages. It must be double-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 (letter size) paper. Tables, graphs, charts, and other visuals may be used and do not have to be double-spaced. The entire narrative, including attachments, tables, graphs, and charts must conform to the twenty (20) page limit.

The following information must be contained within the Project Narrative:

#### **1. Needs Assessment (10 points possible) – Please respond to each component individually and number your responses.**

- A. Provide a clear and concise overview of the need for increased specialty or subspecialty training in the chosen field through provider apprenticeship and structured training programs that expand the pipeline of qualified providers.
  - 1) Discuss how the need for certain provider types was identified, illustrated with local labor data and documented gaps aligned to apprenticeship-eligible occupations and provider specialties/subspecialties.
  - 2) Describe the current barriers preventing the development and launch of apprenticeship and training programs, and placement of provider apprentices/trainees (and preceptors/instructors, as applicable) in high-need specialty and subspecialty care settings for which the award is being requested, and for non-rural or out-of-state entities, please specify how the apprenticeship and training programs targeting needed rural providers impacts the organization requesting the grant funding.

#### **2. Work Plan and Impact Analysis (30 points possible) – Please respond to each question individually and number your responses.**

Provide a detailed work plan with specific data and information that addresses each of the following and complete the work plan template found in Attachment E. Both the written narrative and work plan table should tie back to the needs identified above:

- A. Program Description:
  - 1) Describe the provider apprenticeship and training model that exists or needs to be developed and implemented, including: targeted occupations/specialties; competency framework; on-the-job training structure; related technical instruction hours and providers; duration; wage progression; supervised clinical/practice components; anticipated credentials/certifications; and alignment to Nevada workforce priorities.
  - 2) Identify the development and implementation activities and associated costs the grant will fund for eligible organizations, such as: curriculum design or updates; accreditation or apprenticeship registration fees; instructor/educator and

preceptor training; apprentice/trainee recruitment and screening; instructional materials and equipment (including simulation); participant supports (e.g., childcare, transportation, exam fees); wage subsidies or stipends where allowable; data systems; and evaluation.

- B. Describe how you will reach the target provider population and provide them with information about the program and incentives offered.
- C. Attest that any employment contracts or incentives paid to healthcare providers, apprentices, and trainees will include a 5-year service commitment as required under the CMS Rural Health Transformation Grant Opportunity.
- D. Building on the information provided in “4.1. Needs Assessment,” articulate how the proposed program will meet the needs identified.
- E. List the proposed individuals and support staff positions that will oversee this program. Include an organizational chart.
- F. Provide a list of partnerships, as applicable, that will be used in this program. This may include: employer/clinical host sites (e.g., acute care hospitals/rural hospitals/critical access hospitals; FQHCs; rural clinics, Tribal Health Clinics); education and training partners (e.g., community colleges, universities, training vendors), regional coalitions and partnerships within eligible organizations within the state; and talent pipeline development programs, such as rural high school-to-career pathways and local training programs.

Provide detailed **impact analysis** estimates in a table format on the impact of the training program. Include a justification for how each estimate was determined. Please address the following:

- A. The number of apprentices/trainees to be recruited, enrolled, progressed, and completed (by provider type/specialty).
- B. The number of preceptors/instructors trained and active.
- C. The number of employer/clinical host sites participating (urban/rural/tribal).
- D. Credential/certification attainment rates.
- E. Job placement in Nevada (with placements in rural/underserved areas identified).

This information must be updated and reported on a quarterly basis and at the end of the State spending period ending September 30, 2027.

**3. Data Collection and Evaluation (15 points possible) – Please respond to each question individually and number your responses.**

Provide performance evaluation measures that correspond to the goals of your program. At a minimum, the measures indicated in the impact analysis should be a part of the overall program evaluation. Please describe:

- A. What data will be collected to measure the success of the program.
- B. How the program will know if it is successful.
- C. How the program will improve health outcomes for Nevadans.

**4. Sustainability Plan (15 points possible) – Provide a plan for sustaining the improvements implemented through this funding opportunity which addresses the following question, at a minimum:**

- A. What strategy will the applicant leverage to sustain this project after the RHT Grant Program ends? What other funding sources will you pursue (e.g., billing/reimbursement, private grants, donations, sliding-fee scale, etc.)?

**Letters of Commitment (Pass/Fail)**

Format: Letterhead with signature.

As noted in the eligible applicant section, non-rural and out-of-state organizations must be supported by strong letters of support from local or tribal health officials, rural hospitals, and other health care providers of services located in the community impacted by the proposal, along with contact information for all signatories of the letters of commitment or MOUs.

Rural applicants may submit letters of support, but they are not required. Letters should be on letterhead and signed. Form letters will not be accepted. Letters of commitment do not count towards the 20-page limit of the Project Narrative.

**Attachment E: WORK PLAN TEMPLATE**



**Instructions:** Applicants should use this template to complete their work plan. Goals and activities should align with the Project Overview. There is a minimum requirement of three goals with two objectives each. If needed, additional goals, objectives, and rows within each table can be added. Goals should be outlined to be SMART goals using the criteria below.

- **Specific:** Clearly define the action, target population, and location.
- **Measurable:** Include metrics to track progress and determine success.
- **Achievable:** Set realistic, attainable goals based on available resources.
- **Relevant:** Ensure the goal addresses a specific, pressing community health need.
- **Time-bound:** Establish a clear, specific deadline for completion

| <b>Goal 1:</b>      |                   |                                  |                 |
|---------------------|-------------------|----------------------------------|-----------------|
| <b>Objective(s)</b> | <b>Activities</b> | <b>Measure of Accomplishment</b> | <b>Due Date</b> |
| <b>Objective 1:</b> |                   |                                  |                 |
| <b>Objective 2:</b> |                   |                                  |                 |

| <b>Goal 2:</b>      |                   |                                  |                 |
|---------------------|-------------------|----------------------------------|-----------------|
| <b>Objective(s)</b> | <b>Activities</b> | <b>Measure of Accomplishment</b> | <b>Due Date</b> |
| <b>Objective 1:</b> |                   |                                  |                 |
| <b>Objective 2:</b> |                   |                                  |                 |

| <b>Goal 3:</b>      |                   |                                  |                 |
|---------------------|-------------------|----------------------------------|-----------------|
| <b>Objective(s)</b> | <b>Activities</b> | <b>Measure of Accomplishment</b> | <b>Due Date</b> |
| <b>Objective 1:</b> |                   |                                  |                 |
| <b>Objective 2:</b> |                   |                                  |                 |

**Attachment F: APPLICATION REVIEW SCORING MATRIX**

Each proposed project will be evaluated for inclusiveness and succinctness of their application using the scoring matrix below.

| <b>NEVADA WORKFORCE RECRUITMENT &amp; RURAL ACCESS PROGRAM (WRAPP)</b><br><b>Provider Apprenticeship and Training Program Grants</b><br>Proposal Evaluation Scoring Rubric   |  |
|--|--|
| <p><b>How Proposals are Scored:</b> Each proposal will be evaluated and scored based on the category requirements identified. Applications will be scored by the review committee using this evaluation sheet to designate the point value assigned to each application. The scores of each member of the review teams will be averaged with the scores of the other members to determine the final score. Application scores establish a reference point from which to make negotiation decisions.</p> <p><b>Initial review:</b> Applications must be reviewed to confirm that the eligibility criteria have been met and the application is complete. If the application is not complete, it will not be scored. Pages submitted in excess of the page limits will not be reviewed.</p> <p><b>BEFORE YOU BEGIN!</b> The grant proposal package must be reviewed for completeness. Scoring will be in the following categories, up to the maximum points indicated for each category:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Coversheet (Required Element)</li> <li><input type="checkbox"/> Budget (Detailed Plan) and Budget Narrative (30)</li> <li><input type="checkbox"/> Project Narrative (70)</li> <li><input type="checkbox"/> Letters of Commitment (Pass/Fail)</li> </ul> <p>Read the section description and scoring criteria and use your best judgement to score the application. Be sure to list the points awarded, calculate the cumulative scores, populate the objective review section, and provide your signature at the end of the form before electronic submission. <b>The maximum score possible is 100.</b></p> |  |
| Primary Applicant Name:  |  |
| Project Contact:   |  |
| State Vendor ID:   |  |
| Amount of Grant Funds Requested:   |  |
| Planned Project Period (Begin and End Date):   |  |
| County or Counties impacted by the proposal (list all that apply):   |  |

**Scoring Criteria:**

|   |
|---|
| <b>Coversheet (Required Element)</b>      |
| <b>Reviewer Comments (as applicable):</b> |

| <b>Budget Plan and Budget Narrative: Provides a budget for the proposed project with a detailed line-item breakdown for all cost items that will be incurred by the proposed project activities. Criteria to be considered are listed below.</b>   | <b>Maximum Points Possible</b> | <b>Points Awarded</b> |
|--|--------------------------------|-----------------------|
| 1. Narrative: To what extent does the applicant sufficiently demonstrate a clear and strong relationship between the program’s expenses and the program’s goals and activities described in the work plan? Has the applicant demonstrated how the budget expenditures relate directly to the goals of the program? | 15                             |                       |
| 2. Plan: To what extent does the applicant sufficiently demonstrate and clearly identify budget costs that are reasonable, allocable, and consistent with the purpose, outcomes, priorities, and program strategy of the project activities?   | 15                             |                       |
| <b>Reviewer Score:</b>   | <b>30</b>                      |                       |
| <b>Reviewer Comments:</b>  |                                |                       |

| <b>Project Narrative: Provides a comprehensive and well-organized narrative describing the proposed project that includes the demonstrated need for the program, feasibility, work plan, and anticipated impact. It should also include data collection and evaluation strategies and a sustainability plan.</b> | <b>Maximum Points Possible</b> |
|--|--------------------------------|
| 1. Needs Assessment  | 10                             |
| 2. Work Plan and Impact Analysis   | 30                             |
| 3. Data Collection and Evaluation  | 15                             |
| 4. Sustainability Plan   | 15                             |
| <b>Reviewer Score:</b>   | <b>70</b>                      |

| <b>1. Needs Assessment:</b> Justifies the need for expanded specialty training by documenting workforce gaps and describing the community or communities in which the residents will be located, and the community or communities impacted by the program.   | <b>Maximum Points Possible</b> | <b>Points Awarded</b> |
|--|--------------------------------|-----------------------|
| 1. Provides an overview of the need to increase training by describing workforce gaps, where the program will take place, demographics of the community or communities in which the population will be located, the community or communities impacted by the program, and describe any current barriers preventing the placement of trainees in these communities and high-need care settings for which the award is being requested.  | 5                              |                       |
| 2. Describe the current barriers preventing the development and launch of apprenticeship and training programs, and placement of provider apprentices/trainees (and preceptors/instructors, as applicable) in high-need specialty and subspecialty care settings for which the award is being requested, and for non-rural or out-of-state entities, please specify how the apprenticeship and training programs targeting needed rural providers impacts the organization requesting the grant funding. | 5                              |                       |
| <b>Reviewer Score:</b>   | <b>10</b>                      |                       |
| <b>Reviewer Comments:</b>  |                                |                       |

| <b>2. Work Plan and Impact Analysis:</b> Both a comprehensive work plan and Impact Analysis in table-format are provided. The work plan and impact analysis should demonstrate how the application aligns with preferences in Attachment D and E of the RFA.   | <b>Maximum Points Possible</b> | <b>Points Awarded</b> |
|--|--------------------------------|-----------------------|
| 1. Work Plan Narrative and Attachment: Applicant builds on the needs assessment and provides detailed learning outcomes, activities, plans, locations, disparities, and phases of the work with detailed descriptions for their proposed timeline. Applicant provides an organizational chart, describes partners/resources that will contribute to the program, and details responsibilities of each faculty, staff, hospital and community care setting partner, and clinical training resource. | 15                             |                       |
| 2. Impact Analysis: A detailed table is provided that outlines the impact of the training program with detailed information.   | 15                             |                       |
| <b>Reviewer Score:</b>   | <b>30</b>                      |                       |

**Reviewer Comments:**

| <b>3. Data Collection and Evaluation:</b> Applicant describes the data that will be collected for each performance evaluation measure described in the impact analysis. Provides evaluation plan for the project activities. | <b>Maximum Points Possible</b> | <b>Points Awarded</b> |
|--|--------------------------------|-----------------------|
| 1. The applicant sufficiently describes what data will be collected to measure success and describes the relationship between program activities and its intended effects.   | 5                              |                       |
| 2. The applicant sufficiently demonstrates how they will measure the changes in the program and how they will know it is successful.   | 5                              |                       |
| 3. The applicant outlines how the program will contribute to improved health outcomes for Nevadans.  | 5                              |                       |
| <b>Reviewer Score:</b>   | <b>15</b>                      |                       |
| <b>Reviewer Comments:</b>  |                                |                       |

| <b>4. Sustainability Plan:</b> Provides a clear and achievable plan for sustaining the proposed apprenticeship and training program after grant funds are exhausted. The plan should describe ongoing training program costs.        | <b>Maximum Points Possible</b> | <b>Points Awarded</b> |
|--|--------------------------------|-----------------------|
| 1. What strategy will the applicant leverage to sustain this project after the RHT Grant Program ends? What other funding sources will you pursue (e.g., billing/reimbursement, private grants, donations, sliding-fee scale, etc.)? | 15                             |                       |
| <b>Reviewer Score:</b>   | <b>15</b>                      |                       |
| <b>Reviewer Comments:</b>  |                                |                       |

| <b>Letters of Commitment:</b> Provides letters of commitment from partners that are relevant to the funding opportunity. Letters must be on official letterhead, signed, and describe specific roles, | <b>Maximum Points Possible</b> | <b>Points Awarded</b> |
|---|--------------------------------|-----------------------|
|   |                                |                       |

|  |                  |  |
|--|------------------|--|
| responsibilities, and contributions to the implementation and sustainability of the program.   |                  |  |
| 1. Letters provided are complete: on letterhead and signed, specify reason for support, demonstrate alignment with project goals, and outline their commitment to work with the applicant on the objectives of their proposal. | Pass/Fail        |  |
| <b>Reviewer Score:</b>   | <b>Pass/Fail</b> |  |
| <b>Reviewer Comments:</b>  |                  |  |

|   |          |
|---|----------|
| <b>Overall Objective Review:</b>                    |          |
| <b>Cumulative Score:</b>                            | ____/100 |
| Major Strengths:                                    |          |
| Major Weaknesses:                                   |          |
| Alignment with Priorities in Section II of the RFA: |          |
| General Comments:                                   |          |
| Major Recommendations:                              |          |

Reviewer – Signature

Date

Reviewer – Printed Name

## Suggested Scoring Guidelines from HRSA<sup>2</sup>

| Total Point Value for Criterion    | Poor     | Satisfactory | Good      | Very Good | Outstanding |
|------------------------------------|----------|--------------|-----------|-----------|-------------|
| 5                                  | 0 – 2    | 3            | 4         | 5         | 5           |
| 10                                 | 0 – 6    | 7            | 8         | 9         | 10          |
| 15                                 | 0 – 10   | 11           | 12 – 13   | 14        | 15          |
| 20                                 | 0 – 13   | 14 – 15      | 16 – 17   | 18 – 19   | 20          |
| Approximate Overall Percentage (%) | 0% – 69% | 70% – 79%    | 80% – 89% | 90% – 95% | 96% – 100%  |

### Definitions from HRSA

**Poor:** Few, if any, elements are addressed. Documentation and required information are deficient or omitted. Application has very few strengths and numerous major weaknesses. Weaknesses identified will have substantial impact and prevent the successful implementation and execution of the proposed project.

**Satisfactory:** Most elements are addressed, although when addressed, do not contain all the necessary detail and/or support. Documentation and required information are deficient. Application has few strengths and some weaknesses and of the weaknesses identified, only one major weakness. The one major weakness could potentially impact the successful implementation and execution of the proposed project.

**Good:** Elements are addressed, although some do not contain necessary detail and/or support. Most documentation and required information are present and sufficient. Application has some strengths but with at least one weakness identified that will likely have moderate impact on the successful implementation and execution of the proposed project.

**Very Good:** Elements are clearly addressed with necessary detail and the evidence is thoroughly supported. Documentation and required information are specific and comprehensive. Any weaknesses identified will likely have minor impact on the successful implementation and execution of the proposed project.

**Outstanding:** All elements of the criterion are clearly addressed, well-conceived, thoroughly developed, and well supported. Documentation and required information are specific and comprehensive. The criterion has no deficiencies or weaknesses. All strengths identified should clearly be above and beyond the baseline requirements. No restatements of the application or the NOFO requirements.

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<sup>2</sup> <https://bphc.hrsa.gov/funding/funding-opportunities/hrsa-scoring-rubric>