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REQUEST FOR APPLICATIONS

RURAL HEALTH TRANSFORMATION PROGRAM NEVADA RURAL HEALTH SYSTEM FLEX FUND BUDGET PERIOD 1 (BP1 = 12/29/25 – 10/30/26)

- Purpose:** To bolster and modernize the state’s rural health care infrastructure through investments that enhance and modernize local rural health care infrastructures.
- Project Period:** Upon approval of subaward through October 30, 2027
- Proposals Due:** **August 28, 2026, by 11:59 pm PT**
- Funding Available:** \$35,986,322.00
- Funding for this purpose is subject to availability, pending number of applications received and amount of each approved application. Eligible applicants are encouraged to apply as soon as possible.
- Cost Sharing/Match:** None
- Final Funding Decisions:** Issued continuously throughout the open application period as applications are received; however, all funding decisions related to this RFA will be finalized on or before September 15, 2026
- Website:** [Rural Health Transformation Program](#)
- Contact:** Nevada Rural Health Transformation Program
RHTP@nvha.nv.gov

NEVADA RURAL HEALTH TRANSFORMATION PROGRAM
RURAL HEALTH SYSTEM FLEX FUND

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 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 awarded funds will be 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** – 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** - 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** - 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 specifically applicants under the Nevada Rural Health System Flex Fund.

SECTION I: DESIRED OUTCOMES

Purpose

Through the Nevada Rural Health System Flex Fund (Flex Fund), the NVHA is awarding competitive subawards to modernize Nevada’s rural healthcare infrastructure. This program supports projects ranging from medical supplies and equipment and lab technology to emergency medical services (EMS – air and land transport in rural areas), non-emergency medical transportation and mobile care units; that improve the financial sustainability and service capacity of rural hospitals and clinics. These funds are intended to support **sustainable access** for rural health care providers, hospitals and clinics for resources and equipment needed to modernize and enhance existing facilities and infrastructure. Applicants are encouraged to consider collaborative proposals that utilize regional purchasing or shared-service agreements for equipment and transportation needs.

This funding may be awarded to projects aimed at expanding rural and frontier affiliation networks and shared-services models; with a goal for participating providers to gain access to joint purchasing, tele-specialty contracting to fill health provider coverage gaps, and administrative cost-sharing, producing measurable margin improvements. Partnerships are also encouraged with larger health systems under transparent affiliation terms approved by the RHT Steering Committee (RHTSC) and the NVHA.

Flex funds are additionally available to rural hospitals and health clinics to purchase the resources, software, and training needed to improve revenue cycle management (RCM). The focus will be on accurate charge capture, coding optimization, and strategic pricing to maximize reimbursement from existing payers, especially in complex areas like cost-based reimbursement for Critical Access Hospitals (CAHs). Funds must be used to support self-sustaining models for delivery of essential health services and improving the reliability of care for rural residents, consistent with CMS funding limitations that prohibit new construction or supplanting of existing funds.

Example Goals & Activities *(Not an all-inclusive list.):*

Category	Example Projects	Primary Benefits/Outcomes
Emerging Technologies	<ul style="list-style-type: none">• AI enabled clinical tools• Advanced telemedicine platforms• Digital health apps for patients	<ul style="list-style-type: none">• Modernized care delivery• Enhanced patient engagement
Telehealth & Remote Care	<ul style="list-style-type: none">• Telehealth rooms or suites• Mobile telehealth carts• Remote patient monitoring for chronic disease	<ul style="list-style-type: none">• Better access to care• Improved chronic disease management

Category	Example Projects	Primary Benefits/Outcomes
		<ul style="list-style-type: none"> • Reduced hospital readmissions
Mobile Health Units	<ul style="list-style-type: none"> • Primary care vans • Mobile imaging (X-ray, ultrasound) units • Mobile dental units • Mobile behavioral health units 	<ul style="list-style-type: none"> • Brings services directly to rural communities • Supports outreach and preventive care
Diagnostic & Treatment Equipment*	<ul style="list-style-type: none"> • Digital X-ray systems • Ultrasound machines • Mammography units • Pharmacy automation systems <p><i>*Maintenance plans may be included in requesting RHT funds to support these types of expenditures.</i></p>	<ul style="list-style-type: none"> • Higher diagnostic capacity • Faster, more accurate care • Improved medication safety
Cybersecurity & Data Infrastructure*	<ul style="list-style-type: none"> • Network upgrades • Secure data sharing platforms • Cybersecurity tools and training <p><i>*Broadband infrastructure is an unallowable cost under RHT</i></p>	<ul style="list-style-type: none"> • Stronger data protection • Better interoperability • Compliance with security standards
Minor Facility Alterations or Renovation	<ul style="list-style-type: none"> • Adding infrastructure needed for behavioral health, oral health, maternal/child health, or specialty services • Minor renovation or alterations of current space, clearly linked to program goals and outcomes • Creating telehealth suites 	<ul style="list-style-type: none"> • Increased service availability • Reduced travel burden for rural patients • More comprehensive local care

Funds **cannot** be used to replace any existing funding for current projects or supplant existing funding for existing systems. Funding limitations apply to requests to replace Health Information Technology for Economic and Clinical Health (HITECH) certified, EMR/EHS systems in place as of September 1, 2025. For this **BP1** RFA, no more than \$8,996,580.42 in total available funding may be used to request support of the replacement of an electronic medical records (EMR) system if a previous HITECH certified EMR system is already in place as of 9/1/25.

All Flex Fund projects under this RFA must demonstrate sustainable and measurable outcomes, for example:

- a) Increase in new regional purchasing and sharing arrangements for rural healthcare infrastructure and clinical services.
- b) Increase in transportation access for non-emergency and emergency services in rural and frontier areas.
- c) Increase access to modern healthcare infrastructure in rural and frontier Nevada.
- d) Increase in the number of mobile care units in rural and frontier Nevada.

Minor Renovations or Alterations

Funds may be used for minor renovations or alterations if they are clearly linked to program goals **and** receive both NVHA and CMS prior approval. See [RHT NOFO](#), Program requirements and expectations, Use of Funds (pages 11-13), and Program-specific limitations, Unallowable Costs (pages 19-20).

- **Important Note:** Funding used for renovation or alterations cannot exceed 20% of the total funding awarded to the subrecipient.

SECTION 2: AWARD OPPORTUNITY INFORMATION

A total of \$35,986,322 is available under the Flex Fund in Budget Period 1 (BP1 = December 29, 2025, through October 30, 2026).

Applications for BP1 will be accepted **through August 28, 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. Eligible applicants are encouraged to apply as soon as possible.
- **Projects awarded with BP1 funds available through this RFA must be completed and funding fully spent on or before September 30, 2027. No exceptions.**

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 the end of the following federal fiscal year (September 30) to spend funds awarded in each budget period, as shown in Table 1 below.

Table 1: Funding Distribution and Use Deadlines

Budget Period	Beginning	End	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 30th deadline will be reverted back to CMS.

Total funding amounts beyond BP1 are anticipated to remain similar but 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 will only 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 September 30, 2027, applicants are encouraged to consider a phased 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 9/30/27, 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.

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.

SECTION 3: ELIGIBILITY INFORMATION

Eligible Applicants

Priority will be given to rural health provider entities (including but not limited to, CAHs, Federally-Qualified Health Centers (FQHCs), Certified Community Behavioral Health Centers (CCBHCs), School-Based Health Centers (and/or schools for student health services) and primary care and mental health providers that operate in rural areas.

Applicants must demonstrate that the proposed project will strengthen the health system in rural Nevada. The state may consider applications from other organizations if the investment directly benefits rural health care in Nevada. In these cases, applicants must include a signed Memorandum of Understanding (MOU) and/or strong letters of support from the rural health providers involved. Applications from vendors or entities without a clearly established plan and collaboration with rural communities, hospitals, and/or health providers will not be considered. Examples of acceptable collaborations include projects that support regional hub-and-spoke infrastructure or other shared systems designed to improve access and quality of care in rural areas.

All applicants must be in good standing with the State of Nevada and the Federal Government. If an applicant has not responded to any audit findings from the State of Nevada, their application may not be considered for funding.

Applicant Assistance

The Nevada Governor's Office of Federal Assistance (OFA) is available to provide pre-award assistance to applicants including but not limited to application project management and application reviews. More information about OFA services and contact information is available at <https://www.ofa.nv.gov/>.

SECTION 4: APPLICATION AND SUBMISSION INFORMATION

A comprehensive, well-written application provides all the information necessary for a complete evaluation. The evaluation committee will use the scoring matrix located in Attachment D to review and score applications.

A complete application will include the following:

- Nevada Rural Health System Cover Sheet (Attachment A)
- Nevada Rural Health System Flex Fund Project Narrative and Scope of Work (Attachment B);
- Budget Plan and Budget Narrative (Attachment C).

Fillable copies of these forms are available on our website at [Rural Health Transformation Program](#).

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, will be disqualified and will not be scored.

SECTION 5: SUBAWARD ADMINISTRATION INFORMATION

Grant Review and Selection Process

Applications that meet the minimum standards laid out above will be reviewed, evaluated, and competitively scored using the scoring matrix located in Attachment D 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 will be measured both qualitatively and quantitatively. 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.
 - NVHA will assess the subrecipient's progress on self-imposed performance metrics, including milestones and targets.
- 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.

Award Process

All grant funding will be paid to awardees on a monthly or quarterly reimbursement basis. Awardees 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 Fiscal Responsibilities

All subrecipients of funding are required to identify a fiscal agent if the subrecipient is not its own fiscal agent. All subrecipients 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 awards under this RFA are subject to audits during and within three years after the grant award reporting period has concluded.
- The accounting system presents and classifies historical costs of the subaward 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 you intend to subaward any RHT funds you will need to justify and provide quarterly reporting. Please ensure your application includes the following:

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.). If applicable, include any indirect cost paid under the subrecipient and the indirect cost rate used.

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

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. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

Reconsiderations

Funding decisions made by NVHA are final. There is no appeals process, and applicants may re-apply.

Access for Persons with Disabilities

The subrecipient shall assure that persons with disabilities are not precluded from using RHT grant funded projects and/or services. Projects must meet requirements as set by the Americans with Disabilities Act.

Nondiscrimination

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

ATTACHMENT A: NEVADA RURAL HEALTH SYSTEM FLEX FUND COVER SHEET



Coversheet – Nevada Rural Health System Flex Fund

Please submit a complete application package and acknowledge all requirements for participation as subrecipients under the Rural Health Transformation (RHT) Grant Program.

Name of Organization: Click or tap here to enter text.

Primary Contact Name & Title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Grant Manager Name: Click or tap here to enter text.

Grant Manager Address, Phone Number, Email Address: Click or tap here to enter text.

Total Amount of Funding Requested in BP1 under this RFA: Click or tap here to enter text.

State Vendor Identification Number: Click or tap here to enter text.

Planned Project Period (Begin and End) Date: Click or tap here to enter text.

Certification: I certify that all of the information contained in this application is true to the best of my knowledge, that the application was prepared by the applicant and its employees and agents without consultation or collusion with any other applicant, and that, if awarded, the applicant will abide by the terms and conditions of the grant.

Is the applicant a health provider currently serving rural Nevadans? Yes No

- **If not currently directly serving rural patients, describe your partnerships with health providers or organizations who do:**

Is the project provided within this application focused on health outcomes? Yes No

- **If yes, list health outcomes this application intends to address:**
Click or tap here to enter text.

Is a planned outcome for a project provided within this application participation in a shared purchasing agreement for a rural region? Yes No

- **If yes, list the counties within the region:**

Click or tap here to enter text.

Printed Name of Authorized Representative: Click or tap here to enter text. **Title:** Click or tap here to enter text.

Signature of Authorized Representative:

Date: Click or tap to enter a date.

ATTACHMENT B: NEVADA RURAL HEALTH SYSTEM FLEX FUND

PROJECT NARRATIVE & SCOPE OF WORK



Nevada Rural Health System Flex Fund

SECTION A — PROJECT NARRATIVE & SCOPE OF WORK

Goals and Objectives (40 points possible): Describe the key goal(s) objective(s) of this project and the anticipated activities, due dates and documentation. Please use the following Goals & Objectives Template for this section; complete additional tables for additional goals (or add additional lines for additional objectives under the goal), as needed for the project. This template in a fillable format is available on the NVHA website at [Rural Health Transformation Program](#).

- **NOTE:** *blue italics* text is meant as guidance text only – please delete all guidance text and use black regular font in final submission.

Goals & Objectives Template:

Goal 1: <i>Define project goal here using SMART format (Specific, Measurable, Achievable, Realistic & Time-Bound).</i>			
Objective(s)	Activities	Due Date	Documentation Needed
Objective 1: <i>Define objective 1 here using SMART format.</i>	<i>List all activities here necessary to achieve the objective.</i>	<i>Define a due date to achieve the objective here.</i>	<i>List all documentation that can be used as evidence to support objective/activity completion.</i>
Objective 2: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

SECTION B — DATA COLLECTION AND REPORTING (15 points possible)

Data Collection and Reporting (5 points possible) – Please explain how your organization will collect and keep track of, and report back to NVHA on, basic information about the people served under this project (i.e., the target population) and the services provided (as applicable). NVHA requires all subawardees and contract vendors under the RHT program to report on:

- Number of people served;
- List/description of services the target population received; and
- Measured outcomes.

In response to this section for Data Collection and Reporting, please describe:

- A. What information you plan to track for this project; and
- B. How you will collect and store that information.

Cost Effectiveness and Sustainability (10 points possible) – Please explain how your program will be fiscally responsible with RHT funds and how the project will continue after the RHT Grant Program ends.

In your response, please describe:

- A. What resources will you leverage to sustain this project after the RHT Grant Program ends (e.g., partnerships, volunteers, donated supplies, shared space, existing staff or systems, etc.)?
- B. What other funding sources will you pursue (e.g., billing/reimbursement, private grants, donations, sliding-fee scale, etc.)?
- C. How will ongoing maintenance costs and replacement costs be provided for purchased equipment/machinery after the RHT Grant Program ends?
 - a. **Note:** maintenance costs for equipment purchased under this RFA may be included in this application as an eligible expense; however, the applicant must describe how those maintenance costs will be sustained by the applicant after the expiration of all RHT funding.

SECTION C – LETTERS OF COMMITMENT (5 points possible)

Applicants are required to submit letters of commitment from each partner or other participating entity, as applicable to the application. Letters should be on letterhead and signed. Letters should outline how the partner will contribute to the project and what commitments they will make including contributions to the sustaining of the program. Form letters will not be accepted.

SECTION D – BUDGET SUMMARY

Provide a simple summary showing the total for each category:

Budget Cost Category	Total Amount Requested
Personnel	\$0.00
Fringe	\$0.00
Travel	\$0.00
Supplies	\$0.00
Equipment	\$0.00
Other	\$0.00
Indirect	\$0.00
TOTAL BUDGET REQUEST	\$0.00

ATTACHMENT C: BUDGET PLAN TEMPLATE



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.

This budget plan 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.

Refer to the program specific Funding Restrictions and Limitations and Standard Funding Restrictions, as well as to **2 CFR 200** (for applicable administrative requirements and cost principles). For each budget category, explain the purpose of the expense, how the cost was estimated, and why it is necessary to achieve the project’s goals and deliverables.

Personnel Costs						
Describe the staff who will work on the project and what they will do. For each requested position, provide the following information:						
Title, name if known, percentage of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.						
EXAMPLE	Annual Salary	Fringe Rate	% of Time spent on activities funded through this award	Months	Annual % of Months worked	Total Amount Requested
Name of Employee (if known, otherwise state new position): 2 new positions Title of position: Project Director: TBD	\$72000.00	4.000%	100.000%	12	100.00%	\$74,880.00
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

	Annual Salary	Fringe Rate	% of Time spent on activities funded through this award	Months	Annual % of Months worked	Total Amount Requested
<p>Name of Employee (if known, otherwise state new position): Click or tap here to enter text.</p> <p>Title of position: Click or tap here to enter text.</p>	\$0.00	0.000%	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	% of Time spent on activities funded through this award	Months	Annual % of Months worked	Total Amount Requested
<p>Name of Employee (if known, otherwise state new position): Click or tap here to enter text.</p> <p>Title of position: Click or tap here to enter text.</p>	\$0.00	0.000%	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	% of Time spent on activities funded through this award	Months	Annual % of Months worked	Total Amount Requested

Name of Employee (if known, otherwise state new position): Click or tap here to enter text.	\$0.00	0.000%	0.000%	12	100.00%	\$0
Title of position: Click or tap here to enter text.						
<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>						
TOTAL FRINGE COST	\$0.00	TOTAL SALARY COST			\$0.00	
TOTAL PERSONNEL COSTS (FRINGE + SALARY)		\$0.00				

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](#).

EXAMPLE

<i>Origin & Destination</i>	<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 1 Staff travel to Arizona for remote monitoring train the trainer class. Reno, NV to Tucson, AZ.	\$792.43	1	2	1	\$792.43

Baggage fee: \$ amount per person x # of trips x # of staff	\$25	1	1	1	\$25
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$80	1	2	1	\$160
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$105	1	2	1	\$105
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 2 CHR travel to client's homes. (\$0.70c x 55 miles round trip) X 24 trips annually x 2 staff	\$38.50	24	0	2	\$1,848.00
Parking: \$ 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 & 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 Click or tap here to enter text.	\$0	0	0	0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff Click or tap here to enter text.	\$0	0	0	0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff Click or tap here to enter text.	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff Click or tap here to enter text.	\$0	0	0	0	\$0
Motor Pool: (\$ car/day + # miles/day x \$ rate per mile) x # trips x # days Click or tap here to enter text.	\$0	0	0	0	\$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff Click or tap here to enter text.	\$0	0	0	0	\$0

Parking: \$ per day x # of trips x # of days x # of staff Click or tap here to enter text.	\$0	0	0	0	\$0
Justification: Document here who will travel and why.					
TOTAL TRAVEL COSTS	\$0.00				

Supplies					
List basic supplies needed to run the project. These should be reasonable and project related. Supplies includes all tangible personal property with an acquisition cost of less than \$10,000 per unit or an alternative lower limit set by recipient policy. Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. Classify technology/computing items such as computers that do not meet the \$10,000 per unit threshold or an alternative lower limit set by recipient policy as supplies and individually tag and record in an equipment/technology database. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.					
EXAMPLE					
List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.					
Microsoft Word Processing Software	\$920.00				
Program pamphlets and videos	\$6000.00				
1 Dell Laptop	2,000				
Communications	\$0.0				
Justification: <i>The Project Director will be a new position and will require a laptop computer and printer to complete required activities under this Notice of Funding Opportunity (NOFO). The price of the laptop computer and printer is consistent with those purchased for other employees of the organization and is based upon a recently acquired invoice (which can be provided upon request). The pricing of the selected computer is necessary because it includes the following tools XXXX (e.g. firewall, etc.). The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Use of these pamphlets and videos will enable us to address components one and two of our draft proposal. Word Processing Software will be used to document program activities, process progress reports, etc.</i>					
List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.					
Office supplies: \$ amount x # of FTE staff x # of mo.	\$0.00				
Rent: \$ per/mo. x 12 months x # of FTE	\$0.00				
Communications: Click or tap here to enter text.	\$0.00				

Click or tap here to enter text.	\$0.00			
Click or tap here to enter text.	\$0.00			
Justification: Provide narrative to justify purchase of meals, snacks, large expenses or unusual budget items. Include details for how budget item supports deliverables of the project.				
TOTAL SUPPLIES COSTS	\$0.00			

Equipment

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.

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.						
Describe equipment:	# of Units	Price per unit	Total price			

Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	\$0.00			
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	\$0.00			
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	\$0.00			
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	\$0.00			
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	\$0.00			
TOTAL			\$0.00			
Justification: 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?						
TOTAL EQUIPMENT COSTS			\$0.00			

Contractual

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 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.

EXAMPLE

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.

Name of Contractor, Subrecipient: IT Technician At Your Service	Total amount requested	\$40,000		
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Method of Selection: Individual contractor will be selected through the state NASPO contract for IT initiatives, they will recruitment a contractors for this project.

Period of Performance: 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.

Budget	Totals			
Personnel	\$0.00			
Travel	\$0.00			
Total Budget	\$0.00			

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		
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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.

Budget	Totals			
Personnel	\$0.00			
Travel	\$0.00			
Total Budget	\$0.00			

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.

TOTAL CONTRACTUAL COSTS	\$0.00
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Training

EXAMPLE

List all costs associated with Training, including justification of expenditures.

Describe training	Total			
Comprehensive Lexipol online EMS training courses	\$15,000.00			

Justification: 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.

Describe training	Total			
Click or tap here to enter text.	\$0.00			
Click or tap here to enter text.	\$0.00			
Click or tap here to enter text.	\$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.

TOTAL TRAINING COSTS	\$0.00
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Other

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).

EXAMPLE

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: **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.**

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: Click or tap here to enter text.	\$0			
Copier/Printer Lease: \$ amount x 12 months	\$0			
Other Utilities: \$ per quarter	\$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.			
TOTAL OTHER COSTS	\$0.00		

Indirect Costs			
<i>Indirect costs cover general agency expenses like rent, utilities, and administrative support. There is a 10% cap on all administrative costs, including both direct and indirect costs.</i>			
Total Direct Charges:			
Category	Total		
Personnel	\$0.00		
Fringe	\$0.00		
Travel	\$0.00		
Supplies	\$0.00		
Equipment	\$0.00		
Contractual	\$0.00		
Training	\$0.00		
Other	\$0.00		
GRAND TOTAL DIRECT CHARGES		\$0.00	
Indirect			
<u>Indirect Charges</u>		Indirect Rate:	10.000% \$0.00
Indirect Methodology: <i>The rate is ___% and is computed on the following direct cost base of \$_____..</i>			

ATTACHMENT D: NEVADA RURAL HEALTH SYSTEM FLEX FUND

APPLICATION REVIEW SCORING MATRIX

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

Scoring Criteria:

1. Coversheet (Required Element)	
Reviewer Comments (as applicable):	

2. 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. Maximum Possible Score for the Section is 60.	Maximum Points Possible
2.1 Goals and Objectives	30
2.2 Data Collection and Reporting	15
2.3 Cost Effectiveness and Sustainability	10
2.4 Letters of Commitment	5
Reviewer Score:	60

2.1 Goals and Objectives: Describe the key goal(s) and objective(s) of this project; and the anticipated activities, due dates and documentation. The goals and objectives should demonstrate how the application aligns with stated priorities in Section I of the RFA. Maximum Possible Score for the Section is 35.	Maximum Points Possible	Points Awarded
1. Goals: Applicant provides detailed goal(s), utilizing the SMART format (specific, measurable, achievable, realistic, and time-bound).	10	
2. Objectives: Applicant provides detailed objective(s), utilizing the SMART format that are particularly achievable and realistic as aligned with the project goal and requirements and priorities of the RFA.	10	

3. Activities and timeline: Applicant provides phases of the work under each objective with detailed descriptions for proposed timeline. Stated due dates are realistic, and documentation listed is logical under associated activities and objective(s).	10	
Reviewer Score:	30	
Reviewer Comments:		

2.2 Data Collection and Reporting: Applicant describes the data that will be collected for the project, including how applicant will track, collect, and store data. Project data should include information such as number of people served, a description of the services the target population received, and measured outcomes. Maximum Possible Score for the Section is 15.	Maximum Points Possible	Points Awarded
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	
Reviewer Score:	15	
Reviewer Comments:		

2.3 Cost Effectiveness and Sustainability: Provides a clear and achievable plan for sustaining the proposed project after RHT grant funds are exhausted. Maximum Possible Score for the Section is 10.	Maximum Points Possible	Points Awarded
1. Applicant provides an achievable plan for funding ongoing costs after the RHT grant ends. The plan describes their commitment and how they will support ongoing costs	10	

following the startup phase. Applicant includes consideration to leverage resources (as applicable) to sustain the project such as partnerships, volunteers, donated supplies, shared space, existing staff or systems; or other funding sources such as billing/reimbursement, private grants, donations, etc. If applicable, applicant includes considerations for how ongoing maintenance costs and replacement costs will be provided for purchased equipment or machinery after the RHT grant ends.		
Reviewer Score:	10	
Reviewer Comments:		

2.4 Letters of Commitment: Provides letters of commitment from local, rural partners that are relevant to the funding opportunity. Letters must be on official letterhead, signed, and describe specific roles, responsibilities, and contributions to the implementation and sustainability of the program, as applicable. Maximum Possible Score for the Section is 5.	Maximum Points Possible	Points Awarded
1. Letters provided are complete: on letterhead and signed, specify reason for support, demonstrate alignment with RHT project goals, and outline their commitment to work with applicant on objectives of their proposal.	5	
Reviewer Score:	5	
Reviewer Comments:		

3. Budget Narrative and Budget Plan: 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. Maximum Possible Score for the Section is 15.	Maximum Points Possible	Points Awarded
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 appropriately demonstrated and justified how the budget expenditures relate directly to the goals of the program?	20	
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?	20	
Reviewer Score:	40	
Reviewer Comments:		

Overall Objective Review:	
Cumulative Score:	____/100
Major Strengths:	
Major Weaknesses:	
Alignment with Priorities in Section II of the RFA:	
General Comments:	

Major Recommendations:	
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Reviewer – Signature

Date

Reviewer – Printed Name

Suggested Scoring Guidelines from HRSA¹

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.

¹ <https://bphc.hrsa.gov/funding/funding-opportunities/hrsa-scoring-rubric>