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**REQUEST FOR APPLICATON  
RURAL HEALTH TRANSFORMATION PROGRAM**

**RURAL VETERAN HEALTH TRANSFORMATION  
BUDGET PERIOD 1 (BP1 = 12/29/25-10/30/26)**

**Purpose:** To improve health outcomes for Veterans living in rural Nevada by strengthening health systems and addressing historic gaps in access to care through more reliable, innovative and sustainable care.

**Project Period:** Upon approval of subaward through August 30, 2027

**Proposals Due:** **April 30, 2026, by 11:59 pm PT**

**Funding Available:** \$2,384,094

**Cost Sharing/Match:** None

**Final Funding Decisions:** All funding decisions related to this RFA will be finalized on or before May 15, 2026.

**Website:** [Rural Health Transformation Program](https://www.nvha.nv.gov/RHTP/)  
(<https://www.nvha.nv.gov/RHTP/>)

**Contact:** Nevada Rural Health Transformation Program  
[RHTP@nvha.nv.gov](mailto:RHTP@nvha.nv.gov)

**REQUEST FOR APPLICATION (RFA)**  
**RURAL VETERAN HEALTH TRANSFORMATION**

**INTRODUCTION:**

The Nevada Health Authority (NVHA) is seeking the Nevada Department of Veterans Services (NDVS) partnership to bolster and modernize the state’s rural health care infrastructure. Funding for this Request for Application (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.

NVHA has been awarded federal funding under CMS’ Rural Health Transformation Program (RHTP). These federal funds will be distributed in alignment with Nevada’s four strategic initiatives outlined in Section I below.

Rural Veteran Health Transformation funds are limited to Nevada Department of Veterans Services (NDVS) serving rural Nevada. NVDS may also pursue support by applying to the State’s separate funding opportunities offered under the Rural Health Transformation program in addition to any Rural Veteran Health Transformation funding received.

**SECTION 1: DESIRED OUTCOMES AND PURPOSE**

The purpose of this subgrant opportunity is to support Veterans living in rural Nevada to transform the rural healthcare system into one that is more accessible, innovative, and sustainable.

Rural Veteran Health Transformation funding may be used to support smaller projects and activities related to Nevada’s four strategic initiatives listed below. Funding available through Rural Veteran Health Transformation will be focused on promoting innovation, strategic partnerships, infrastructure development and workforce investment to support rural Nevada Veteran population health care innovation, create new health care access points, promote preventative health and address root causes of disease.

These funds are restricted to projects that directly enhance healthcare delivery, access, quality, or outcomes in Nevada’s rural settings. Subawarded funds may not be used to support, subsidize, or otherwise primarily benefit non-rural communities, statewide administrative functions, central office operations, or any activities that do not have a direct and exclusive impact on Nevada’s rural health facilities, communities, or Veteran populations. This includes, but is not limited to:

- Administrative staffing, operations, or infrastructure located in non-rural areas (outside of the allowed 10% administrative expenses authorized under the RHT Program)
- Centralized services, planning, or oversight that extend beyond the rural communities receiving support
- Any expenses that cannot be clearly and solely attributed to rural health care improvements

System-wide initiatives that provide shared benefit to rural and non-rural communities may be considered if the primary focus is on the rural or frontier community.

Funds may **not** be used to replace or supplant any existing funding sources.

In accordance with the CMS RHT Notice of Funding Opportunity (NOFO), "rural" is strictly defined using the Health Resources and Services Administration ([HRSA](#)) [Federal Office of Rural Health Policy \(FORHP\) criteria](#). Eligible projects must be physically located in, or provide direct service to, populations situated in:

- Non-metropolitan counties;
- Outlying metropolitan counties with no urban core of 50,000 or more; or
- Census tracts within metropolitan counties designated as rural by Rural-Urban Commuting Area (RUCA) codes.

## 1.1 Strategic Initiatives

**1.1.2 Rural Health Outcome Accelerator Program (RHOAP):** Support rural health innovations and new health care access points to promote preventative health and address root causes of diseases. Projects will use evidence-based, outcomes-driven interventions to improve disease prevention, chronic disease management, behavioral health, and prenatal care. Integrated care models that emphasize non-traditional healthcare workforce to supplement the Indian health services system, which could include peer support specialists, or Community Health Workers (CHWs), for example. Proposals aligned with the RHOAP initiative should focus on evidence-based initiatives in key areas of chronic disease (with an emphasis on preventable cancers, diabetes, chronic respiratory disease, heart disease), primary care, behavioral health and maternal and infant health with a focus on prenatal care.

- See [RHOAP](#) for project examples.

**1.1.3 Nevada Rural Health System Flex Fund:** This initiative is intended to implement a set of capital and infrastructure improvements that will expand high-quality, culturally grounded healthcare for rural Veterans. These investments may include health facility modernization, telehealth expansion, diagnostic equipment acquisition, and workforce improvements. Together, these upgrades will increase health service capacity, generate sustainable third-party revenue, and strengthen long-term health system resilience.

- See [FLEX](#) for project examples.

**1.1.4 Workforce Recruitment and Rural Access program (WRRAP):** WRRAP funds are available to Veteran health systems or clinics to incentivize new provider hires. The focus of this program will be on high-need provider types for meeting service gaps in rural communities. Incentives may include financial assistance for temporary housing, relocation and moving costs, signing bonuses, annual stipend for continuing medical education expenses, with all incentives being tied to the 5-year rural service commitment.

Funding could be used for retention strategies that focus on continuing education incentives and career-ladder development, community based workforce recruitment and training for Community Health Workers (CHW) and Peer Support Specialists (PSS), grow your own pipeline strategies that include rural high-school-to-career pathways, local training programs, and rural residencies, or

tuition and training proposals that support 5-year rural service commitments tied to financial incentives for medical students or other students in a healthcare professional training program that target high-need specialties.

- See [WRRAP](#) for project examples.
- See also [CMS 5-Year Commitment Fact Sheet](#).

**1.1.5 Rural Health Innovation & Technology (RHIT):** This initiative aims to modernize rural Veteran health care through expansion or modernization of Electronic Health Record systems (EHR), cybersecurity infrastructure, data analytics platforms, patient portals and mobile apps. Requests for funding could include new consumer-facing AI health tools to support prevention of prevalent chronic diseases, disease management, enhanced diagnostics and linking to patients' clinical care teams virtually.

Technology and IT systems procured by state RHIT funding must include lifecycle management and cybersecurity plans, vendor neutrality interoperability guarantees and sustainability plans beyond 2031. Projects should be aligned with the CMS Health Technology Ecosystem criteria and ASTP/ONC criteria, as applicable. See [CMS Health Technology Ecosystem](#) for more information.

- See [RHIT](#) for project examples.

## SECTION 2: SUBAWARD OPPORTUNITY INFORMATION

A total of \$2,384,094 is available under the Veteran Rural Health Transformation in Budget Period 1 (BP1 = December 29, 2025, through October 30, 2026).

Nevada Rural Veteran Health Transformation applications for BP1, will be accepted **through April 30, 2026**.

- **Projects supported with the funds available through this BP1 RFA and subaward must be [completed](#) and funding fully spent on or before August 30, 2027. No exceptions.**

### Grant Period

The federal RHT Program is a five-year cooperative agreement between NVHA and CMS. All subrecipients under Nevada's RHTP and this RFA will have until **August 30th** of the following federal fiscal year to complete projects and spend all subaward funds 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 will be reverted 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.

Applicant may apply under this RFA for projects intended to span more than one budget period (i.e., phased projects); however, applicant will only be sub-awarded funds under this RFA for BP1 only. If requesting a project spanning multiple budget periods, applicant must clearly identify the requested activities, goals, objectives, outcomes and expenditures under each budget period of the project in their Project narrative and Budget. Funding granted within each budget period cannot be carried forward.

Further, for projects expected to extend beyond September 30, 2027, applicant is encouraged to consider a phased approach. Phase 1 of the project should be fully developed, justified, and budgeted within this BP1 RFA application. Applicant 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, applicant 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 subrecipient even if the subrecipient 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**

Funding under this RFA in BP1 is limited to the Nevada Department of Veterans Services (NDVS).

### **Applicant Assistance**

The Nevada Health Authority is available to provide pre-subaward assistance to applicant. Please reach out to [RHTP@nvha.nv.gov](mailto:RHTP@nvha.nv.gov) with any application questions.

## SECTION 4: APPLICATION AND SUBMISSION INFORMATION

A comprehensive, well-written application provides all the information necessary for a complete evaluation. The evaluation committee will ensure all proposals align with allowable funding uses and the goals of the Rural Health Care Transformation Program.

The application for BP1, round 1 under Nevada Rural Veterans Health Transformation **are due on April 30, 2026, by 11:59pm PT** electronically via email per the instructions below:

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

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

A complete application includes the following:

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

Fillable copies of the individual application attachment forms are available on the state’s website at [RHTP Funding Opportunities– Rural Health System Veterans Fund](#).

**The application 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 be returned to NDVS for resubmission.**

## SECTION 5: SUBAWARD ADMINISTRATION INFORMATION

### Grant Review and Selection Process

Applications that meet the minimum eligibility standards laid out above will be reviewed and evaluated. The evaluation committee will make subaward recommendations to NVHA, who will make the final subaward decisions. Based upon the recommendations of the review committee, NVHA may subaward all or part of an applicant’s request and may require modifications to an application prior to funding.

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.

### 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.

### **Subaward Process**

All grant funding will be paid to subrecipients on a monthly reimbursement basis. Subrecipients are required to spend subaward 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**

Site visits are a condition of funding and will be coordinated with all subrecipients.

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 subaward 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 after the grant award reporting period has concluded.
- All subrecipients shall maintain all financial and programmatic records, supporting documents, statistical records, and all other records pertinent to the RHT Program subaward

for a period of (3) years from the date of submission of the final expenditure request for reimbursement (RFR).

- 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.

**Note:** You are allowed to request funding for a grant manager or fiscal agent to help manage the subaward. This is considered an allowable administrative cost, as long as the total administrative expenses for your project stay with the 10% administrative cap.

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

If the applicant intends to subaward any RHTP 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**

If the applicant intends to utilize a contractor with any RHTP 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.

### **Reconsiderations**

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

### **Bidding Process**

All subrecipients awarded under the RHT program must follow all applicable local, state and/or federal laws pertaining to the expenditures 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.

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

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

### **Nondiscrimination**

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

**NEVADA RURAL VETERAN HEALTH TRANSFORMATION**  
**ATTACHMENT B PROJECT NARRATIVE & SCOPE OF WORK GUIDANCE**



**Nevada Rural Veteran Health Transformation**

**PROJECT NARRATIVE & SCOPE OF WORK (60 points possible)**

**Project Narrative (15 points possible):** Please describe the rural health care challenge, gap, or infrastructure need that this project seeks to address and the rural population or communities that will benefit. Applicants should also explain any current efforts already underway by the organization or its partners that relate to this project.

In your response, please describe:

- What **problem, gap, or limitation** in rural health care infrastructure or access this project will address.
- What **work your organization or partners are already doing** that relates to this effort.
- What **organizations, providers, or community partners** are involved in the project and their role in serving rural communities.

Applicants are encouraged to demonstrate how the proposed project **builds upon existing work and partnerships already embedded in rural communities.**

**Goals and Objectives (30 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 [RHT Funding Opportunities](#) – Rural Veterans Health Fund.

- **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:**

<b>Goal 1:</b> <i>Define project goal here using SMART format (Specific, Measurable, Achievable, Realistic &amp; Time-Bound).</i>			
<b>Objective(s)</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
<b>Objective 1:</b> <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>
<b>Objective 2:</b> 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.

**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 subrecipients 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.

**Letters of Commitment (if applicable) (Pass/Fail)** – Any non-rural entity applying for RHT funds as the primary applicant must include a signed Memorandum of Understanding (MOU) and/or strong letters of commitment from the rural health providers involved and must provide contact information for all signatories. Applications from vendors or entities without a clearly established plan and collaboration with rural communities, rural hospitals, and/or rural health providers will not be considered. For the purposes of this RFA, NDVS is considered a non-rural entity and must demonstrate collaboration and communication with local rural/frontier communities, partner organizations or agencies.

MOUs and/or letters must be on letterhead and signed. The agreement must outline the governance structure, how all partner(s) will contribute to the project, what commitments each will make – including specific contributions to sustainment of the program. Form letters will not be accepted.

## NEVADA RURAL VETERAN HEALTH TRANSFORMATION

### ATTACHMENT C BUDGET GUIDANCE



## Nevada Rural Veteran Health Transformation

### **BUDGET (Attachment C) = BUDGET NARRATIVE & BUDGET PLAN (40 points possible)**

#### **Budget Narrative (20 points possible)**

The 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.

The Budget Narrative is built into the Budget Plan below. Applicants will be scored on how well they justify and align program expenditures with the goals, objectives, and activities of the program in the “narrative portion” of the budget. Below is guidance on how to appropriately ‘narrate’ different items within each budget cost category.

#### **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
- 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 × 0.28 = \$3,640). Covers FICA, workers' compensation, and health insurance.*

### **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 \_\_\_\_\_.*

### **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.

### **Sample Justification**

*Provide 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.*

### **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 subrecipient or contract.

### **Required Reporting 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. All subrecipients must submit to CMS the following required information for establishing a contract prior to performing project activities. 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.

### **Training**

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

### **Sample 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 trainings 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 trainings easily accessible for our EMS teams will support morale, reduce travel time for training and improve the quality of care provided.*

**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).

**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.*

**NOTE:** 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.

**Budget Summary**

*Provide a simple summary showing the total for each category:*

<b>Budget Cost Category</b>	<b>Total Amount Requested</b>
<b>Personnel</b>	\$0.00
<b>Fringe</b>	\$0.00
<b>Travel</b>	\$0.00
<b>Operating</b>	\$0.00
<b>Equipment</b>	\$0.00
<b>Contractual</b>	\$0.00
<b>Training</b>	\$0.00
<b>Other</b>	\$0.00
<b>TOTAL BUDGET REQUEST</b>	\$0.00

**Budget Plan (20 points possible)**

The budget plan shows line item expenditures for your project. Applicants must clearly identify costs that are reasonable, allocable, and consistent with the purpose, outcomes, priorities and program strategy of the project activities. **Attachment C** incorporates both the budget narrative and budget plan elements.

## NEVADA RURAL VETERAN HEALTH TRANSFORMATION

### ATTACHMENT D APPLICATION REVIEW SCORING MATRIX

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

**Scoring Criteria:**

<b>1. Coversheet (Required Element)</b>	
<b>Reviewer Comments (as applicable):</b>	

<b>2. Project Narrative &amp; Scope of Work:</b> 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.	<b>Maximum Points Possible</b>
2.1 Project Narrative	15
2.2 Goals and Objectives	30
2.3 Data Collection and Reporting	5
2.4 Cost Effectiveness and Sustainability	10
2.5 Letters of Commitment	Pass/Fail
<b>Reviewer Score:</b>	

<b>2.1 Project Narrative:</b> Applicant provides a clear and well-organized description of the rural health care need the project will address and how the proposed project will respond to that need. The narrative should describe current efforts, relevant partnerships, and how the project will improve rural health infrastructure or access to care. Maximum Possible Score for the Section is 15.	<b>Maximum Points Possible</b>	<b>Points Awarded</b>
1. <b>Problem or Need:</b> Applicant clearly describes the rural health care challenge, infrastructure gap, or service limitation the project will address, including the rural population or communities that will benefit.	5	

2. <b>Existing Efforts and Partnerships:</b> Applicant describes relevant work already underway by the organization or its partners and identifies key organizations, providers, or community partners involved in the project.	5	
3. <b>Project Impact and Approach:</b> Applicant explains how the proposed project will address the identified need and improve access to care, strengthen rural health infrastructure, or enhance service delivery in rural Nevada.	5	
<b>Reviewer Score:</b>	<b>15</b>	
<b>Reviewer Comments:</b>		

<b>2.2 Goals and Objectives:</b> 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 30.	<b>Maximum Points Possible</b>	<b>Points Awarded</b>
4. <b>Goals:</b> Applicant provides detailed goal(s), utilizing the SMART format (specific, measurable, achievable, realistic, and time-bound).	10	
5. <b>Objectives:</b> 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	
6. <b>Activities and timeline:</b> 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	
<b>Reviewer Score:</b>	<b>30</b>	
<b>Reviewer Comments:</b>		

<p><b>2.3 Data Collection and Reporting:</b> 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 5.</p>	<p><b>Maximum Points Possible</b></p>	<p><b>Points Awarded</b></p>
<p>1. The applicant sufficiently describes what data will be collected to measure success and describes the relationship between program activities and its intended effects; sufficiently demonstrates how they will measure the changes in the program and how they will know it is successful; and outlines how the program will contribute to improved health outcomes for Nevadans.</p>	<p>5</p>	
<p><b>Reviewer Score:</b></p>	<p><b>5</b></p>	
<p><b>Reviewer Comments:</b></p>		

<p><b>2.4 Cost Effectiveness and Sustainability:</b> 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.</p>	<p><b>Maximum Points Possible</b></p>	<p><b>Points Awarded</b></p>
<p>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 following the startup phase. Applicants include 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.</p>	<p>10</p>	
<p><b>Reviewer Score:</b></p>	<p><b>10</b></p>	
<p><b>Reviewer Comments:</b></p>		

<p><b>2.5 Letters of Commitment:</b> If applicable, provide 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. Contact information is provided.</p>	<p><b>Maximum Points Possible</b></p>	<p><b>Points Awarded</b></p>
<p>1. Any non-rural entity applying for RHT funds as the primary applicant must include a signed Memorandum of Understanding (MOU) and/or strong letters of commitment from the rural health providers involved. Includes contact information for all signatories. MOU and/or letters provided are complete: on letterhead and signed, specify governance structure and commitment of each signatory; demonstrate alignment with RHT project goals; and outline their commitment to work with applicant on objectives of their proposal.</p>	<p>Pass/Fail</p>	
<p><b>Reviewer Score:</b></p>		
<p><b>Reviewer Comments:</b></p>		

<p><b>3. Budget:</b> Provides a budget narrative and plan 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 40.</p>	<p><b>Maximum Points Possible</b></p>	<p><b>Points Awarded</b></p>
<p>1. Budget Justification: 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?</p>	<p>20</p>	
<p>2. Budget 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?</p>	<p>20</p>	

<b>Reviewer Score:</b>	<b>40</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>1</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>1</sup> <https://bphc.hrsa.gov/funding/funding-opportunities/hrsa-scoring-rubric>