



Joe Lombardo
Governor



NVHA.NV.GOV



Stacie Weeks
Director

Malinda Southard, DC, CPM
Deputy Director

REVISED

Request for Applications (RFA): Rural Health Transformation Program, Nevada Rural Health System Flex Fund, BP1, Round 1

Date of Revision: March 24, 2026

Summary of Revisions: Applicants are not limited to a 20% cap on capital expenditures and infrastructure, including renovations or alterations. Added information related to obtaining a state vendor identification number to receive funds through this opportunity. Clarified that indirect costs are not allowed under Nevada’s RHT Program; however, applicants may request up to 10% of their entire budget for administrative expenses.

REQUEST FOR APPLICATIONS RURAL HEALTH TRANSFORMATION PROGRAM

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

- 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 August 30, 2027
- Proposals Due:** **April 30, 2026, by 11:59 pm PT**
- Funding Available:** \$35,986,322.00*
*Note: Individual awards will vary. Any funding that remains after the Round 1 cycle will be distributed through an RFA Round 2. Applicants should retain all supporting documentation in the event that additional information is requested during the second round review.
- Cost Sharing/Match:** None
- Final Funding Decisions:** All funding decisions related to this BP1, Round 1 RFA will be finalized on or before May 29, 2026.
- Website:** [Rural Health Transformation Program](#)
- Contact:** Nevada RHT 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.

Nevada’s RHT Program funds overall will be distributed in alignment with the state’s four strategic initiatives to truly transform, and improve, health and healthcare in rural Nevada:

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 subrecipients to bolster the state’s rural telehealth infrastructure.

Each of the four strategic initiatives above 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 Applications (RFA) seeks specifically applicants under the Nevada Rural Health System Flex Fund initiative.

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 approved for 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.

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.

Target Population

The target population consists of about 294,000 residents who live in Nevada's 14 counties designated as rural and frontier by the Health Resources and Services Administration (HRSA). These counties are also home to 24 of the state's 28 federally recognized Tribal nations, bands, and councils. Additionally, twenty-seven percent of the state's prison population are in rural and frontier counties.

Nevada hospitals and clinics operating in rural and frontier counties will be eligible to locally benefit from this new federal grant opportunity. Academic institutions and other state, local or private entities, non-rural providers and vendors that collaborate with rural health delivery systems to expand access to care and improve health outcomes in rural Nevada may also be eligible to apply – with the requirement that these funds primarily benefit the rural healthcare system and rural residents. 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.

Example Goals & Activities under this RFA (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 • 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 primary care, behavioral health, oral health, maternal/child health, or specialty services 	<ul style="list-style-type: none"> • Increased service availability • Reduced travel burden for rural patients

Category	Example Projects	Primary Benefits/Outcomes
	<ul style="list-style-type: none"> • Minor renovation or alterations of current space, clearly linked to program goals and outcomes • Creating telehealth suites 	<ul style="list-style-type: none"> • More comprehensive local care

Project Funding Limitations

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, electronic medical records or electronic health records (EMR/EHR) systems in place as of September 1, 2025. Therefore, for this **BP1** Flex Fund 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/EHR 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 to a subrecipient.~~

SECTION 2: SUBAWARD 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).

Nevada Rural Health System Flex Fund Applications for BP1, Round 1 will be accepted **through April 30, 2026**.

- The number of subawards available and amount of funds awarded per subrecipient will be variable. The total amount approved 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 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 RHT Program 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 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 funded 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 in their Project Narrative and Budget. Funding granted within each budget period cannot be carried forward.

Further, for projects expected to extend beyond August 30, 2027, applicants are encouraged to consider a phased 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 8/30/27, 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 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

Priority will be given to rural health provider entities, including, but not limited to: rural hospitals, 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 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. 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 Health Authority is available to provide pre-award assistance to applicants. Please reach out to 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 use the scoring matrix located in Attachment D to review and score applications.

All applications for BP1, Round 1 under the Nevada Rural Health System Flex Fund **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 RHT team to attach and submit all final application documents under this RFA **here: [Submit Your Application for the Flex Fund RFA](#)**

Any questions regarding this process and RFA, please contact RHTP@nvha.nv.gov and enter “Question on RHT Flex Fund RFA” in the subject line.

A complete application includes the following:

- Nevada Rural Health System Flex Fund Cover Sheet (Attachment A);
- Nevada Rural Health System Flex Fund 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 [RHT Funding Opportunities](#) – Rural Health System Flex Fund.

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

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

SECTION 5: SUBAWARD ADMINISTRATION INFORMATION

Grant Review and Selection Process

Applications that meet the minimum eligibility criteria 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 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.

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.

Subaward Process

All grant funding will be paid to subrecipients on a monthly reimbursement basis. Subrecipients are required to spend grant funds in accordance with approved budgets and submit reports as detailed below. Any changes to budgets must be approved in advance prior to the expenditure of funds. The

State reserves the right to deny reimbursement requests for expenditures not made in accordance with approved budgets.

Subrecipient 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 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 subaward 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 three (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.

Required Information for Subrecipient Approval

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

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

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

Required Reporting Information for Contract Approval

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

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

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 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.

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.

NEVADA RURAL HEALTH SYSTEM FLEX FUND

ATTACHMENT B PROJECT NARRATIVE & SCOPE OF WORK GUIDANCE



Nevada Rural Health System Flex Fund

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 Health System Flex 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:

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

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.

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 HEALTH SYSTEM FLEX FUND

ATTACHMENT C BUDGET GUIDANCE



Nevada Rural Health System Flex Fund

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 ($\$13,000 \times 0.28 = \$3,640$). 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 _____.

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.

Sample Justification

General office supplies will be used by staff members to carry out daily activities of the program.

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.

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

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.

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.

Indirect (Limited to 10%, including direct and indirect)

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.

As required by Public Law 119-21, Section 71401, there is a 10% cap on funding that can be used for administrative costs, including both indirect and direct costs. This 10% cap on indirect and direct administrative costs applies to all RHT subrecipients. Indirect costs cover general agency expenses like rent, utilities, and administrative support.

Sample Budget

The rate is ____% and is computed on the following direct cost base of \$_____.

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

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 HEALTH SYSTEM FLEX FUND

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:

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

2. Project Narrative & Scope of Work: 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 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
Reviewer Score:	

2.1 Project Narrative: 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.	Maximum Points Possible	Points Awarded
1. Problem or Need: 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. Existing Efforts and Partnerships: 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. Project Impact and Approach: 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	
Reviewer Score:	15	
Reviewer Comments:		

2.2 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 30.	Maximum Points Possible	Points Awarded
4. Goals: Applicant provides detailed goal(s), utilizing the SMART format (specific, measurable, achievable, realistic, and time-bound).	10	
5. 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	
6. 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:		

2.3 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 5.	Maximum Points Possible	Points Awarded
1. The applicant sufficiently describes what data will be collected to measure success and describes the	5	

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.		
Reviewer Score:	5	
Reviewer Comments:		

2.4 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 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.	10	
Reviewer Score:	10	
Reviewer Comments:		

2.5 Letters of Commitment: 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.	Maximum Points Possible	Points Awarded

<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>Reviewer Score:</p>		
<p>Reviewer Comments:</p>		

<p>3. Budget: 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>Maximum Points Possible</p>	<p>Points Awarded</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>	
<p>Reviewer Score:</p>		
<p>Reviewer Comments:</p>		

Overall Objective Review:

Cumulative Score:	_____/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 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>