Rural Health Transformation Program 2026: Advancing Technology, Prevention, and Workforce Capacity in Rural New Jersey

Request for Applications (RFA)

Issued by:
Office of Primary Care and Rural Health
Division of Health Promotion
New Jersey Department of Health

Application Deadline: January 20, 2026

Submission Portal:

https://dohsage.intelligrants.com/

This RFA is being issued in advance of the receipt of funds appropriated through the Rural Health Transformation (RHT) Program, as authorized by the One Big Beautiful Bill Act (OBBBA) (Section 71401 of Public Law 119-21).

Issuance of this RFA does not obligate the New Jersey Department of Health (NJDOH) to award funding. Any awards under this RFA are contingent upon the availability of funds appropriated through OBBBA and applicable state approvals.

TABLE OF CONTENTS

Contents

Project Contacts 3
Important Dates 4
Technical Assistance Webinar 4
Program Overview/Background 4
Eligibility 7
Scope of Work 7
Available Funding 8
Scope of Work - Activities A, B, C, D 10
Activity A - Rural Preventive Health Initiatives 10
Activity B - Technology Solutions, Telehealth, and Remote Patient Monitoring (RPM) 11
Activity C - Training and Capacity Building 14
Activity D - Clinical Workforce Recruitment and Retention Incentive 15
Reporting Requirements and Timeline 16
Programmatic and Administrative Requirements 17
Allowable Costs and Funding Restrictions 20
Budget Revisions and Grant Amendments 23
Review and Evaluation Criteria 24
Grant Compliance Requirements 24
APPENDIX A - Rural New Jersey: Federal Definition 26
APPENDIX B - Rural New Jersey: State Definition 27
APPENDIX C - Rural New Jersey: Rural Ruggedness Scale (RRS) 28
APPENDIX D - RFA Application Guidance 29
APPENDIX E - RFA Application Scoring Guide 37
APPENDIX F - Project and Budget Submission Form (Activity A) 40
APPENDIX G - Project and Budget Submission Form (Activity B) 43
APPENDIX H - Project and Budget Submission Form (Activity C) 46
APPENDIX I - Project and Budget Submission Form (Activity D) 49

Project Contacts

Project Management Officers - Contact Information (Programmatic)	
Activity A - Rural Preventive Health Initiatives Activity C - Training and Capacity Building	Hannah Schonman Rural Health Project Officer New Jersey Department of Health Office of Primary Care and Rural Health (609) 913-5359 (609) 503-3133 (cell) Hannah.Schonman@doh.nj.gov
Activity B - Technology Solutions, Telehealth, and Remote Patient Monitoring	Denise DeYoung, MS Program Specialist 3 New Jersey Department of Health Office of Primary Care and Rural Health (609) 913-5960 (609) 571-8218 (cell) Denise.DeYoung@doh.nj.gov
Activity D - Clinical Workforce Recruitment and Retention Incentive	Brianna Foulks, MSHCM Program Specialist 2 New Jersey Department of Health Office of Primary Care and Rural Health (609) 913-5706 (609) 940-2859 (cell) Brianna.Foulks@doh.nj.gov

Grant Management Officers - Contact Information (Fiscal)	
Activity A - Rural Preventive Health Initiatives Activity C - Training and Capacity Building	Tara Brody, MPH Administrative Analyst 1 Office of the Assistant Commissioner New Jersey Department of Health (609) 913-5704 Tara.Brody@doh.nj.gov
Activity B - Technology Solutions, Telehealth, and Remote Patient Monitoring Activity D - Clinical Workforce Recruitment and Retention Incentive	Arthur Shustorovich, MPH Contract Administrator 1 Office of the Assistant Commissioner New Jersey Department of Health 609-913-5712 Arthur.Shustorovich@doh.nj.gov

Important Dates

- **Application Period Opens:** December 30, 2025
- **Application Deadline:** January 20, 2026
- **Note:** While the application period and deadlines are fixed, funding under this RFA is contingent upon the appropriation of funds through the OBBBA. Applications received after the deadline may be considered at the discretion of the program.
- **Post-Award Progress and Expenditure Reporting Dates:** See page 16.

Technical Assistance Webinar

A technical assistance webinar will be held on January 7, 2026, to provide an overview of the NJDOH's ***Rural Health Transformation Program 2026: Advancing Technology, Prevention, and Workforce Capacity*** in Rural New Jersey funding opportunity, review application requirements, and answer applicant questions.

Date: January 7, 2026
Time: 1:00 PM
Platform: Virtual via Microsoft Teams
Link Information: **Join the meeting now**
Dial in by phone +1 856-338-7074,,420698761#
Phone conference ID: 420 698 761#

Program Overview/Background

Although New Jersey is the most densely populated state in the nation, more than one million residents live in communities that meet federal or state definitions of rurality. Notably, rural New Jerseyans reside across eleven counties, including Atlantic, Burlington, Cape May, Cumberland, Hunterdon, Mercer, Monmouth, Ocean, Salem, Sussex, and Warren, and experience challenges common to rural regions nationwide despite their proximity to urban centers, including fewer healthcare access points and workforce shortages.

Approximately 138,000 New Jersey residents (approximately 1.5% of the state's population) live within 40 federally recognized Rural Census Tracts (RCTs) located across eight (8) counties according to the most recent rural definition maintained by the Health Resources and Services Administration (HRSA) [1]. These rural counties include Atlantic, Burlington, Cumberland,

[1] 2. Health Resources & Services Administration (HRSA). How We Define Rural. [Online] September 23, 2025. https://www.hrsa.gov/rural-health/about-us/what-is-rural.

Hunterdon, Mercer, Monmouth, Ocean, and Warren. See Appendix A for federally recognized rural counties and RCTs.

New Jersey also applies a state-specific rural definition, identifying population densities below 500 persons per square mile as rural. Under this definition, seven (7) counties - Atlantic, Cape May, Cumberland, Hunterdon, Salem, Sussex, and Warren - qualify as rural. This state definition acknowledges the unique geographic landscape of rural New Jersey, where most areas are located near urban centers but still face barriers like those in federally defined rural areas. See Appendix B for state-recognized rural counties.

Other metrics, such as the Road Ruggedness Scale (RRS), developed by the United States Department of Agriculture, highlight additional areas in the northeastern portion of New Jersey that are considered rural. Under this metric, ten (10) RCTs across four (4) counties - Bergen, Hudson, Morris, and Passaic - are designated as rural. See Appendix C for RRS-designated rural counties and RCTs. These examples exemplify how rural barriers persist even within the nation's most densely populated state.

Rural communities across the United States face significant challenges in accessing quality healthcare. These challenges stem from provider shortages, limited specialized care, financial constraints, geographic isolation, and limited public transportation. Although New Jersey is the most densely populated state in the nation, it contains meaningful pockets of rurality, distributed across several counties, that experience similar challenges found in rural regions nationwide. These challenges are compounded by the state's rural geographic distribution, diverse population, and significant socioeconomic disparities, all of which influence access to healthcare. The result is unique barriers that require targeted, state specific solutions that strengthen care access. Among the most promising and necessary strategies are preventive programs and activities, as well as telehealth and remote patient monitoring (RPM), which can overcome longstanding obstacles to care and improve health outcomes in communities where traditional healthcare access is limited.

Rural New Jersey communities face significant challenges related to access to healthcare providers, including primary care physicians, specialists, and mental health professionals. These limitations make it difficult for residents to receive quality healthcare, particularly for chronic conditions such as diabetes, heart disease, and hypertension, as well as preventive services like cancer screenings and vaccinations.

Targeted funding for rural communities is essential to expand preventive programs and activities, enhance the use of telehealth and RPM, and implement technology solutions that streamline appointment scheduling, patient registration, check-in, care coordination, and support training and capacity building to strengthen workforce skills, cultural competency, and program implementation.

The Rural Health Transformation (RHT) Program was authorized by the One Big Beautiful Bill Act (OBBBA) (Section 71401 of Public Law 119-21) and empowers states to strengthen rural communities across America by improving healthcare access, quality, and outcomes, with a particular focus on uninsured and underinsured populations, through transformation of the healthcare delivery ecosystem. Through innovative system-wide change, the RHT Program invests in the rural healthcare delivery system to better serve these populations now and for future generations.

The RHT Program is designed to provide funding for investments that will transform and sustain the way care is delivered in rural communities, specifically to improve access and outcomes, especially for individuals who are uninsured and underinsured. Additional funding opportunities may be found at Health Department Grants. This funding will drive the following strategic goals:

1. **Make Rural America Healthy Again**: Support rural health innovations and new 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, oral health, and prenatal care.
2. **Sustainable Access**: Help rural providers become long-term access points for care by improving efficiency and sustainability. With RHT Program support, rural facilities work together, or with high-quality regional systems, to share or coordinate operations, technology, primary and specialty care, and emergency services.
3. **Workforce Development**: Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities. Help rural providers practice at the top of their license and develop a broader set of providers to serve a rural community's needs, such as community health workers, pharmacists, and individuals trained to help patients navigate the healthcare system.
4. **Innovative Care**: Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements. Develop and implement payment mechanisms incentivizing providers or Accountable Care Organizations (ACOs) to reduce health care costs, improve quality of care, and shift care to lower cost settings.
5. **Tech Innovation**: Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients. Projects support access to remote care, improve data sharing, strengthen cybersecurity, and invest in emerging technologies.

For more information about RHT Program's strategic goals, visit the Centers for Medicare & Medicaid Services Rural Health Transformation (RHT) Program website or access the Notice of Funding Opportunity (NOFO) here.

Funding under the RHT Program is contingent upon appropriations through the OBBBA. These investments will help overcome longstanding barriers to care, improve health outcomes, and strengthen access to healthcare in rural New Jersey, with a particular focus on uninsured and underinsured populations.

Eligibility

Eligibility is limited to applicants that operate programs or propose activities serving uninsured and underinsured individuals in the designated rural target-population counties and RCTs identified under federal, state, or RRS definitions. This includes the combined federal and state rural-designated counties of Atlantic, Burlington, Cape May, Cumberland, Hunterdon, Mercer, Monmouth, Ocean, Salem, Sussex and Warren, as well as ten (10) RCTs in Bergen, Hudson, Morris, and Passaic counties designated as rural under the RRS. In some cases, only certain areas within a county or a RCT may qualify as rural. Eligibility can be verified using Appendix A for federally recognized rural counties and RCTs, Appendix B for state recognized rural counties, and Appendix C for RRS-designated RCTs.

Applicants are not required to serve exclusively uninsured or underinsured populations across their entire organization, and programs or positions supported by this grant may interact with or serve insured individuals. However, grant funds may not be used to pay for or support any services or activities that are reimbursable by Medicaid, Medicare, or private insurance.

Eligible applicants include municipal and county governments; educational institutions; hospitals; public and private non-profit organizations; healthcare providers such as clinics and health centers; community-based organizations, including libraries, community centers, and local service groups; and tribal organizations.

Note: *Applicants serving areas that meet the federal Health Resources and Services Administration (HRSA) definition of rural may receive priority consideration in the funding process.*

Scope of Work

The ***NJDOH's Rural Health Transformation Program 2026: Advancing Technology, Prevention, and Workforce Capacity*** in rural New Jersey focuses on expanding healthcare access, strengthening preventive services, integrating technology-driven solutions, and supporting

training and capacity building to improve health outcomes in rural New Jersey. To achieve this goal, the program supports targeted initiatives that include preventive programs, telehealth and remote patient monitoring (RPM), technology-enabled tools to streamline care delivery, and training to enhance workforce skills, cultural competency, and program implementation.

These initiatives promote early detection, health education, and interventions that reduce disease progression, while telehealth and RPM help bridge provider gaps by giving residents access to specialists, follow-up care, and chronic disease management without the need for travel. Additionally, technology-enabled tools, such as scheduling platforms, digital registration systems, automated appointment reminders, and electronic check-in processes, can further reduce barriers to care by decreasing wait times, improving workflow efficiency, and simplifying patient navigation. As New Jersey invests in transforming its rural healthcare delivery system, there is a need for comprehensive training and capacity building that strengthens cultural competency, supports stigma-sensitive approaches, and equips providers and community partners with the knowledge and skills necessary to engage diverse rural populations and ensure more equitable access to care.

In addition to these efforts, the program supports targeted initiatives focusing on engaging clinicians in rural recruitment and retention, promoting professional development and mentorship, implementing culturally responsive care, conducting community health outreach, facilitating patient participation in preventive programs, and supporting workforce training in health literacy, technology use, and program implementation. These activities emphasize building capacity, strengthening clinician and community engagement, addressing workforce shortages, reducing barriers to care, and improving access to services for underserved populations. By supporting these action-oriented initiatives, the program reinforces its commitment to building a resilient, skilled, and culturally competent rural health workforce while enhancing the reach and effectiveness of preventive, technology-enabled, and community-centered health services.

By expanding provider access, integrating technology-driven care and prevention programming, and supporting training and capacity building to strengthen workforce readiness and cultural competency, the funding helps reduce health disparities and strengthens the overall health of rural New Jersey communities, in line with the state's vision of making New Jersey the healthiest state in the union.

Available Funding

Funding for this program is dependent on the final award received by NJDOH through the OBBBA. NJDOH anticipates distributing funds among eligible applicants that propose activities benefiting uninsured and underinsured residents within the designated rural target areas.

Applicants serving areas that meet the federal HRSA definition of rural, providing Letters of Collaboration from planned partners, and/or submitting vendor quotes for proposed grant activity purchases may receive priority consideration in the funding process.

Note: *NJDOH may adjust eligibility or prioritization criteria if the federal award limits or excludes the use of state-specific rural designations or the RRS.*

Total Funding Available:

- Activity A - Rural Preventive Health Initiatives: $8,000,000
- Activity B - Technology Solutions, Telehealth, and Remote Patient Monitoring (RPM): $9,000,000
- Activity C - Training and Capacity Building: $500,000
- Activity D - Rural Health Clinical Workforce and Retention Incentive: $10,000,000

Award Amounts:

- **Activity A - Rural Preventive Health Initiatives**
  - Suggested award amounts: $200,000 to $800,000, depending on project scope.
  - Expected number of awards: Up to 16.

- **Activity B - Technology Solutions, Telehealth, and Remote Patient Monitoring (RPM)**
  - Suggested award amounts: $200,000 to $1,000,000, depending on project scope.
  - Expected number of awards: Up to ten (10).

- **Activity C - Training and Capacity Building**
  - Suggested award amounts: $50,000 to $250,000, depending on project scope.
  - Expected number of awards: Up to three (3).

- **Activity D - Clinical Workforce Recruitment and Retention Incentive**
  - Suggested award amount: $10,000,000
  - Expected number of awards: Up to one (1).

Note: *NJDOH reserves the right to adjust award amounts, and the number of awards based on project scope and available funding.*

Note: *Applicants may apply to one or more activities (Activity A, Activity B, Activity C, and/or Activity D). Separate project and budget submission forms must be submitted for each activity. Refer to Appendix F, Appendix G, Appendix H, and Appendix I for corresponding forms.*

Note: *Applicants may select one or more allowable activities or costs components to include in their project, based on their proposed scope. Grant funds may not be used to support services, activities, or costs that are reimbursable by Medicaid, Medicare, or private insurance.*

Note: *All organizations awarded funding under the RHT program may be required to participate in trainings and capacity-building activities.*

Cost-Sharing/Match Requirements:

- There are no cost-sharing or matching funds requirement for this program. However, applicants are strongly encouraged to leverage other resources and align with related efforts to promote the long-term sustainability of funded activities.

Enhancement Guidance:

- Applicants may propose enhancements to existing programs. While overall programs may serve a broader population, grant-funded enhancements must primarily benefit uninsured and underinsured individuals. These may include, but are not limited to, the following:
  - Staffing enhancements
  - Service delivery enhancements
  - Technology enhancements
  - Education/outreach enhancements
  - Equipment or supply enhancements

Scope of Work - Activities A, B, C, D

Activity A - Rural Preventive Health Initiatives

The purpose of Activity A - Rural Preventive Health Initiatives funding is to improve health outcomes in rural communities by promoting early detection, health education, and interventions that reduce disease progression and support overall well-being, with a particular focus on uninsured and underinsured populations. Programs should address chronic conditions such as diabetes, hypertension and heart disease, immunizations, mental health, oral health services and other preventive services. Funding is intended to support community-based approaches that increase access to preventive care, strengthen patient engagement, and foster healthier communities.

Rural Preventive Health - Example Initiatives

Funded initiatives may include, but are not limited to, the following:

- Health screenings for mental health, chronic conditions and age-appropriate cancer screenings.
- Vaccination and immunization campaigns, including vaccine procurement.
- Routine screenings and immunization administration.

- Tracking patient outcomes, coordinating referrals, and providing follow-up care.
- Nutrition, physical activity, and chronic disease prevention education.
- Mental health awareness and substance misuse prevention programs.
- Community outreach through pop-up events, health fairs, and partnerships with local organizations.
- Supporting healthy lifestyle behaviors by providing resources that improve access to nutritious foods, enhance opportunities for physical activity, and offer tools for residents to track health goals.
- Participating in culturally appropriate public trainings to support health literacy, grant writing, and other topics promoting sustainable healthier communities.
- Deploying portable health kiosks, telehealth-enabled stations, or digital outreach tools at community centers, libraries, schools, or other trusted locations to provide preventive services and health education.
- Integrating digital tools to support scheduling, patient education, and follow-up care.
- Screening for non-clinical factors affecting patient well-being (e.g., food insecurity, housing instability, transportation barriers) and connecting individuals to community resources or on-site support services.
- Hiring staff (e.g., nurses, public health educators, community health workers, patient navigators, and behavioral health counselors) to deliver screenings, education, and follow-up services.

Rural Preventive Health - Equipment and Supply Items

Allowable purchases may include, but are not limited to, the following:

- Screening and diagnostic tools (e.g., blood pressure cuffs, glucose meters, cholesterol kits, weight scales, wearable biometric devices).
- Vaccine-related supplies and equipment (e.g., vaccines, storage and refrigeration units, syringes, personal protective equipment (PPE)).
- Educational materials and printed handouts.
- Computers, tablets, or software for patient tracking, scheduling, education, and follow-up.
- Portable health kiosks, telehealth-enabled stations, or community outreach equipment.

Activity B - Technology Solutions, Telehealth, and Remote Patient Monitoring (RPM)

The purpose of Activity B - Technology Solutions, Telehealth, and RPM funding is to increase access to healthcare services in rural New Jersey communities through telehealth, technology-driven solutions, and RPM. Projects should focus on improving access to primary care, acute care, and behavioral health services, with a particular focus on uninsured and underinsured populations.

Note: *All proposed technology solutions, telehealth, and RPM must comply with all applicable federal and state laws, regulations, and standards. Awarded grantees will be responsible for*

ensuring that all services and products adhere to current national guidelines, state-specific requirements, and any future regulatory updates throughout the term of the grant.

Technology Solutions – Example Initiatives

Funded initiatives may include, but are not limited to, the following:

- Implementing digital tools to streamline patient registration, check-in, and appointment scheduling.
- Installing kiosks, tablets, or other devices to improve workflow efficiency.
- Providing technical support for staff and patients, including troubleshooting telehealth technology and digital health platforms.
- Using AI to optimize workflows, predict patient needs, and enhance patient engagement.
- Hiring staff (e.g., IT support, workflow coordinators, administrative staff) to implement, maintain, and support technology solutions.
- Installing self-service health kiosks in high-traffic community sites (e.g., grocery stores, pharmacies) equipped with basic diagnostic tools and digital interfaces to increase access to preventive screenings and chronic disease management resources.
- Deploying patient-facing mobile apps that connect community members to health care resources, appointment scheduling, educational content, and telehealth services.
- Establishing community telehealth access points in trusted locations (e.g., libraries, community centers, pharmacies) to increase access to care and reduce geographic barriers.

Technology Solutions - Equipment and Supply Items

Allowable purchases may include, but are not limited to, the following:

- Kiosks, tablets, or computers for registration and scheduling.
- Software for electronic health records (EHR) and patient portals.
- Technical support tools and software for troubleshooting.
- Mobile hotspots or Wi-Fi boosters to improve connectivity in rural areas.
- AI-enabled analytics platforms or workflow optimization tools.

Telehealth - Example Initiatives

Funded projects may include, but are not limited to, the following:

- Offering telehealth appointments for follow-up care, sick care, mental health services, maternal health, school-based chronic condition management, and specialty care coordination.
- Providing phone-based appointments for patients without video or internet access.
- Coordinating with local hospitals and specialists for diagnostic testing, imaging, and specialty care.
- Using telerobotic ultrasound devices to support remote diagnostic imaging in collaboration with credentialed clinicians.
- Marketing and community outreach to raise awareness of telehealth services.

- Implementing AI-driven tools to support appointment triage, patient communication, or virtual assistances for patient guidance.
- Hiring staff (e.g., telehealth coordinators, clinicians, schedulers, tech support) to deliver telehealth services and support patients).

Telehealth - Equipment and Supply Items

Allowable purchases may include, but are not limited to, the following:

- Computers, laptops, tablets, or smartphones for video visits.
- Webcams or devices with front-facing cameras.
- Landline phones for areas with unreliable internet.
- Software for video conferencing and telehealth management.
- Marketing materials (brochures, signage, social media ads, etc.)
- AI-powered virtual assistants, chatbots, or triage software.
- Telerobotic ultrasound devices, peripherals, and software platforms that enable remote clinician-guided imaging.

Remote Patient Monitoring (RPM) - Example Initiatives

Funded projects may include, but are not limited to, the following:

- Monitoring chronic conditions (e.g., diabetes, hypertension, heart disease) using RPM monitoring devices.
- Collecting and securely sharing patient-generated health data with care teams for follow-up and care coordination.
- Integrating remote monitoring data with electronic health records (EHR) systems for clinical decision-making.
- Training staff and patients in proper use of remote monitoring devices and data reporting.
- Coordinating with healthcare providers to adjust care plans based on remote monitoring data.
- Using AI to analyze remote monitoring data, identify trends, flag abnormal readings, and support clinical decision-making.
- Hiring staff (e.g., nurses, care coordinators, community health workers, data analysts) to monitor, manage, and act on RPM data.

Remote Patient Monitoring (RPM) - Equipment and Supply Items

Allowable purchases may include, but are not limited to, the following:

- Remote monitoring devices (e.g., blood pressure cuffs, glucose meters, cholesterol kits, weight scales, wearable biometric devices).
- Computers, tablets, or devices to integrate monitoring data with EHR systems.
- Software or platforms to collect, analyze, and securely store patient-generated health data.
- Communication tools for provider-to-provider or provider-to-patient data sharing.
- Technical support tools for troubleshooting remote monitoring devices.

- AI-enabled RPM platforms or software for predictive analytics and decision support.

Activity C - Training and Capacity Building

The purpose of Activity C - Training and Capacity Building funding is to strengthen cultural competency, reduce stigma, and build trust around healthcare in rural New Jersey communities. Projects should focus on addressing longstanding cultural resistance, privacy concerns, linguistic barriers, or declining confidence in the healthcare system to improve access and engagement with healthcare providers and health services, with a particular focus on uninsured and underinsured populations.

Training and Capacity Building - Example Initiatives

Funded projects may include, but are not limited to, the following:

- Conducting needs assessments to understand the cultural, linguistic, and social dynamics specific to rural New Jersey.
- Conducting presentations, workshops, or other training sessions led by local cultural leaders, subject matter experts, or community members.
- Conducting a comprehensive grant-writing training program.
- Conducting a community-based health literacy program, including culturally and linguistically appropriate education materials.
- Developing and implementing a leadership development program that can include workshops, mentorship, and interactive activities on budgeting, resource allocation, and financial oversight.
- Organizing community listening sessions to understand stigma, misinformation, and resistance to engaging with healthcare services.
- Exploring ways to integrate local traditional practices or community norms with conventional healthcare approaches.
- Incorporating evaluation components to assess the training's effectiveness.
- Providing training on topics including, but not limited to, cultural competency, rural health disparities, rural cultural characteristics, strategies for building and sustaining trust, case studies and testimonials, role-playing or scenario-based activities, and levels of community engagement.

Training and Capacity Building - Equipment and Supply Items

Allowable purchases may include, but are not limited to, the following:

- Portable presentation equipment (e.g., projectors, screens, portable monitors)
- Laptops, tablets, or mobile devices
- Audio equipment
- Video recording equipment
- Virtual meeting platform subscriptions
- Training binders, folders, and organizational materials

- Translation and interpretation tools
- Culturally appropriate education materials (e.g., posters, brochures, visual aids)
- Print materials or handouts, writing materials, flip charts, whiteboards, markers
- Survey tools (digital or paper-based)
- Accessibility tools (e.g., closed-captioning software, assistive listening devices)
- Data analysis software
- Software for virtual trainings
- Content creation platforms

Activity D - Clinical Workforce Recruitment and Retention Incentive

The purpose of Activity D - Clinical Workforce Recruitment and Retention Incentive funding is designed to strengthen and stabilize New Jersey's rural healthcare workforce by providing multi-year financial incentives directly to eligible healthcare professionals. The program will fund an organization to develop a structured incentive recruitment and retention program for clinical providers that commit to employment for five (5) years.

Clinical Workforce Recruitment and Retention Incentive - Required Activities

Funded projects must include the following activities:

- Develop a standardized application framework incorporating a tiered structure for eligible clinical workforce disciplines (doctors, dentists, psychiatrists, nurses and mental health clinicians).
- Develop a standardized application for employers to ensure facilities meet required program standards, including operation of a sliding fee scale and service to uninsured and underinsured populations.
- Establish and oversee a formal application review process, including scoring criteria, ranking methodology, and payment structure that ensures fair, transparent, and competitive selection of eligible applicants.
- Implement outreach and marketing efforts to promote awareness of the program to eligible healthcare professionals and facilities.
- Provide direct financial incentive payments to approved healthcare professionals who commit to serving in approved rural practice settings for a period of five (5) years.
- Contract with both recipient and employing entity to verify program compliance.
- Develop a process to administer enforcement activities, including termination and recoupment of funds for breach of contract.

Clinical Workforce Recruitment and Retention Incentive - Allowable Use of Funds

Funds awarded may be used only for the following allowable costs:

- Eligible healthcare provider incentive payments over the approved service period of five (5) years.

- Data tracking, reporting, and compliance monitoring related to provider participation and service obligations.
- Technology, systems, and/or platforms required to administer incentive payments, track service commitments, and support program oversight and accountability.

Reporting Requirements and Timeline

Project and Budget Period
The first annual project and budget period is February 1, 2026 - October 30, 2026.

Note: *Although the OBBBA funding period is December 31, 2025 - October 30, 2026, the first annual project and budget period for grantees is estimated to be February 1, 2026 - October 30, 2026, to allow for posting, application review, and award processing.*

Reporting Requirements
Grantees are required to submit monthly Expenditure Reports according to the schedule established at the time of account set up with the NJDOH.

Grantees are also required to submit quarterly Progress Reports according to the timelines outlined by the NJDOH.

Report Period*	Progress Report #	Report Due Date
February 1 - April 30, 2026	1	May 15, 2026
May 1 - July 31, 2026	2	August 15, 2026
August 1 - October 30, 2026	3 (Final)	November 15, 2026

**Applicants should plan to submit quarterly Progress Reports following the above estimated schedule, which may be adjusted by NJDOH after award.*

IMPORTANT: Timely submission of required reports is a key performance indicator and may influence future funding decisions, budget modifications, and grant amendments. Failure to submit reports on time may result in delays in payment or other administrative action.

If an extension is needed for any report, grantees must submit a written justification to the NJDOH Project Management Officer (PMO) and Grant Management Officer (GMO) for the respective activity (Activity A, B, C, or D). The extension is only valid upon written approval by NJDOH.

The final expenditure report must be submitted no later than November 15, 2026. If additional time is needed, a final submission must be received by November 30, 2026, or the grant may be closed based on the last report submitted.

Note: *For projects that utilize the full project and budget period for start-up or implementation, NJDOH reserves the right to continue programmatic and fiscal oversight, monitoring, and reporting requirements beyond the grant end date, regardless of whether continuation funding is awarded. All grantees remain responsible for required reporting and close-out activities until the grant is formally closed.*

Reporting Procedures and Documentation Requirements

- **Expenditure reporting**
    - Grantees must upload supporting documentation to the expenditure report for any staff positions. This documentation must include:
        - The name of the individual
        - The title of the position
        - % dedicated
        - Salary
    - Grantees must upload supporting documentation to the expenditure report for all Schedule B items. While NJ SAGE may not require documentation for every expense, providing clear records help ensure transparency and supports reimbursement.
        - The format of this summary document is at the discretion of the grantee, but it must clearly reflect reimbursable expenses by budget category.

Note: *Expenditure reports will only be approved after the corresponding progress report has been submitted and any required modifications have been satisfactorily addressed.*

- **Progress Reporting**
    - Upon award, the NJDOH will provide grantees with a progress report template and a supplemental data collection tool for submitting quarterly progress reports.
        - The content and metrics required in each report may change based on program priorities. Any updates will be communicated directly to the grantee by the NJDOH PMO for the respective activity (Activity A, B, C, or D).

Programmatic and Administrative Requirements

Grantees are responsible for ensuring effective program implementation, staff accountability, fiscal stewardship, and compliance with all grant requirements. This section outlines key operational and administrative expectations under the ***Rural Health Transformation Program 2026: Advancing Technology, Prevention, and Workforce Capacity*** in Rural New Jersey.

Program Staffing and Oversight

- The Grantee must appoint a Program Coordinator, who will serve as the Project Director and primary point of contact for the ***Rural Health Transformation Program 2026: Advancing Technology, Prevention, and Workforce Capacity*** in Rural New Jersey.
    - This individual will lead coordination and implementation of program activities, ensure progress toward project goals, and provide required program updates to the NJDOH Office of Primary Care and Rural Health.
    - Administrative functions are restricted in this role.
- Staff funded under this grant must:
    - Devote time according to the percentage allocations outlined in Schedule A - Personnel Costs.
    - Ensure staffing levels and time allocations are aligned with the scope of work.
    - Be prepared to adjust staff time percentages if the scope of work changes, subject to review and approval by NJDOH as appropriate.

Performance and Reimbursement Conditions

- Reimbursement is contingent on the Grantee's ability to:
    - Meet all grant terms and conditions.
    - Complete activities by established deadlines.
    - Demonstrate measurable progress.
- Timely submission of required reports is a performance indicator and may affect:
    - The Grantee's risk rating.
    - Eligibility for future funding, budget modifications, or grant amendments.
- NJDOH reserves the right to terminate, reduce, or suspend the grant in whole or in part, under any of the following circumstances:
    - Unavailability of funds - if anticipated funding becomes unavailable, is reduced, or is withdrawn.
    - Changes in program priorities - if programmatic priorities, statutory requirements, or organizational strategies change such that continuation of the grant is no longer aligned with NJDOH objectives.
    - Failure to meet performance requirements - if the grantee fails to make satisfactory progress toward stated goals, deliverables or performance benchmarks, or otherwise fails to comply with the terms and conditions of the award.
    - Failure to expend funds in a timely manner - if the grantee does not demonstrate adequate fiscal management or fails to draw down or spend funds within the established timelines.

Note: *In the event of termination, reduction, or suspension, NJDOH will provide written notice specifying the reason and effective date of the action. The grantee will be permitted to submit final requests for reimbursement for allowed costs incurred up to the effective date, and NJDOH*

will issue payment for those allowable final expenditures in accordance with applicable closeout requirements.

Reporting and Monitoring Requirements

- Grantees must:
    - Comply with all site visits and program meetings for monitoring and technical assistance.
    - Submit all required reports and request for information in accordance with NJDOH deadlines.
    - Use NJDOH supplied templates and tools as directed.
- NJDOH reserves the right to withhold, reduce, or deny payment due to:
    - Delinquent or deficient reporting
    - Inadequate progress
    - Poor stewardship of funds
    - Failure to meet stated goals, objectives, or deliverables

Fiscal Accountability and Procurement

- Grantees are responsible for all purchasing and fiscal oversight in accordance with:
    - The grant specifications
    - NJDOH Terms and Conditions for Administration of Grants
- Expenses reimbursed under this program must not be submitted for reimbursement through:
    - Other NJDOH grants
    - Insurance or other federal/state funding channels
- All procurement of professional services, contracts, or vendors must follow:
    - The grantee's internal procurement policies, including any competitive bidding requirements. Grantees are responsible for ensuring that all vendor selections and agreements comply with applicable state and federal laws, regulations, and grant requirements.
    - NJDOH does not endorse or show preference for specific vendors.

Note: *For reference, a comprehensive vendor list can be requested by contacting your Project Management Officer.*

Sub-Grantee and Third-Party Oversight

- Any agreements with third-party service providers under this grant must be pre-approved by NJDOH through the PMO and GMO.
- Reimbursement for sub-grantee services will only be authorized if a legal agreement has been submitted to and approved by the NJDOH.
- The Grantee must:

- Ensure sub-grants are managed in accordance with all primary grant conditions and deliverables and requirements specified in the Attachment C.
- Monitor sub-grantee expenditures and compliance through:
    - Adequate financial controls
    - Required audits and performance reviews
    - Submission of a compliance report to NJDOH verifying the sub-grantee has fulfilled all obligations

Allowable Costs and Funding Restrictions

Allowable Costs

Allowable expenditures under this grant must directly support the ***Rural Health Transformation Program 2026: Advancing Technology, Prevention, and Workforce Capacity*** in Rural New Jersey.

Eligible costs may include, but are not limited to, the following:

- Personnel (full-time, part-time, temporary, student workers, and contract staff) and associated fringe benefits.
    - Positions that require evening or weekend work must have these responsibilities included in the regular job scope, as overtime is not permitted, unless specifically reviewed and approved by NJDOH.
- Screening and diagnostic tools (e.g., blood pressure cuffs, glucose meters, cholesterol kits, weight scales, wearable biometric devices).
- Vaccine-related supplies and equipment (e.g., vaccines, storage and refrigeration units, syringes, personal protective equipment (PPE)).
- Educational materials and printed handouts.
- Translation of educational materials and program resources for individuals.
- Computers, tablets, or software for patient tracking, scheduling, education, and follow-up.
- Portable health kiosks, telehealth-enabled stations, or community outreach equipment.
- Contracts with organizations that service, support, or treat uninsured and underinsured populations.
- Hosting focused workshops, trainings.
- Travel costs for grant-funded staff involved in activities.
- Purchase or lease of vehicles, subject to review and approval by NJDOH.
- Kiosks, tablets, or computers for registration and scheduling.
- Software for electronic health records (EHR) and patient portals.
- Technical support tools and software for troubleshooting.
- Mobile hotspots or Wi-Fi boosters to improve connectivity in rural areas.
- AI-enabled analytics platforms or workflow optimization tools.
- Computers, laptops, tablets, or smartphones for video visits.

- Webcams or devices with front-facing cameras.
- Landline phones for areas with unreliable internet.
- Software for video conferencing and telehealth management.
- Marketing materials (brochures, signage, social media ads, etc.)
- AI-powered virtual assistants, chatbots, or triage software.
- Remote monitoring devices (e.g., blood pressure cuffs, glucose meters, cholesterol kits, weight scales, wearable biometric devices).
- Computers, tablets, or devices to integrate monitoring data with EHR systems.
- Software or platforms to collect, analyze, and securely store patient-generated health data.
- Communication tools for provider-to-provider or provider-to-patient data sharing.
- Technical support tools for troubleshooting remote monitoring devices.
- AI-enabled remote patient monitoring platforms or software for predictive analytics and decision support.

Funding Restrictions and Exclusions

The following restrictions apply to the use of grant funds:

- No purchases may be made until the grant period begins and NJDOH has provided written approval.
- Pre-award costs, including salaries or expenditures incurred before the start date of the grant, are not reimbursable.
- All sub-awards, professional service agreements (PSAs), and consultant agreements must be submitted for NJDOH review and approval before execution.
    - Exception: Consultants used solely for auditing grant compliance or expenditures are exempt from this pre-approval requirement.
    - Once executed, signed agreements must be uploaded to the Shared Documents folder in SAGE.
- Funds may be used to supplement, but not supplant, existing state or federal funding for proposed activities.
- Due to federal funding caps, administrative and indirect costs are restricted under this grant. Applicants interested in requesting these costs must include them in the applicable section of the Project and Budget Submission Form for NJDOH review and consideration.

Note: *Inclusion of administrative and indirect costs does not guarantee approval and is dependent on the availability of funds within the established cap.*

Note: *A separate cost category with a defined funding limit may be created to support approved administrative and indirect costs.*

Note: *NJDOH reserves the right to modify requirements related to administrative and indirect costs at any time and is not bound by the current guidance.*

- Funds may not be used for:

- Supplanting existing funding: use of grant funds to replace, reduce, or offset existing or anticipated funding from other sources (including federal, state, local, private, or third-party reimbursement)
- Food, catering, or light refreshments for staff or participants
- Fundraising activities or costs
- Personal use goods or services
- Lobbying or legislative activities
- Repayment of bad debt or interest on loans
- Promotional items, memorabilia, gifts, souvenirs, or similar materials
- New construction of any kind
- Supplanting funding of in-process or planned construction projects, or directing funding towards new construction builds
- Using grant funds to support staff or activities unrelated to the approved program scope
- Offsetting reductions in Medicaid reimbursement or other payer rate cuts
- Replacing payment for clinical services that are reimbursable, or otherwise billable, to Medicaid, Medicare, private insurance, or other third-party payers
- Broadband infrastructure or connectivity efforts
- Payments to employees not tied to specific quality improvements or an initiative within the scope of the RHT Program
- Enhanced payment rates or incentives for currently billable services without ties to outcomes
- Uncompensated care that is not tied to a specific initiative within the Rural Health Transformation Plan
- Student loan or educational loan repayment programs
- Costs related to providing Continuing Education Units (CEU) credits for professional or academic purposes.

***Note**: For a full list of unallowable expenses, please refer to Public Law 119-21, Section 71401.*

Funding Requirements and Non-Compliance

Failure to comply with grant terms may result in enforcement actions by NJDOH. If a Grantee or sub-grantee materially fails to meet award requirements, NJDOH may take one or more of the following actions:

- Temporarily withhold cash payments pending correction
- Disallow costs not in compliance
- Suspend or terminate the grant in whole or in part
- Withhold future funding under the program
- Implement any other remedies legally available

Hearings and Appeals
Before taking enforcement action, NJDOH will provide the Grantee an opportunity for a hearing, appeal, or other administrative process, as applicable.

Effects of Suspension or Termination
Costs incurred during suspension or after termination are not allowable unless:

- Specifically authorized in writing by NJDOH
- Result from non-cancelable obligations made before the effective suspension/termination date and would have been allowable if the grant continued normally

Grant Termination
Grants may be terminated:

- By NJDOH with mutual agreement from the Grantee, including negotiated terms and effective date
- By the Grantee, via written notice including the reason, effective date, and any portion of the project being terminated
    - If a portion of the project is discontinued after receiving funding, or if equipment is purchased or facility improvements are made but associated program activities are not implemented, the grantee must provide a plan for proper use of the completed project or resources to support program goals.
- By NJDOH in full if it determines that a partial termination would not fulfill the intended program purpose
- Due to the unavailability of funds, changes in program priorities, failure to meet performance requirements or inadequate expenditure of funds

Budget Revisions and Grant Amendments

All budget revision and grant amendment requests must receive prior approval from the NJDOH before any actions are initiated in the SAGE.

Submission Process

- Step 1: Initiation
    - Upon NJDOH approval to proceed, the Grantee must initiate the request in SAGE within three (3) business days, or by the deadline specified by NJDOH
- Step 2: Submission
    - After NJDOH unlocks the applicable forms or sections in SAGE, the Grantee must complete and formally submit the budget revision or grant amendment request within ten (10) business days, or by the NJDOH-specified deadline

Limitations

- Grantees are permitted a maximum of two (2) budget revision or grant amendment requests during the approved grant period, unless otherwise authorized by NJDOH.
- NJDOH reserves the right to extend submission deadlines or nullify requests not submitted by the designated due date.

Future Funding Consideration

- Based on program performance, availability of funds, and public health need, Grantees may be invited by NJDOH to apply for a continuation of funding, in one or more subsequent years, through October 30, 2030.

Review and Evaluation Criteria

Grant applications will be reviewed by a panel designated by the NJDOH. Applications must be complete and fully compliant with all RFA requirements. Please refer to Appendix D for RFA Application Guidance.

Applications will be evaluated on the information submitted through the electronic grants system, including the required project and budget submission form (see the appropriate appendix for Activity A, Activity B, Activity C, or Activity D). Scoring will be based on the materials submitted and how well they align with the criteria outlined in RFA Application Scoring Guide included in Appendix E.

Note: *Applicants may apply to one or more activities (Activity A, Activity B, Activity C, and/or Activity D). Separate project and budget submission forms must be submitted for each activity. Each activity must be designed to benefit uninsured and underinsured populations. Refer to Appendix F, Appendix G, Appendix H,* and Appendix I *for corresponding forms.*

Final funding decisions will be based on the application scores, available funding, and alignment with NJDOH priorities, including the RHT program priorities, with priority given to applications serving areas designated as rural under the federal HRSA definition.

Grant Compliance Requirements

If awarded funding, the Grantee must comply with the following:

- The Terms and Conditions for Administration of Grants issued by the New Jersey Department of Health (NJDOH), available at: www.nj.gov/health/grants/documents/terms_conditions.pdf.
- All applicable federal cost principles, based on the Grantee's organization type (e.g., 2 CFR Part 200 for non-profits and government entities).

- The general and specific programmatic compliance requirements as detailed in Attachment C - Program Specifications, which are incorporated into the grant agreement executed by NJDOH.

Duplication of Efforts

Applicants must disclose any potential overlap between this application and existing activities, other applications or awards received or submitted to other funding sources within the same fiscal year. Overlap can occur in the following ways:

- **Programmatic Overlap**
  Occurs when substantially the same project or objectives are proposed in more than one application or awarded funding from multiple sources. This includes situations where the project design or specific goals are identical or closely related across existing activities, applications or awards, regardless of the funding source.
- **Budgetary Overlap**
  Occurs when duplicate or equivalent budget items (e.g., equipment, personnel salaries) are requested in this application but are already covered by other funding sources.
- **Commitment Overlap**
  Occurs when an individual's total time commitment across all funded projects exceeds 100%, regardless of whether salary support is requested for that time.

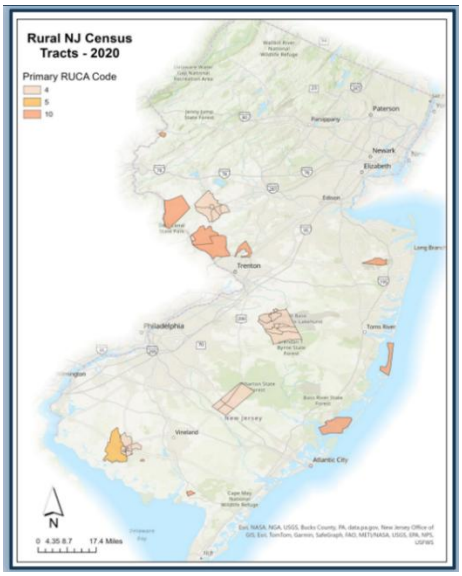
Duplication of effort whether programmatic, budgetary, or commitment overlap is prohibited. Any identified overlap must be resolved with the NJDOH in collaboration with the applicant's Project Coordinator prior to award.

Applicants must upload a detailed report addressing programmatic, budgetary, commitment overlap, and potential supplanting on the Attachments Form in SAGE. The document should be clearly labeled

- "Report on Programmatic, Budgetary, Commitment Overlap, and Supplanting"

Applicants must also submit a signed certification confirming that grant funds will not be used to supplant existing funding from any source.

APPENDIX A - Rural New Jersey: Federal Definition

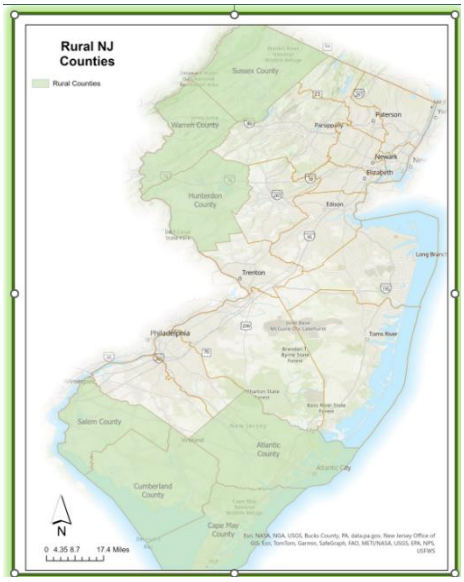


Federally Recognized Counties	
Atlantic	Mercer
Burlington	Monmouth
Cumberland	Ocean
Hunterdon	Warren

Federally Recognized Rural Census Tracts (RCTs)					
Atlantic County RCTs					
108	109	110	111		
Burlington County RCTs					
7021.01	7022.06	7022.07	7022.08	7022.09	7022.10
7048.01	9821.11	9822			
Cumberland County RCTs					
101.03	104.02	106	107.02	201	202
203.01	203.02	204	205.02	205.03	206
Hunterdon County RCTs					
113.01	113.03	113.04	113.05	113.06	114
115	118	119			
Mercer County RCTs					
33.04	38				
Monmouth County RCTs					
8099.03					
Ocean County RCTs					
9800	9801				
Warren County RCTs					
317					

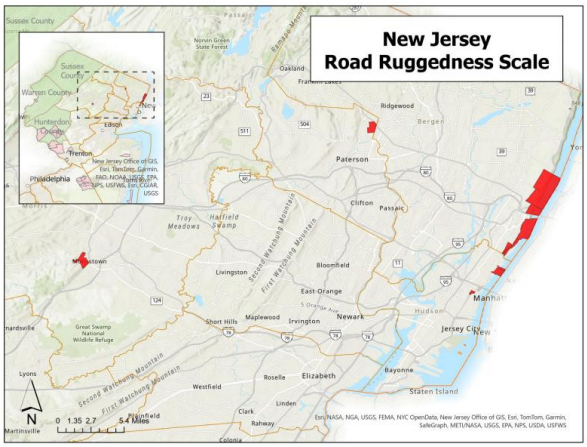
Rural Health Grants Eligibility Analyzer
2020 Census - Census Tract Reference Map

APPENDIX B - Rural New Jersey: State Definition



State-Recognized Counties	
Atlantic	Salem
Cape May	Sussex
Cumberland	Warren
Hunterdon	

APPENDIX C - Rural New Jersey: Rural Ruggedness Scale (RRS)



RRS - Designated Counties	
Bergen	Morris
Hudson	Passaic

RSS - Recognized Rural Census Tracts (RCTs)				
Bergen County RCTs				
63.02	130.02	130.04	160	191.02
Hudson County RCTs				
150.01	152.01	173		
Morris County RCTs				
438.01				
Passaic County RCTs				
1434.02				

Rural Health Grants Eligibility Analyzer
2020 Census - Census Tract Reference Map

APPENDIX D - RFA Application Guidance

Rural Health Transformation Program 2026: Advancing Technology, Prevention, and Workforce Capacity in Rural New Jersey

New Jersey Department of Health (NJDOH) requires all grant applications to be submitted electronically through SAGE at Login (intelligrants.com). If your organization does not have an existing account in SAGE, an account will need to be created to apply for this grant.

If you are a first time NJDOH applicant whose organization has never registered in the NJDOH SAGE system, you must contact the SAGE System Administrator via email at njdoh.grants@doh.nj.gov or at 609-376-8508. A new organization form can be found at nj.gov/health/grants/documents/SAGE_registration_form.pdf and must be completed and submitted to NJDOH. The submitted documents will be reviewed to ensure that applicants have satisfied all applicable requirements. Please allow up to three (3) business days for processing.

When approved, the organization's status will be activated in SAGE. The SAGE System Administrator will inform the organization's Authorized Official via email or by phone of their authorized access to the grant application in SAGE. Organizations will not have access to any application in SAGE until all documents are received and all procedures are satisfied.

Note: *All forms within the grant application should be completed as per the instructions on each page and saved. This document provides guidance and additional information for some of the forms. Adherence to this guidance will facilitate timely review and approval of a grant application. NJDOH reserves the right to extend grant application closing dates.*

Please refer to the FAQ for Applicants and Grantees that is available in SAGE under the "Training Materials" tab. This resource outlines how to initiate, compile, and submit your application in SAGE.

Note: SAGE will automatically reject applications after the closing date and time listed in the RFA.

Log in and search for the "Rural Health Transformation: Technology Innovation & Preventive Programming 2026" application in SAGE Login (intelligrants.com).

FORM - ORGANIZATION PROFILE

- Name of Organization & Contact Information

- Name of CEO & Contact Information
- Name of CFO & Contact Information
- Officers/Directors
- Annual Audit Report - Upload your organization's most current Annual Audit Report
    - If your organization is not required to submit to an annual audit, please submit a letter on letterhead explaining the reason this is waived. You must also submit a copy of your most recent submitted tax return.
- Organization Type
- IRS Determination Letter (For Non-Profits)
- NJ Charities Registration Letter (For Non-Profits)
- Tax Clearance Certificate - required for all entities
- Minority Managed
- Minority Population Served
- Languages in Which Services Are Provided

FORM - PROJECT CONTACTS

- Name of Project Director, title, and contact information
- Name of Fiscal Contact, title, and contact information

FORM - GRANT PERIOD AND PAYMENT

- Both project period and budget period: February 1, 2026 - October 30, 2026
- Payee**:** NJ Vendor ID Number - remittance address
- Payment method: Monthly cost reimbursement

FORM - SERVICE AREA

- Area of Impact – local, statewide
- If applicable, select the county(s) and municipality(s) where the program will be implemented

FORM - NEEDS & OBEJCTIVES

- **Assessment of Need(s)**
    - Describe the need(s) to be addressed through this pilot program, with supporting up-to-date data and facts. Data sources should be referenced.
    - Define the organization's mission, purpose, and population serviced. Data sources should be referenced.
    - Describe current organizational capabilities, the need to sustain or enhance those capabilities, and the required work to complete requirements in accordance with this RFA.
    - Share a brief description of current technology innovation and/or preventive programming experience.

- **Objective(s) of Program**
  - Set and share SMART (Specific, Measurable, Attainable, Realistic, and Timebound) program goals and objectives.
  - Describe the goals and scope of work/activities and strategies to achieve, key performance indicators or outcomes to measure success.
  - Describe the target population(s) and the geographic area(s) where the program will be implemented.
  - Describe how the funding will help improve or expand upon your existing work/efforts.
  - Provide a program timeline for the scope of work with key performance indicators, milestones, or deadlines and the responsible person for each.

FORM - METHODS & EVALUATIONS

- Outline the specific strategies, activities, or approaches that will be implemented to achieve project goals and objectives.
- Outline the methods, techniques, or procedures that will be implemented to address project goals and objectives.
- Provide a program timeline for the scope of work with key performance indicators, milestones, or deadlines and the responsible person for each.
- Ensure methods are feasible, realistic, and achievable.
- If the project involves collaborations with other organizations or institutions, describe the collaboration and how it will be measured and enhance the project.
- Describe when and how the project will be monitored, accessed, and evaluated to ensure outcomes are being achieved.

FORM - SCHEDULE A, PART 1 - PERSONNEL COSTS

Note: *All staff positions funded through this grant must be limited to allowable programmatic activities. Administrative functions are not allowable.*

- Enter Position Title(s).
- Enter legal first name, last name of person(s) listed in position(s).
- Annual Salary/Wages - enter the total amount to be paid to the employee(s) by the organization for work performed during the budget period; for temporary employee(s), this is the total amount to be paid for the actual period, within the annual budget period, that work is performed.
- Percentages of Time on Project - enter the employee(s) percentage of time that will be devoted to this project. Do **NOT** use a modified percentage solely to produce a desired result.

Note: *An individual's time commitment should not exceed 100 percent across all activities and should not be duplicated on other grant programs.*

- Fringe Benefit Rate - enter the employee's fringe benefit rate.

Note: *Upload of the organization's fringe benefit breakdown is required. If there are different rates for individuals, include a justification with the uploaded fringe breakdown.*

FORM - SCHEDULE A, PART 2 - PERSONNEL JUSTIFICATION

- Weeks on the Project - enter the number of weeks over which work will be performed by the employee on the project.
- Weekly Work Hours - enter the average number of hours that are devoted each week to the project.

Note: *This number must align with the percentages of time on the project of what was entered in the Schedule A, Part 1 - Personnel Costs.*

- Roles and Responsibilities - state the role and responsibilities for the position, not the incumbent.
- Minimum Qualifications - state the minimum qualifications for the position, not the incumbent. Briefly state education/degree, years of experience, license/certifications, etc. required for the position.

FORM - SCHEDULE B - OTHER DIRECT COSTS

- Complete the Schedule B form, listing other direct costs by cost category for the project.
- A budget narrative/basis for cost estimate is required for each line item - provide a brief item description, basis for its need, itemization (unit price and quantity needed), and supporting documentation if applicable.

Note: *Sufficient detail must be included so that it is clear to the NJDOH application reviewers as to what specifically is being requested with the funds. Any vague and/or unclear budget items submitted will result in the return for modifications or may result in being denied.*

- <u>Cost Category - Alteration and Renovations</u>
  - Eligibility - The Department may provide funding support for minor alterations or retrofits of existing sites when directly related to creating or improving areas for telehealth services, technology hubs, or patient workflow improvements. Major construction projects or general facility renovations are not permitted.
  - All alteration or retrofit requests must be reviewed and approved by the NJDOH prior to design, planning, or execution.
  - As per the Department's Terms and Conditions for Administration of Grants, organizations may include their own requirements and practices for vendor bidding, bid guarantees, performance bonds, and payment bonds for construction of facility improvements (including alterations and renovations of real property).

- Cost Category - Equipment
  - As per the Department's Terms and Conditions for Administration of Grants, organizations may follow their own equipment policy. Non-profit organizations, excluding governments and hospitals, that do not have a written policy shall capitalize equipment with an acquisition cost of $500 and a life expectancy of 1 year or greater. Grantees may use a different acquisition threshold provided it is in a written policy, is customary and reasonable for the organization type, is agency-wide, and complies with Generally Accepted Accounting Principles and the applicable Federal cost principles. Any exception requires prior approval by the awarding division." Items that do not meet the equipment criteria must be classified as Supplies or Other and should not be referred to as "equipment" in its justification.
  - A vendor generated quote must be obtained and uploaded directly to the corresponding Schedule B line, "Supporting Documents".
  - Grantees may allocate funds for the purchase, lease, or upgrade of technology or equipment necessary to support the approved project activities.

- Cost Category - Facility

Note: *Facility costs funded under this grant must align with allowable programmatic functions. Administrative functions are restricted. General office space, workstations, or other facilities used solely for administration tasks, routine office operations, or activities not directly tied to the approved program are restricted. All facility costs must be clearly justified in the budget and linked to specific project activities.*

  - Facility costs, including office space, meeting, or conference facilities, are restricted unless they are directly attributable to the implementation of program activities. Examples of allowable facility costs include:
    - Training or workshop space required for program participants or staff development.
    - Audio-visual equipment for presentations or program activities.
    - Space used for delivering health screenings, counseling sessions, or other program interventions directly to participants.
    - Meeting space used for grant program activities required to implement the project.

- Cost Category - Professional Service Agreements
  - Professional Service Agreements (PSA) must be reviewed and approved by the New Jersey Department of Health (NJDOH) prior to its execution, with the exception of auditing. Basis for cost estimate must be clearly stated.
  - A draft contract must be uploaded directly to the corresponding Schedule B line, "Supporting Documents".

- A cost reimbursement payment method is required for PSAs.
- Grantees must ensure that any contracts with subgrantees contain clauses necessary to guarantee that all data security, retention, and access requirements will be satisfied. Additional information may be found in the New Jersey Statewide Information Security Manual, (effective 2/21/2021), at NJ Statewide Information Security Manual.
- All PSAs must comply with the terms outlined in this RFA, including rules regarding allowable cost categories, including personnel costs, facility costs, equipment/technology costs, travel costs, and administrative/indirect costs.
  - PSAs must follow all other applicable federal, state, and NJDOH requirements listed herein the RFA.

- Cost Category - Subaward
  - Subaward agreements must be reviewed and approved by the New Jersey Department of Health (NJDOH) prior to its execution, with the exception of auditing. Basis for cost estimate must be clearly stated.
  - A draft agreement must be uploaded directly to the corresponding Schedule B line, "Supporting Documents".
  - A cost reimbursement payment method is required for subawards.
  - Grantees must ensure that any agreements with sub awardees contain clauses necessary to guarantee that all data security, retention, and access requirements will be satisfied. Additional information may be found in the New Jersey Statewide Information Security Manual, (effective 2/21/2021), at NJ Statewide Information Security Manual.
  - All subawards must comply with the terms outlined in this RFA, including rules regarding allowable cost categories, including personnel costs, facility costs, equipment/technology costs, travel costs, and administrative/indirect costs.
  - All subawards must follow all other applicable federal, state, and NJDOH requirements listed herein the RFA.

- Cost Category - Supplies
  - All tangible personal property other than "equipment" that directly support or benefit the project.
  - Itemization for office supplies is not required.

- Cost Category - Travel

Note: *Travel costs funded under this grant are subject to federal funding caps and fall under the administrative and indirect cost restrictions. Applicants interested in requesting these costs must include them in the applicable section of the Project and Budget Submission Form for NJDOH review and consideration.*

- Travel costs are subject to the administrative and indirect cost restrictions and federal funding caps. Inclusion in the budget does not guarantee approval. The following guidance applies for travel if approved under the grant:
  - Organizations must follow their established travel policy. Travel costs for employees working on the project may include associated per-diem or subsistence allowances and other travel-related expenses, such as mileage allowances if travel is by personal automobile.
  - Local and domestic travel is allowable where such travel will provide direct benefit to the project, i.e., travel for a conference or training that is significant to the scope of work or professional development.
  - Itemization of travel expenses for project personnel is required.
  - Foreign travel is not permitted.

- Cost Category - Training
  - Training costs are allowable if necessary to accomplish scope of work.
  - Conferences, courses, workshops for employees working on the grant or stakeholders providing education, support, or intervention related to technology solutions, telehealth services, or remote patient monitoring.

- Cost Category - Other
  - Various other expenses that don't neatly fit into the other predefined cost categories but are specific to the project.
  - Other cost items should be listed separately by type and itemized if applicable.

FORM - COST SUMMARY

- Verify the direct costs listed, and if applicable enter indirect costs and program income.
- Indirect Costs
  - Due to federal funding caps, administrative and indirect costs are restricted under this grant. Applicants interested in requesting these costs must include them in the applicable section of the Project and Budget Submission Form for NJDOH review and consideration.

Note: *Inclusion of administrative and indirect costs does not guarantee approval and is dependent on the availability of funds within the established cap.*
Note: *A separate cost category with a defined funding limit may be created to support approved administrative and indirect costs.*
Note: *NJDOH reserves the right to modify requirements related to administrative and indirect costs at any time and is not bound by the current guidance.*

FORM - DISCLOSURE & CERTIFICATION

- Review and respond to each statement listed.

FORM - FFATA CERTIFICATION

- In accordance with the Federal Funding Accountability and Transparency Act (FFATA), review and answer each question. Additional information may be found at www.fsrs.gov.

FORM - ATTACHMENTS

- Upload the project/budget submission form (see the appropriate appendix for Activity A, Activity B, Activity C, and Activity D templates) to support the application.

Note: *Applicants may apply to one or more activities (Activity A, Activity B, Activity C, and/or Activity D). Separate project and budget submission forms must be submitted for each activity. Each activity must be designed to benefit uninsured and underinsured populations. Refer to Appendix F, Appendix G, Appendix H, and Appendix I for corresponding forms.*

- Upload and submit a signed certification confirming that grant funds will not be used to supplant existing funding from any source. See section on duplication of efforts.
- If applicable, attach other documents to support the application. For each document attached, provide a brief description in the space indicated in SAGE.

APPENDIX E - RFA Application Scoring Guide

Applications will be evaluated on the information submitted through the electronic grants system, including the required project and budget submission form (see the appropriate appendix for Activity A, Activity B, Activity C, or Activity D). Scoring will be based on the materials submitted and how well they align with the criteria outlined in RFA Application Scoring Guide.

Final funding decisions will be based on the application scores, available funding, and alignment with NJDOH priorities, including the RHT program priorities, with priority given to applications serving areas designated as rural under the federal HRSA definition.

Grant Program: Rural Health Transformation Program 2026: Advancing Technology, Prevention, and Workforce Capacity in Rural New Jersey

Assessment of Need Total Point Value = 5
• Description of need(s) that illustrate the reason for the project.
Project Design, Objective(s) of Project Total Point Value = 35
• The importance of the project is addressed and is supported by known facts and current quantitative or qualitative data. • Identified gaps in existing research or surveillance data. • The project's target population and service area are clearly defined, including demographics, geographic location, needs, or other specific characteristics. • The organization's purpose aligns with the grant's goals. • The organization demonstrates the qualifications and capacities needed to implement the project. • The project timeline is described, with realistic planning and expectations. The timeline includes important milestones, deadlines, or benchmarks for the project to be executed successfully and the responsible party for each. • The project goals and objectives are described and aligned with the grant program. The objectives clarify what changes are expected as a result of the proposed work. The strategies and indicators for measuring success are described. • Goals and objectives adhere to SMART (Specific, Measurable, Achievable, Relevant, and Time-Limited) goal principles. • The project activities and sub-activities to be completed and their respective outcomes are described for each objective. The project activity list contains a detailed description of each activity, including the sequence of their completion, their timeline, the start and end dates, and any required resources.

• The project design describes proposed collaborations with potential partners or stakeholders and how the proposed collaboration will benefit the overall project is described. • Project risks and challenges that could negatively impact the project progress are identified. Mitigation strategies plans and strategies for potential problems are described. • All requirements and criteria for the grant program are addressed and grant application sections are completed.
Methods and Evaluation Total Point Value = 30
• The project methods, strategies, and approaches to achieve project objectives are described and includes a timeline. • The reasoning for chosen project methods, strategies, and approaches is described and supported by research, expert opinion, or experience. • The project methods detail who will perform particular activities. • The project methods are reasonable and feasible/achievable given the applicant/organization's resources and the project's time frame and budget. • The project evaluation plan/strategy is developed and describes the intended outcomes/results of the project and details the plans to evaluate the project during its implementation and after the completion of the project. • The project evaluation plan/strategy includes progress monitoring and improvement, and modification plans to adapt to project risks or challenges.
Project Budget Total Point Value = 20
• The project costs and budget are well defined, align with the proposed project goals and objectives, and are reasonable, precise, and itemized. Project costs should take into consideration current organization capacity, patient needs, and programmatic needs. • The Schedule A - Personnel Justification, Part 1 and 2, and respective supporting document sections are completed in NJ SAGE. • For each position - the position title, name (if available), annual salary/wages, percentage of time devoted to the project, fringe benefit rate, number of weeks and weekly hours on the project, the roles/responsibilities, and minimum qualifications are completed. • The project budget includes a Project Coordinator/Project Director to serve as the primary contact for the grant and oversee grant management and compliance requirements. • The Schedule B - Other Direct Costs, and respective supporting document sections are completed in NJ SAGE.
RHT Grant Program Key Principles Total Point Value = 10

- The project demonstrates potential for significant change in rural healthcare, including improvements to services or systems, lasting impact, innovative solutions to unmet needs, and scalability or replicability.
- The project includes a clear plan to sustain activities and outcomes beyond the grant period, addressing financial, operational, and community engagement strategies to maintain long-term impact and continued benefits for the rural population.

APPENDIX F - Project and Budget Submission Form (Activity A)

Rural Health Transformation Program 2026:
Advancing Technology, Prevention, and Workforce Capacity in Rural New Jersey
Activity A - Rural Preventive Health Initiatives

Section 1: Applicant Information

1. Organization Name:
2. Project Director:
    a. Email:
    b. Phone:
3. Fiscal Contact:
    a. Email:
    b. Phone:

Section 2: Project Overview

1. Project Title:

2. Rural counties, Rural Census Tracts (RCTs), and target rural populations this project will serve. See Appendix A, B, and C for eligible areas:

3. Project Start and End Dates:

4. Provide a summary of the project (2-3 sentences):

5. Describe the project goals and expected outcomes for the grant period. Include whether these goals are expected to be achieved within the proposed timeframe and whether additional funding or time may be needed.

6. Describe the transformational impact of this project on rural health, including how it will improve healthcare, services, or systems, create lasting change, address unmet needs innovatively, and/or be scalable or replicable.

7. Describe how this project is not duplicating existing programs or supplanting other funding. Describe any other projects under RHT funding for which the organization is applying or has applied.

Section 3: Project Activities

1. List the specific activities the project will carry out to achieve the project goals and expected outcomes.

2. Please explain your organization's readiness to develop the project plan. What is the anticipated timeline for project planning and execution over the 9-month grand period?

3. List each collaborating organization and indicate whether the partnership currently exists or will be established upon award. For existing partnerships, describe any current contracts or agreements and include Letters of Collaboration, if available. For new partnerships, include Letters of Collaboration, if available, and provide a timeline for establishing a formal agreement.

4. Describe risks or challenges and how they will be addressed timely.

Section 4: Staffing

1. Are positions already filled or still to be hired? If to be hired, describe whether they are new, being dedicated, or enhanced.

Section 5: Administrative/Indirect Cost Request

1. Complete the table by providing all administrative/indirect costs being requested for NJDOH review and consideration.

Administrative/Indirect Cost Request Table			
Note: *Due to federal funding caps, administrative and indirect costs are restricted under this grant. The costs listed in this table are considered administrative and indirect and are subject to the overall cost cap. Applicants interested in requesting these costs must list them below for NJDOH review and consideration. Inclusion of administrative and indirect costs does not guarantee approval and is dependent on the availability of funds within the established cap.*			
Cost Category	**Description/Justification**	**Total Amount Requested**	**Notes**
Personnel			
Travel			
Facility			
Other Administrative/ Indirect Costs			
Total Amount Requested			
REQUIRED - If requesting these funds, briefly explain why they are essential for the project's implementation and whether the project could proceed without them. Click or tap here to enter text.			

APPENDIX G - Project and Budget Submission Form (Activity B)

Rural Health Transformation Program 2026:
Advancing Technology, Prevention, and Workforce Capacity in Rural New Jersey
Activity B - Technology Solutions, Telehealth, and Remote Patient Monitoring

Section 1: Applicant Information

1. Organization Name:
2. Project Director:
    a. Email:
    b. Phone:
3. Fiscal Contact:
    a. Email:
    b. Phone:

Section 2: Project Overview

1. Project Title:

2. Rural counties, Rural Census Tracts (RCTs), and target rural populations this project will serve. See Appendix A, B, and C for eligible areas:

3. Project Start and End Dates:

4. Provide a summary of the project (2-3 sentences):

5. Describe the project goals and expected outcomes for the grant period. Include whether these goals are expected to be achieved within the proposed timeframe and whether additional funding or time may be needed.

6. Describe the transformational impact of this project on rural health, including how it will improve healthcare, services, or systems, create lasting change, address unmet needs innovatively, and/or be scalable or replicable.

7. Describe how this project is not duplicating existing programs or supplanting other funding. Describe any other projects under RHT funding for which the organization is applying or has applied.

Section 3: Project Activities

1. List the specific activities the project will carry out to achieve the project goals and expected outcomes.

2. Please explain your organization's readiness to develop the project plan. What is the anticipated timeline for project planning and execution over the 9-month grand period?

3. List each collaborating organization and indicate whether the partnership currently exists or will be established upon award. For existing partnerships, describe any current contracts or agreements and include Letters of Collaboration, if available. For new partnerships, include Letters of Collaboration, if available, and provide a timeline for establishing a formal agreement.

4. Describe risks or challenges and how they will be addressed timely.

Section 4: Staffing

1. Are positions already filled or still to be hired? If to be hired, describe whether they are new, being dedicated, or enhanced.

Section 5: Administrative/Indirect Cost Request

1. Complete the table by providing all administrative/indirect costs being requested for NJDOH review and consideration.

Administrative/Indirect Cost Request Table			
Note: *Due to federal funding caps, administrative and indirect costs are restricted under this grant. The costs listed in this table are considered administrative and indirect and are subject to the overall cost cap. Applicants interested in requesting these costs must list them below for NJDOH review and consideration. Inclusion of administrative and indirect costs does not guarantee approval and is dependent on the availability of funds within the established cap.*			
Cost Category	**Description/Justification**	**Total Amount Requested**	**Notes**
Personnel			
Travel			
Facility			
Other Administrative/ Indirect Costs			
Total Amount Requested			
REQUIRED - If requesting these funds, briefly explain why they are essential for the project's implementation and whether the project could proceed without them. Click or tap here to enter text.			

APPENDIX H - Project and Budget Submission Form (Activity C)

Rural Health Transformation Program 2026:
Advancing Technology, Prevention, and Workforce Capacity in Rural New Jersey
Activity C - Training and Capacity Building

Section 1: Applicant Information

1. Organization Name:
2. Project Director:
    a. Email:
    b. Phone:
3. Fiscal Contact:
    a. Email:
    b. Phone:

Section 2: Project Overview

1. Project Title:

2. Rural counties, Rural Census Tracts (RCTs), and target rural populations this project will serve. See Appendix A, B, and C for eligible areas:

3. Project Start and End Dates:

4. Provide a summary of the project (2-3 sentences):

5. Describe the project goals and expected outcomes for the grant period. Include whether these goals are expected to be achieved within the proposed timeframe and whether additional funding or time may be needed.

6. Describe the transformational impact of this project on rural health, including how it will improve healthcare, services, or systems, create lasting change, address unmet needs innovatively, and/or be scalable or replicable.

7. Describe how this project is not duplicating existing programs or supplanting other funding. Describe any other projects under RHT funding for which the organization is applying or has applied.

Section 3: Project Activities

1. List the specific activities the project will carry out to achieve the project goals and expected outcomes.

2. Please explain your organization's readiness to develop the project plan. What is the anticipated timeline for project planning and execution over the 9-month grand period?

3. List each collaborating organization and indicate whether the partnership currently exists or will be established upon award. For existing partnerships, describe any current contracts or agreements and include Letters of Collaboration, if available. For new partnerships, include Letters of Collaboration, if available, and provide a timeline for establishing a formal agreement.

4. Describe risks or challenges and how they will be addressed timely.

Section 4: Staffing

1. Are positions already filled or still to be hired? If to be hired, describe whether they are new, being dedicated, or enhanced.

Section 5: Administrative/Indirect Cost Request

1. Complete the table by providing all administrative/indirect costs being requested for NJDOH review and consideration.

Administrative/Indirect Cost Request Table			
Note: *Due to federal funding caps, administrative and indirect costs are restricted under this grant. The costs listed in this table are considered administrative and indirect and are subject to the overall cost cap. Applicants interested in requesting these costs must list them below for NJDOH review and consideration. Inclusion of administrative and indirect costs does not guarantee approval and is dependent on the availability of funds within the established cap.*			
Cost Category	**Description/Justification**	**Total Amount Requested**	**Notes**
Personnel			
Travel			
Facility			
Other Administrative/ Indirect Costs			
Total Amount Requested			
REQUIRED - If requesting these funds, briefly explain why they are essential for the project's implementation and whether the project could proceed without them. Click or tap here to enter text.			

APPENDIX I - Project and Budget Submission Form (Activity D)

Rural Health Transformation Program 2026:
Advancing Technology, Prevention, and Workforce Capacity in Rural New Jersey
Activity D - Clinical Workforce Recruitment and Retention Incentive

Section 1: Applicant Information

1. Organization Name:
2. Project Director:
    a. Email:
    b. Phone:
3. Fiscal Contact:
    a. Email:
    b. Phone:

Section 2: Project Overview

1. Project Title:

2. Rural counties, Rural Census Tracts (RCTs), and target rural populations this project will serve. See Appendix A, B, and C for eligible areas:

3. Project Start and End Dates:

4. Provide a summary of the project (2-3 sentences):

5. Describe the project goals and expected outcomes for the grant period. Include whether these goals are expected to be achieved within the proposed timeframe and whether additional funding or time may be needed.

6. Describe the transformational impact of this project on rural health, including how it will improve healthcare, services, or systems, create lasting change, address unmet needs innovatively, and/or be scalable or replicable.

7. Describe how this project is not duplicating existing programs or supplanting other funding. Describe any other projects under RHT funding for which the organization is applying or has applied.

Section 3: Project Activities

1. List the specific activities the project will carry out to achieve the project goals and expected outcomes.

2. Please explain your organization's readiness to develop the project plan. What is the anticipated timeline for project planning and execution over the 9-month grand period?

3. List each collaborating organization and indicate whether the partnership currently exists or will be established upon award. For existing partnerships, describe any current contracts or agreements and include Letters of Collaboration, if available. For new partnerships, include Letters of Collaboration, if available, and provide a timeline for establishing a formal agreement.

4. Describe risks or challenges and how they will be addressed timely.

Section 4: Staffing

1. Are positions already filled or still to be hired? If to be hired, describe whether they are new, being dedicated, or enhanced.

Section 5: Administrative/Indirect Cost Request

1. Complete the table by providing all administrative/indirect costs being requested for NJDOH review and consideration.

Administrative/Indirect Cost Request Table			
Note: *Due to federal funding caps, administrative and indirect costs are restricted under this grant. The costs listed in this table are considered administrative and indirect and are subject to the overall cost cap. Applicants interested in requesting these costs must list them below for NJDOH review and consideration. Inclusion of administrative and indirect costs does not guarantee approval and is dependent on the availability of funds within the established cap.*			
Cost Category	**Description/Justification**	**Total Amount Requested**	**Notes**
Personnel			
Travel			
Facility			
Other Administrative/ Indirect Costs			
Total Amount Requested			
REQUIRED - If requesting these funds, briefly explain why they are essential for the project's implementation and whether the project could proceed without them. Click or tap here to enter text.			