Rural Health Transformation Program 2026: Improving Chronic Disease Outcomes in Rural New Jersey

Request for Applications (RFA)

Issued by:
Community Health & Wellness Unit
Division of Health Promotion
New Jersey Department of Health

Application Deadline: April 10th, 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.

*This [project/publication/program/website, etc.] [is/was] supported by the Centers for Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as a part of a financial assistance award totaling $**147,250,805** with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. government*

NEW JERSEY
RURAL HEALTH TRANSFORMATION

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Request for Applications (RFA)

Rural Health Transformation Grant

Issuing Agency: Division of Health Promotion
Unit: Community Health & Wellness Unit
RFA Number: DOHP26CDO
Release Date: March 16th, 2026
Application Deadline: April 10th, 2026

---

1. Program Overview & Background

The Division of Health Promotion, through its Community Health and Wellness Unit (CHWU), announces the availability of funding awarded to the State under the Rural Health Transformation (RHT) Grant Program. This funding opportunity is designed to support innovative and sustainable strategies that improve chronic disease outcomes, increase access to quality healthcare services, address health disparities, and strengthen healthcare systems in rural communities.

The grant seeks to advance community-driven solutions that promote health equity, improve health outcomes, and enhance care coordination across rural health systems.

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.

According to the most recent rural definition maintained by the Health Resources and Services Administration (HRSA)[1] 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. These rural counties include Atlantic, Burlington, Cumberland, Hunterdon, Mercer, Monmouth, Ocean, and Warren. See Appendix A for federally recognized rural counties and RCTs.

New Jersey also uses a state-specific rural definition, identifying areas with 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 near urban centers but still face barriers similar to 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 New Jersey communities face significant challenges in accessing 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 remote patient monitoring (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 by addressing medical gaps such as provider shortages while also addressing social determinants of health (SDOH) that impede access and utilization of services such as transportation, especially for individuals who are uninsured and underinsured. Additional funding opportunities may be found on the Health Department Grants page. 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. **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 that incentivize providers or Accountable Care Organizations (ACOs) to reduce health care costs, improve quality of care, and shift care to lower-cost settings.
4. **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.

---

2. Purpose and Goals

The purpose of the Rural Health Transformation Grant is to support projects that transform rural healthcare delivery by addressing systemic challenges and community-identified needs.

Grant goals include, but are not limited to:

- Improving access to healthcare services in rural and underserved areas
- Strengthening rural healthcare infrastructure and workforce capacity
- Enhancing care coordination and integration of services
- Addressing SDOH impacting rural populations
- Promoting preventive care, wellness, and chronic disease management

---

3. Funding Information

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.

Activity 5.2a: NJ Rural Southern Physical Activity and Nutrition Program (NJ R-SPAN)

- **Total Funding Available:** $1,170,000
- **Anticipated Number of Awards:** 7 awards
- **Award Amount:** Up to $200,000 per award
- **Project Period:** [5/1/2026] – [10/30/2026]
- **Funding Type:** Grant

Activity 5.2b: Umbrella Hub Organization
- **Total Funding Available:** $200,000
- **Anticipated Number of Awards: Up to 5 awards**
- **Award Amount**: Depending on the number of awards and availability of funds.
- **Project Period:** [5/1/2026] – [10/30/2026]
- **Funding Type:** Grant

Activity 5.3b: Enhancing Rural Cancer-Focused Healthcare (ERCH)
- **Total Funding Available:** $330,000
- **Anticipated Number of Awards: Up to 8 awards**
- **Award Amount**: Up to $87,500 per award
- **Project Period:** [5/1/2026] – [10/30/2026]
- **Funding Type:** Grant

Activity 5.3c: Rural Pharmacy Medication Management Therapy Program
- **Total Funding Available:** $500,000
- **Anticipated Number of Awards: Up to 5 awards**
- **Award Amount**: Up to $400,000 per award
- **Project Period:** [5/1/2026] – [10/30/2026]
- **Funding Type:** Grant

Activity 5.3d: Rural Health Screening and Education
- **Total Funding Available:** $1,088,000
- **Anticipated Number of Awards: Up to 4 awards**
- **Award Amount**: Depending on the number of awards and availability of funds.
- **Project Period:** [5/1/2026] – [10/30/2026]
- **Funding Type:** Grant

Activity 5.4b: Safe Communities: Youth Violence Prevention in Rural Communities
- **Total Funding Available:** $710,000
- **Anticipated Number of Awards: 1**
- **Award Amount: $710,000**
- **Project Period:** – [5/1/2026] – [10/30/2026]
- **Funding Type:** Grant

Funding awards are subject to the availability of funds and compliance with program requirements.

4. Eligible Applicants

Eligible applicants may include:
- Rural hospitals and critical access hospitals
- Federally Qualified Health Centers (FQHCs) and rural health clinics
- Local health departments
- Nonprofit organizations serving rural communities
- Tribal health organizations
- Academic or healthcare-affiliated institutions partnering with rural entities

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 an 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.

Applicants must serve populations located in designated rural areas as defined by state or federal definition.

5. Scope of Work, Program Requirements, and Allowable Activities

Activity 5.2a: NJ Rural Southern Physical Activity and Nutrition Program (NJ R-SPAN)

This program will support evidence-based physical activity, nutrition, and obesity prevention initiatives for rural communities by leveraging partnerships and resources from various sectors (e.g., agriculture, transportation, education, healthcare, parks/recreation, business, housing, and defense/military) to address health disparities related to poor nutrition, physical inactivity, and/or obesity in Atlantic, Cumberland, Salem, Cape May counties. This project aims to address the lack of access to care, nutritious food, and safe spaces for physical activity. Objectives include the following:

- Increased access to evidence-based arthritis management & physical activity;
- Increased access to nutritious foods;
- Increased access to preventive and clinical care;
- Increased access to health screenings; and
- Increased proportion of employers offering worksite wellness initiatives.

Intervention 1 - Workforce Health & Wellness Interventions

The purpose of Intervention 1 - Workforce Health & Wellness 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 in employment-based settings. Programs should address chronic conditions such as diabetes, hypertension, and heart disease, as well as immunizations, mental health, oral health services, and other preventive services. Funding is intended to support evidence-based approaches that increase access to, not limited to, webinars, videos, newsletters, and worksheets to help participants improve their knowledge and intention to embrace healthier habits and foster healthier working environments.

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.
- Coordinating referrals.
- Nutrition, physical activity, and chronic disease prevention education.
- Mental health awareness and substance misuse prevention programs.
- 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 employees to monitor health goals.

- Deploying portable health kiosks, telehealth-enabled stations, or digital outreach tools at employment settings to provide preventive services and health education.
- Screening for non-clinical factors affecting employee well-being (e.g., food insecurity, housing instability, transportation barriers) and connecting employees to community resources or on-site support services.
- Retrofitting an existing area within the workspace to designate as a workplace wellness center
- 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 on-site at workplace settings.

Workforce Health & Wellness - 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 outreach equipment.

Intervention 2 – Nutrition Access
The purpose of Intervention 2 - Funding is to strengthen community-clinical collaborations by increasing the number of community-based organizations providing population-based primary prevention services and facilitating access to nutrition within rural local communities. The project should focus on technological approaches to improving access to preventive care and behavioral health services, with a particular emphasis on uninsured and underinsured populations experiencing food insecurity.

Note: *This funding does not support the purchase of food or beverages. 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.*

Nutrition Access -Example Initiatives
Funded initiatives may include, but are not limited to, the following:

- Provide provider-assisted health screenings & referrals for vaccinations, Medicaid enrollment, health insurance, food pantries, prescriptions, and primary care in community-based food settings.
- Reduce geographic barriers to preventive care and nutrition (i.e., mobile units, mobile application services, etc.)

- Provide consumer-facing technology solutions that link residents & patients to nutrition access (e.g., mobile application services, electronic health record referrals, etc.)
- Providing technical support for staff and residents, including troubleshooting telehealth technology and digital health platforms.
- Providing technical support for staff and residents, including nutrition education, screening education & health promotion
- Using AI to optimize workflows, predict patient needs, and enhance engagement.
- Hiring staff or assigning existing staff (e.g., IT support, workflow coordinators, administrative staff) to implement, maintain, and support solutions.
- Installing self-service health kiosks in high-traffic community sites (e.g., community corner stores, convenience stores, grocery stores, farmer's markets, community centers, pharmacies) equipped with basic diagnostic tools and digital interfaces to increase access to nutritious foods, preventive screenings, and chronic disease management resources.
- Establishing community nutrition access points in trusted locations (e.g., libraries, community centers, pharmacies) to reduce geographic barriers.
- 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 nutrition education, nutrition access & telehealth services.

Nutrition Access - Equipment and Supply Items

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

- Personal protective equipment
- Preventive Screening tools (e.g., blood pressure monitors, scales, refrigerators, etc.)
- Kiosks, tablets, or computers for registration, referrals, 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.
- 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 training
- Content creation platforms
- 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.

Nutrition Access & 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 in areas that lack access to nutritious foods.
- 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 on 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.

- Nutrition Access & 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.

Intervention 3 – Arthritis & Physical Activity

The purpose of Intervention 3 – Funding is to support evidence-based physical activity interventions in the counties of interest. Interventions will also include a specific focus on enrollment in Arthritis Appropriate Evidence-Based Interventions (AAEBI). Projects should focus on building capacity and infrastructure to sustainably and equitably disseminate AAEBIs. Projects should improve access to obesity management and physical activity by engaging with healthcare providers and health services, with a particular focus on uninsured and underinsured populations.

- Arthritis & Physical Activity - Example Initiatives
  Funded projects may include, but are not limited to, the following:
  - Participating in presentations, workshops, or other training sessions led by local cultural leaders, subject matter experts in selected AAEBI.
  - Increasing accessibility of AAEBI and physical activity in rural counties
  - Promotion of available AAEBI and physical activity interventions in rural counties and the larger New Jersey population
  - 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.
  - Strategize to embed AAEBI supports and physical activity interventions into organizational operations
  - Incorporating evaluation components to assess the AAEBI & physical activity 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.

Arthritis & Physical Activity - 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 training
- Content creation platforms

Activity 5.2b: Umbrella Hub Organization
The purpose of Activity 5.2b is to reduce barriers and increase reimbursement for education on diabetes, cardiovascular, and other chronic diseases covered by public and private insurers.

Objective 1.1: Increase reimbursement for chronic disease education programs in rural communities.
Objective 1.2: Increase participation in chronic disease education programs in rural communities.
Objective 1.3: Increase provider referrals to chronic disease education programs.

Potential Activities:

- Develop an Umbrella Hub Organization consistence with the requirements outlined by the Centers for Disease Control and Prevention for Diabetes Self-Management Education and Support Diabetes Self-Management Education and Support (DSMES) Toolkit | Diabetes Self-Management Education and Support (DSMES) Toolkit | CDC and/or National Diabetes Prevention Program (NDPP) Umbrella Hub Arrangements - National DPP Coverage Toolkit
- Expanding or creating education programs reimbursed by Medicare, such as DSMES, NDPP, and Chronic Disease Self-Management Program (CDSMP).
- Partnering with a state Umbrella Hub Organization to expand the number of Medicare reimbursed education programs in locations that are accessible to rural residents.
- Modifying curriculum and education materials to meet the needs of rural residents.
- Updating Electronic Health Records to identify, track, and refer patients to chronic disease education programs through a closed-loop system.
- Updating Electronic Health Records to screen, track, and refer patients to social services through a closed-loop system.
- Partnering and educating medical providers on the availability of chronic disease education programs, participant eligibility, and provider referrals.
- Partner with community-based organizations to deliver Medicare-reimbursed education programs.
- Offering training to Health Educators to deliver Medicare reimbursed education programs or enhance their skills.

- 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.

Umbrella Hub Arrangement- 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).
- 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 5.3b: Enhancing Rural Cancer Healthcare
Program Goals: The Enhancing Rural Cancer Healthcare program aims to implement sustainable policy, systems, and environmental change approaches across the rural areas of 8 Regional Chronic Disease Coalitions to reduce the burden of cancer and other chronic and reproductive diseases. There will also be a focus on supporting/providing cancer survivorship care to residents of rural areas. Residents of the rural areas served by this project will receive culturally specific cancer education, outreach, referrals to appropriate screening services, and survivorship care services. These project efforts may reduce cancer incidence and mortality in rural New Jersey.

Objective 1.1: Reduce cancer mortality and morbidity in New Jersey rural communities.

Objective 1.2: Establish PSE change strategies to improve the health and well-being of New Jersey rural communities with relation to cancer primary prevention, early detection, and survivorship.

Objective 1.3: Increased education, outreach, and screening within rural communities related to various cancer, chronic, and reproductive diseases.

Potential Program Activities:

- Develop a plan for sharing rural community/area cancer burden data with decision-makers for policy agenda setting, stakeholders, and New Jersey residents to garner support and public awareness for policy, system, and environmental change that is centered around the priorities of the Comprehensive Cancer Control Plan.

- Utilize data sources to provide cancer prevention education, outreach, and awareness activities and implement evidence-based strategies that promote cancer screening designed to meet the specific needs of the rural community, which includes groups that have been economically/socially marginalized and groups who are traditionally underserved and often disparately impacted by cancer and other chronic diseases.
- Review policies that need to be reassessed, amended, and changed. This review of policies will reduce the impact of social determinants of health barriers to prevention, screening, survivorship, health, and wellness.
- Conduct evidence-based Cancer Thriving and Surviving Workshops specifically for cancer survivors and their caregivers within rural communities. The CTS workshop may be offered either virtually or in person.
- Partner with a local faith-based or community-based organization to host a Women's Health Awareness program. The program will focus on women ages 40 to 74. Awareness program topics will include breast, cervical, and colorectal cancers. Program sustainability and Screening Ambassador recruitment are essential aspects of this program.
- Increase access to clinical trials in rural communities by collaborating with program partners to implement a policy or systems change, which will educate decision makers as well as cancer survivors about the clinical trial enrollment opportunities available within their region.

Funds will support:

- Program Staff,
- Training and curriculum materials,
- Program evaluation,
- Educational materials and printed handouts,
- Equipment necessary to perform the functions of the program,
- In-state travel to meetings and conferences,
- Administrative and indirect costs, which should not exceed 10% of the total funding.

Activity 5.3c: Rural Pharmacy Medication Management Therapy Program
Program Goals and Objectives

The purpose of Activity 5.3c- Rural Pharmacy Medication Management Therapy Program is to improve health outcomes in rural communities through Medication Therapy Management (MTM), tobacco cessation services, and chronic disease prevention and management that are not covered by medical insurance. This program aims to address medication adherence/polypharmacy and tobacco use for people with or at risk for chronic conditions, delay 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, heart disease, and hyperlipidemia, in addition to addressing related risk factors such as tobacco product use. Funding is intended to support community-based approaches that increase access to disease management tools and services, strengthen patient engagement, and foster healthier communities.

Goal 1: Reduce risk factors associated with chronic disease and tobacco use through pharmacy services.

- **Objective 1.1:** Develop training for pharmacists, federally qualified health centers (FQHCs), and rural health clinics on best practices for chronic disease prevention and management, such as medication management therapy and tobacco cessation counseling.
- **Objective 1.2:** Increase access to evidence-based MTM and tobacco cessation services for uninsured and underinsured individuals in rural communities through pharmacy-led and community-based service delivery models.
- **Objective 1.3:** Increase the number of pharmacists, pharmacies, FQHCs, and health clinics within rural areas that implement medication therapy management (MTM) and tobacco cessation services.
- **Objective 1.4:** Implement telehealth and virtual service delivery models to expand reach and reduce access barriers in rural communities.

Potential program activities may include, but are not limited to:

- Establish partnerships to provide technical assistance to pharmacies, FQHCs, and/or rural health clinics on medication management therapy (MTM), tobacco cessation counseling, and chronic disease prevention and management.
- Integrate pharmacy cessation services and Medication Management Therapy (MTM) to enhance coordination and sustainability, prioritizing populations with higher tobacco-use prevalence, limited cessation service access, and overlapping comorbidities (e.g., COPD, cardiovascular disease, diabetes).
- Increase access to evidence-based MTM therapy and tobacco cessation services in rural communities through pharmacy-led interventions.
- Establish a training program for pharmacists/organizations to deliver MTM and tobacco cessation services in person and virtually to designated rural populations.
- Create and implement a standardized workflow for each participating pharmacy.

Funds will support:

- Program staff and facilitators
- Medical devices such as:
    - Screening and diagnostic tools (e.g., blood pressure cuffs, glucose meters, cholesterol kits, weight scales, wearable biometric devices).

    - Tobacco cessation-related supplies and medication, such as nicotine replacement therapy (NRT).
    - Computers, tablets, or software for patient tracking, scheduling, education, and follow-up.
    - Portable health kiosks, telehealth-enabled stations, or community outreach equipment.
- Training and curriculum materials
- Educational materials and printed handouts related to chronic diseases such as heart disease, diabetes, tobacco, and nicotine addiction.
- Evaluation and data collection
- Travel and outreach for rural service delivery
- Administrative and indirect costs (10% cap)

Activity 5.3d: Rural Health Screening and Education:
The Rural Health Screening and Education program will increase access to chronic disease screening and education for rural residents and expand awareness of chronic disease risk factors and their health impacts. The Rural Health Screening and Education Program aims to improve chronic disease outcomes among rural residents by providing walk-in and scheduled screenings, transportation, insurance enrollment, SDOH referrals, follow-up care coordination, and enrollment in evidence-based education programs to manage chronic conditions.

Goal: Enhance and expand early detection, prevention, and management of chronic diseases through coordinated screening and education initiatives encouraging proactive engagement in preventive care, healthier behaviors, and improvement in long-term health outcomes among residents.

Objective 1.1: Increase access to chronic disease screening for residents.

Objective 1.2: Increase access to evidence-based educational programs supporting chronic disease self-management among residents.

Objective 1.3: Strengthen care coordination for residents with chronic conditions by implementing centralized tracking, monitoring, and case management to ensure timely follow-up, referral completion, and improved chronic disease management.

Potential program activities may include, but are not limited to:

- Conducting chronic disease screenings to identify risk factors and indicators of undiagnosed chronic conditions in rural communities.

- Integrating digital tools with multidirectional referral/feedback capabilities to track and monitor screening results and provide referrals to primary care, specialty care, or community resources.
- Delivering evidence-based education programs to referred residents, including Diabetes Prevention Program (DPP), Diabetes Self-Management Education (DSME), Chronic Disease Self-Management Program (CDSMP), High Blood Pressure Education Series, Asthma/COPD Education Workshops, Nutrition & Weight Management Classes, Smoking Cessation Programs, Cancer Prevention and Wellness Classes, and/or other approved Evidence Based Education Programs to referred residents.
- Deploying telehealth or other home health services to increase access to care for residents with chronic conditions.
- Training community organizations, FQHCs, local health departments, and other health systems on how to safely and adequately conduct chronic disease screenings to identify risk factors and indicators of undiagnosed chronic conditions.
- Training community organizations, FQHCs, local health departments, and other health systems to implement evidence-based educational programs for chronic disease self-management.
- 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.
- 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.

Funds will support:

- Program staff and educators
- Medical devices, including blood pressure monitors, blood glucose meters, A1C devices, cholesterol testing devices, digital scales, and BMI calculation tools.
- Computers, tablets, or software for patient tracking, scheduling, education, and follow-up.
- Portable health kiosks, telehealth-enabled stations, or community outreach equipment.
- Screening and diagnostic tools (e.g., blood pressure cuffs, glucose meters, cholesterol kits, weight scales, wearable biometric devices).
- Travel, including conferences, in-person meetings, and workshops
- Administrative and indirect costs (10% cap)

Funded projects must focus on rural health transformation efforts that may include:

• Expansion or enhancement of primary care or behavioral health services
• Telehealth and digital health innovations
• Community health worker or care coordination models

• Integration of physical, behavioral, and social services
• Data-driven approaches to improve health outcomes

Activity 5.4b: Safe Communities: Youth Violence Prevention in Rural Communities
Program Goals and Objectives

Goal 1: Reduce risk factors associated with youth violence in rural communities

- **Objective 1.1:** Provide violence prevention and conflict-resolution education to at least [number] youth annually.
- **Objective 1.2:** Increase participants' knowledge of nonviolent coping strategies by at least [percentage], as measured by pre- and post-surveys.

Goal 2: Strengthen protective factors through positive youth development

- **Objective 2.1:** Match youth with trained adult or near-peer mentors.
- **Objective 2.2:** Improve school engagement and attendance among participants.

Goal 3: Enhance family and community capacity to prevent youth violence

- **Objective 3.1:** Conduct family workshops focused on communication, trauma awareness, and youth support.
- **Objective 3.2:** Establish or strengthen a local violence prevention coalition in each target community.

Program Description

This program will implement a multi-component, community-based approach:

1. Youth Education and Skill-Building

- Evidence-informed curricula focused on conflict resolution, emotional regulation, peer mediation, and decision-making
- Trauma-informed and culturally responsive instruction
- Delivered in schools, community centers, and mobile outreach settings

2. Mentoring and Positive Adult Relationships

- One-on-one and group mentoring models adapted for rural settings
- Focus on building trust, resilience, and future orientation
- Regular mentor supervision and training

3. Family Engagement

- Parent and caregiver workshops addressing trauma, substance misuse, and youth development
- Resources to strengthen family communication and stability
- Flexible scheduling and virtual options to address transportation barriers

4. Community Outreach and Collaboration

- Partnerships with schools, faith-based organizations, law enforcement, and health providers
- Youth-led community service and leadership activities
- Local awareness campaigns promoting nonviolence and help-seeking

Funds will support:

- Program staff and facilitators
- Training and curriculum materials
- Mentoring program operations
- Evaluation and data collection
- Travel and outreach for rural service delivery
- Administrative and indirect costs (10% cap)

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

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 in accordance with the NJDOH timelines.

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

**Applicants should plan to submit quarterly Progress Reports following the above estimated schedule, which NJDOH may adjust 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 payment delays 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 5.2a, 5.2b, 5.3b, 5.3c, 5.3d, 5.4b). The extension is valid only upon written approval from NJDOH.

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

Note: *For projects that utilize the whole 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, helping clear records ensures 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 5.2a, 5.2b, 5.3b, 5.3c, 5.3d, 5.4b).

- 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 when funding is awarded 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-wise, is prohibited. Any identified overlap must be resolved with the NJDOH in collaboration with the applicant's Project Coordinator before award.

Applicants must upload a detailed report addressing programmatic, budgetary, and commitment overlap, as well as 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.

---

6. Application Components

Applicants must submit a complete application package that includes:

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: April 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 & OBJECTIVES

- 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 served. 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.

7. Evaluation and Selection Process

Applications will be reviewed and scored using the following criteria:

- Alignment with the goals of the Rural Health Transformation Grant
- Demonstrated need and potential impact
- Feasibility and clarity of the proposed approach
- Strength of partnerships and community engagement
- Organizational capacity and experience
- Budget appropriateness and cost-effectiveness

Applications will be evaluated on the information submitted through the electronic grants system, including the required project and budget submission form (see Appendix F for details regarding Activity 5.2A, Activity 5.2B, Activity 5.3B, Activity 5.3C, Activity 5.3D, or Activity 5.4B). 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: Improving Chronic Disease Outcomes in Rural New Jersey.

A successful application includes the following criteria. This is not an exhaustive list, and applicants are encouraged to include all pertinent information that would support program objectives.

Assessment of Need and Organizational Capacity Total Point Value = 15
• Describe the need(s) to be addressed through this pilot program, with supporting up-to-date data and facts on the proposed population served and service area. Data sources should be referenced. • Define the organization's mission, purpose, and current population served. • Describe current organizational capabilities, specific program experience, 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.
Project Design, Objective(s) of Project Total Point Value = 25
• Describe the importance of the project and how it is supported by known facts and current quantitative or qualitative data. • Identify gaps in existing research or surveillance data. • Describe the project's target population and service area, including demographics, geographic location, needs, or other specific characteristics. • Describe how the organization demonstrates the qualifications and capacities needed to implement the project. Include any previous experience in implementation of proposed activities. • Describe the project timeline, 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. • Describe how the project goals and objectives are 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. • Share goals and objectives that adhere to SMARTIE (Specific, Measurable, Achievable, Relevant, Time-Limited, Inclusive and Equitable) goal principles. • Describe how 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. • Describe how collaborations with potential partners or stakeholders and how the proposed collaboration will benefit the overall project is described. • Describe potential project risks and challenges that could negatively impact the project progress are identified. Include mitigation strategies plans and strategies for potential problems are described. • Ensure all requirements and criteria for the grant program are addressed and grant application sections are completed.
Methods and Evaluation Total Point Value = 30

• Include the project methods, strategies, timeline, and approaches to achieving project objectives. • Provide a program timeline for the scope of work with key performance indicators, milestones, or deadlines, and the person responsible for each activity. • Provide detailed reasoning for chosen project methods, strategies, and approaches is described and supported by research, evidence-based interventions, or promising practices. • Detailed project methods, and who will perform specific activities. • Describe how the project methods are reasonable and achievable given the applicant/organization's resources and the project's time frame and budget. • Ensure the project evaluation plan/strategy is developed and describe 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. • Describe the project evaluation plan/strategy, including progress monitoring and improvement, and modification plans to adapt to project risks or challenges. • If the project involves collaborations with other organizations or institutions, describe the collaboration and how it will be measured to enhance the project.
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 • The budget does not include any unallowable costs.
RHT Grant Program Key Principles Total Point Value = 10
• The applicant 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 applicant 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.

8. Reporting and Accountability

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: Improving Chronic Disease Outcomes*** 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: Improving Chronic Disease Outcomes*** in Rural New Jersey.
    - This individual will lead the coordination and implementation of program activities, ensure progress toward project goals, and provide required program updates to the NJDOH Office of Community Health and Wellness.
    - 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 promptly - 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 requests 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, deliverables, and requirements specified in 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

Awardees will be required to:

• Submit periodic progress and financial reports
• Participate in program monitoring and evaluation activities
• Comply with all grant terms and conditions

- **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 to enhance the project.
- Describe when and how the project will be monitored, assessed, and evaluated to ensure outcomes are being achieved.

Failure to meet reporting requirements may result in corrective action or termination of funding.

---

9. Submission Instructions

Applications must be submitted no later than March 20, 2026, via:
• **https://dohsage.intelligrants.com/**

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 SAGE account, one 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 is available 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 in the grant application should be completed according to 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 the 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.

---

10. Key Dates

• RFA Release Date: March 16th, 2026
• Information Session: March 23th, 2026 1:00pm-3:00PM Improving Chronic Disease Outcomes **Microsoft Teams meeting**

Join: https://teams.microsoft.com/meet/2166450438818?p=R0CT9B0e6aLXIME6od

Meeting ID: 216 645 043 881 8

Passcode: Ri9Ms6rE

Need help? | System reference

Dial in by phone

+1 856-338-7074,,12063416# United States, Camden

Find a local number

Phone conference ID: 120 634 16#

For organizers: Meeting options | Reset dial-in PIN

- Application Due Date: April 10thth, 2026
- Award Notification: April 30th, 2026
- Project Start Date: May 1st, 2026

Appendices: A-D

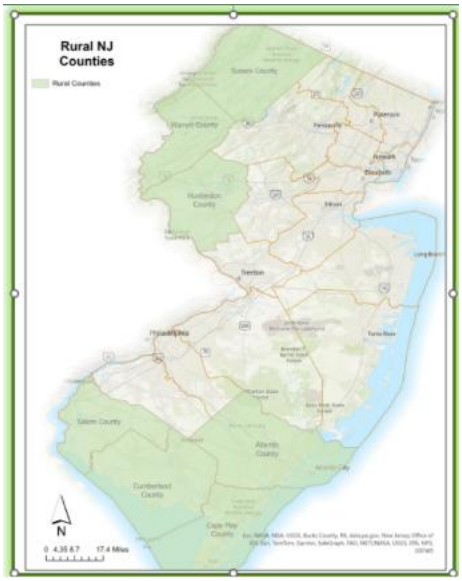
APPENDIX A - Rural New Jersey: Federal Definition

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: Improving Chronic Disease Outcomes 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 SAGE account, one must 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 SAGE application until all documents are received and all procedures are completed.

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 the 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
- 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

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.

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: April 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 & OBJECTIVES

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 served. 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 to enhance the project.
- Describe when and how the project will be monitored, assessed, 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 permissible.*

- 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 the employee will perform work 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 the education/degree, years of experience, license/certifications, etc., required for the position.

Note: Funds may not be used for clinician salaries. Funds also may not be used for clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations. This applies only to salaries and wages funded by the cooperative agreement award through an approved initiative described in the approved application.

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 - Alterations 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 before 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 the 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) before their execution, except for auditing. The basis for the 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 in the RFA.

- Cost Category - Subaward
  - Subaward agreements must be reviewed and approved by the New Jersey Department of Health (NJDOH) before their execution, except for auditing. The basis for the 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 in the RFA.

- Cost Category - Supplies
  - All tangible personal property other than "equipment" that directly supports or benefits 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 to 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 the 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.

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.
- Providing services to undocumented individuals.
- 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.*

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 Appendix F to support the application.

Note: *Applicants may apply to one or more activities (Activity 5.2a, 5.2b, 5.3b, 5.3c, 5.3d, 5.4b). 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*

- Upload and submit a signed certification confirming that grant funds will not be used to supplant existing funding from any source. See the 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 F - Project and Budget Submission Form

Rural Health Transformation Program 2026:
Improving Chronic Disease Outcomes
Activity #:

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.

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.

11. Contact Information

For questions regarding this RFA, contact:

Carolyn Thompson, MA
Executive Director
Division of Health Promotion – Community Health & Wellness Unit
Email: Carolyn.thompson@doh.nj.gov