VIRGINIA
RURAL HEALTH TRANSFORMATION

NORTHERN SHENANDOAH VALLEY REGIONAL COMMISSION

REQUEST FOR APPLICATIONS

Virginia Rural Health Transformation Program
Mobile and Hybrid Care

Issuing Organization:	Northern Shenandoah Valley Regional Commission
Program Name:	Mobile & Hybrid Care
CFDA / Assistance Listing:	93.798 - Rural Health Transformation Program
Federal Award Identification Number	RHTCMS332088
Federal Award Date:	December 29, 2025
Awarding Agency:	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), Office of Acquisitions and Grants Management
Statutory Authority:	Section 71401 of Public Law 119-21
Primary Recipient:	Virginia Department of Medical Assistance Services (DMAS); 600 E Broad St, Suite 1300, Richmond, VA 23219-1856
RFA Reference Number:	RFA-RHTP-2026-02
Initiative:	Connected to Care, Closer to Home
Sub-initiative:	Mobile & Hybrid Care
RFA Issue Date:	August 27, 2026
RFA Due Date:	5:00 PM Eastern on September 18, 2026
Written Questions Due	5:00 PM Eastern on September 18, 2026
Responses to Questions Posted	September 8, 2026
Anticipated Notice of Awards	September 30, 2026
Submission Method:	PDF via email to bdavis@nsvregion.org by 5:00 PM Eastern on September 18, 2026

File Format & Naming Convention Requirements	N/A
Subaward Period of Performance:	TBD – September 30, 2027
Estimated Awards:	At least five (5); NSVRC may make additional awards based on application quality and available funding
Funding Availability	Approximately $4,217,563
Geographic Scope:	Eligible applicants must be physically located in, or provide direct services to, rural Virginia communities as defined under Virginia's RHTP. The Program's baseline definition of rurality is based on the federally required Federal Office of Rural Health Policy (FORHP) definition. Over the course of the Program, Virginia may build upon the FORHP baseline definition to better reflect the Commonwealth's unique rural landscape and the needs of rural communities. Applicants should refer to the RHTP website for the most up-to-date rural definition and eligibility requirements. The current list of FORHP-designated localities is available in Appendix E. For this program within the Mobile & Hybrid care sub-initiative, applicants must target impact on residents within the NSVRC PDC territory (Clarke, Frederick, Warren, Shenandoah, Page Counties and the City of Winchester) subject to the Federal Office of Rural Health Policy (FORHP) definition of rurality.
Brandon Davis	bdavis@nsvregion.org Northern Shenandoah Valley Regional Commission 1729 N Shenandoah Ave, Floor 2 Front Royal, VA 22630
Agency Program Contact:	Isabelle Drayer (isabelle.drayer@dmas.virginia.gov) Joel Reagan (joel.reagan@dmas.virginia.gov)

Application Questions

All questions concerning this RFA must be submitted in writing to Brandon Davis at bdavis@nsvregion.org by the deadline shown above. To promote a fair and consistent competitive process, applicants should not rely on oral interpretations or informal guidance regarding the RFA. NSVRC will post or otherwise distribute written responses to material questions and may issue written addenda or clarifications as necessary.

Applicants are responsible for reviewing all issued addenda and clarifications before submitting an application.

Application Submission

Applications must be received electronically by email at bdavis@nsvregion.org in PDF format by 5:00 PM on September 18, 2026. Applications received after the stated deadline may be deemed non-responsive. Applicants are responsible for ensuring that the complete application is successfully transmitted and received.

A complete application must include the Application Cover Sheet, and all components and attachments required by the ensuing pages of this RFA.

RFA Approval and Award Notice

NSVRC will notify applicants of award decisions in writing, by email at the address provided in the submission. Selection for funding is contingent upon completion of required pre-award reviews and execution of a subaward agreement. NSVRC anticipates an October 1, 2026, project start; however, the actual effective date will be established in the executed subaward agreement, and no project costs may be incurred before that effective date.

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This project is 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 $189,544,888.14 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.

DMAS and NSVRC reserve the right to amend or cancel this RFA on any date and at any time, if they deem it to be necessary, appropriate, or otherwise in the best interests of the Commonwealth of Virginia.

PART I: PROGRAM BACKGROUND AND CONTEXT

1.1 Rural Health Transformation Program

Virginia is home to more than 1.5 million rural residents spanning the Northern Piedmont, Shenandoah Valley, Roanoke/Alleghany, Southwest, Southside, and the Eastern Shore and Northern Neck regions. Rural communities face persistent access barriers, high chronic disease burden, healthcare workforce shortages, behavioral health gaps, maternal health disparities, and financially fragile rural hospitals and clinics.

Virginia's Rural Health Transformation Program (RHTP) application was developed through statewide engagement with rural providers, community organizations, health systems, federally recognized Tribes, and state agencies. RHTP was established under Section 71401 of Public Law 119-21 and is administered by the Centers for Medicare and Medicaid Services (CMS). RHTP provides funding over five budget periods (Federal Fiscal Years 2026–2030) to States for investments that structurally transform health care delivery in rural communities.

CMS awarded the Commonwealth of Virginia a Cooperative Agreement designating the Virginia Department of Medical Assistance Services ("DMAS") as the primary recipient. DMAS administers RHTP funds and issues subrecipient awards to qualified organizations to implement approved program sub-initiatives. Future funding opportunities will be contingent upon continued federal appropriations and the Commonwealth's participation in the Rural Health Transformation Program. **Applicants are strongly encouraged to submit proposals that can be successfully implemented during the current performance period while establishing a foundation for future enhancements or expansions.** The Rural Health Transformation Program (RHTP) was established under Section 71401 of Public Law 119-21 and is administered by the Centers for Medicare & Medicaid Services (CMS). The Virginia Department of Medical Assistance Services (DMAS) serves as the Commonwealth's primary recipient and administers RHTP funding in Virginia.

1.2 Mobile & Hybrid Care Sub-Initiative

Northern Shenandoah Valley Regional Commission is a subrecipient of DMAS and will implement a portion of the Mobile & Hybrid care sub-initiative, one of three sub-initiatives under the Connected to Care, Closer to Home key initiative. The sub-initiative is intended to expand access to primary, preventive, specialty, and diagnostic care by bringing healthcare services closer to where rural Virginians live and work.

Through this RFA, NSVRC will competitively award funding to eligible organizations to develop and deploy mobile and hybrid care models that serve eligible rural residents within NSVRC's service area that qualifies as an eligible area under the FORHP definition of rural. Eligible approaches may include, but are not limited to, mobile care units, telehealth kiosks, clinics in a box, electronic consultations, development of rural care centers to operate as "hubs" in hub-and-spoke models, and technology enablers for hub-and-spoke models, like provider-to-provider e-consults for specialty care. Services may include, but are not limited to, primary care, behavioral health and substance use disorder services, dental care, vision care, screenings, diagnostics, preventive care, and specialty care.

This RFA solicits applications for projects that establish, expand, or deploy sustainable mobile and hybrid care models that improve healthcare access for eligible rural residents within NSVRC's RHTP service

area. The eligible localities within NSVRC's service areas include Clarke County, Warren County, Shenandoah County, and Page County. Eligible applicants may be in a qualifying rural area or may demonstrate that the proposed project will target and directly benefit eligible rural residents. The physical location of an applicant's headquarters, healthcare facility, administrative office, or project partner does not, by itself, determine eligibility.

Applicants may propose projects serving one or more eligible rural communities or populations and should demonstrate how the proposed model addresses an identified rural healthcare access need and complements, rather than unnecessarily duplicates, existing services.

1.3 Program Objectives

Objective	Description	Primary CMS Strategic Goal Alignment
Expand Rural Access to Care	Increase access to appropriate healthcare services for eligible rural residents through mobile or hybrid delivery models.	Sustainable Access
Deploy Mobile and Hybrid Care Infrastructure	Establish or expand infrastructure, equipment, technology, and other startup components necessary to deliver care closer to rural residents.	Sustainable Access
Strengthen Connections Across the Rural Care Continuum	Use technology-enabled and collaborative approaches to connect rural patients and local providers with appropriate facilities, specialists, and services.	Sustainable Access
Establish Sustainable Models of Care	Develop models capable of continuing beyond the initial RHTP investment through sustainable operations, partnerships, reimbursement strategies, or other funding sources.	Sustainable Access

1.4 Eligibility

To be eligible for an award under this RFA, applicants must meet all the following requirements.

- Be a legally organized entity in good standing and capable of receiving and administering a federal subaward. Eligible entities may include nonprofit organizations, governmental entities, health systems, Federally Qualified Health Centers, Rural Health Clinics, educational institutions, healthcare providers, community-based organizations, mobile health technology organizations, and other entities capable of carrying out the purposes of this RFA.
- Hold an active SAM.gov registration with a current Unique Entity Identifier (UEI) and have no active exclusions, debarments, or suspensions.
- Demonstrate sufficient organizational, administrative, financial, and cash-flow capacity to manage a federal reimbursement-based award in accordance with 2 CFR Part 200 and applicable RHTP requirements.
- Operate in a rural area as defined by the Federal Office of Rural Health Policy (FORHP) or demonstrate that the proposed project will directly serve or target eligible rural residents within NSVRC's RHTP service area as defined by FORHP.
- Demonstrate the ability to collect and report required programmatic, financial, and performance information.

- If proposing direct clinical services, hold all applicable licenses, certifications, accreditations, and credentials necessary to provide those services or have a formal partnership with an appropriately licensed and credentialed healthcare provider that will deliver the clinical services.

1.5 Available Funding and Award Structure

NSVRC anticipates making approximately $4,217,563 available through this RFA for competitive subawards supporting Mobile and Hybrid Care Implementation. NSVRC anticipates making at least five awards. There is no established maximum award amount per application. Applicants should request only the amount necessary to implement the proposed project in Year 1, during which allotted funds must be spent by September 30, 2027. Applicants must provide a detailed budget and justification demonstrating that requested costs are reasonable, necessary, allowable, and directly related to the proposed scope.

NSVRC may award an amount different from the amount requested, negotiate modifications to an applicant's proposed scope or budget, make partial awards, make more than five awards, or decline to make an award based on application quality, program priorities, available funding, and the overall portfolio of projects selected.

Funding may support allowable startup and implementation costs, including equipment, vehicles for mobile units, screening and basic diagnostic equipment, initial time-limited personnel, data infrastructure, minor renovations, technical assistance, clinical training, and other allowable startup costs directly supporting the approved project.

NSVRC anticipates that there will be minimal funding availability for direct administrative costs and no availability for indirect costs. Applicants should attempt to minimize administrative expenses in their application budget proposal to align to RHTP program requirements.

Awards will be administered on a reimbursement basis. No advance payments will be made. Applicants must have sufficient financial capacity to carry project expenditures pending reimbursement.

Funding from this program cannot supplant any other funding source. Anything covered by Medicaid, Medicare, or third-party payers is considered out of scope for funding projects under this program. This initiative operates on a cost-reimbursable basis.

PART II: REQUIRED SCOPE OF WORK

2.1 Scope of Work Overview

Subrecipients funded through this RFA will develop and implement mobile or hybrid care models that expand access to healthcare services for eligible rural residents within NSVRC's RHTP service area. NSVRC recognizes that healthcare needs, existing resources, and appropriate delivery models vary across the region. Accordingly, this RFA does not prescribe a single service type, technology, or care-delivery model. Applicants should propose a combination of services, infrastructure, technology, partnerships, and implementation of activities that best address the demonstrated need and are consistent with RHTP requirements.

2.2 Required Activities and Deliverables

2.2A Identification of Rural Healthcare Need

Applicants must identify the healthcare access need or gap the proposed project is intended to address and describe the eligible rural population and geographic area to be served. Applicants should use available data, organizational experience, community input, existing plans or assessments, or other appropriate information to demonstrate need. Applicants must explain how the project will target eligible rural residents under the Federal Office of Rural Health Policy (FORHP) definition and how the population served will be documented and reported.

Applicants should provide a project summary that includes the following: Project title; applicant organization; primary contact; amount requested; proposed project period; type of mobile/hybrid model; services supported; eligible rural population and area expected to be served; and estimated rural residents served.

2.2B Mobile or Hybrid Care Implementation

Applicants must propose and implement a mobile or hybrid care model responsive to the identified rural healthcare needs. Eligible approaches may include but are not limited to mobile care units or mobile clinical services; telehealth access points and kiosks; clinics in a box; electronic consultations; rural care hubs; hub-and-spoke models; screening and diagnostic services; supporting technology or data infrastructure; and other innovative mobile, hybrid, technology-enabled, or community-based approaches consistent with this RFA.

2.2C Implementation, Service Delivery, and Performance Measurement

Applicants must provide a feasible implementation approach identifying major activities, projected timelines, anticipated milestones, populations and geographic areas to be served, and expected outcomes. Awardees must collect and report information necessary for NSVRC to meet RHTP requirements, including the incremental number of eligible rural residents served and other applicable project-specific measures.

2.2D Sustainability

Applicants must describe how the proposed mobile or hybrid care model may be sustained beyond the initial RHTP investment. Sustainability may include reimbursement for clinical services, integration into existing operations, partnerships, other public or private funding, shared-service arrangements, value-based payment approaches, or other strategies appropriate to the project.

2.3 Partnerships and Coordination

No specific partnership structure is required except where a partnership is necessary to provide appropriately licensed or credentialed clinical services. Applicants are encouraged to collaborate where collaboration would improve access, expand reach, connect patients to appropriate services, reduce duplication, or strengthen sustainability. Where a project materially relies on a partner, the applicant must identify the partner, its role, and the status of the partnership. NSVRC may require additional documentation prior to award.

2.4 Service Area and Rural Population Eligibility

RHTP rural eligibility is based on the Federal Office of Rural Health Policy (FORHP) definition. The eligible localities within NSVRC's service area include: Clarke County, Warren County, Shenandoah County, and Page County. Eligible applicants may be located in a qualifying rural area or may demonstrate that the proposed project will target and directly benefit eligible rural residents. The physical location of an applicant's headquarters, healthcare facility, administrative office, or project partner does not, by itself, determine eligibility.

Applicants are not required to serve the entire NSVRC service area. Projects may serve one or more eligible rural communities or populations based on demonstrated need and the proposed care-delivery model. Broader geographic coverage will not, by itself, receive preference over a more targeted project that demonstrates significant rural healthcare need and strong potential impact.

PART III: REQUIRED PERFORMANCE METRICS, MILESTONES, AND REPORTING

3.1 Required Metrics

At a minimum, funded projects must collect and report data sufficient for NSVRC to measure the incremental number of eligible rural residents served by mobile and hybrid care programs. Applicants must provide an estimated total number of residents expected to be served during the grant period and describe the methodology used to develop that estimate. Final performance targets will be established in the executed subaward.

Depending on the project, NSVRC may establish additional project-specific measures, such as:

- Number and type of healthcare encounters, screenings, diagnostic services, consultations, or other services provided.
- Number and location of mobile, telehealth, kiosk, hub, or other service-delivery sites established or deployed.

- Number of rural communities or service locations reached.
- Utilization of funded equipment or technology.
- Number of providers or clinical staff trained.
- Referrals or connections to specialty or higher-level care.
- Other measures appropriate to the project and necessary to demonstrate expanded access to care.

3.2 RHTP Program-Level Metrics

DMAS is tracking RHTP program-level metrics, including rate of annual wellness visits, throughout the award period. Subrecipients must cooperate with NSVRC and DMAS in the collection of information necessary to evaluate applicable RHTP program-level performance measures. This will involve reporting the localities served by the proposed program. Subrecipients will not be required to independently calculate measures derived from statewide administrative or claims data.

3.3 Required Implementation Milestones

Applicants must submit an implementation work plan identifying major activities, responsible parties, anticipated completion dates, and key milestones. The work plan should address, as applicable, project initiation; procurement and infrastructure development; service deployment; performance and reporting; and sustainability/transition. Projects involving infrastructure, equipment, technology, mobile units, kiosks, or similar startup investments must provide an implementation schedule supporting initial deployment no later than FFY 2027 Q3, unless otherwise approved by NSVRC and DMAS.

3.4 Reporting Requirements

Subrecipients must submit complete, accurate, and timely programmatic and financial reports in the form and cadence required by NSVRC. Subrecipients must maintain documentation sufficient to support reported activities, expenditures, outputs, milestones, and performance results. Subrecipients must cooperate with monitoring, audit, and oversight activities and must provide access to records of personnel, systems, and facilities upon request by NSVRC, DMAS, CMS, HHS, auditors, or other authorized officials.

3.3 Remedies for Noncompliance

NSVRC may take one or more of the following actions in instance of noncompliance with the U.S. Constitution, Federal statutes, regulations, or terms and conditions of the Federal award.

Remedies for noncompliance with federal rules and program requirements may include:

- (a) Temporarily withhold payments until the recipient or subrecipient takes corrective action.
- (b) Disallow costs for all or part of the activity associated with the noncompliance of the recipient or subrecipient.
- (c) Suspend or terminate the Federal award in part or in its entirety.
- (d) Initiate suspension or debarment proceedings as authorized in 2 CFR part 180 and the Federal agency's regulations, or for pass-through entities, recommend suspension or debarment proceedings be initiated by the Federal agency.
- (e) Withhold further Federal funds (new awards or continuation funding) for the project or program.
- (f) Pursue other legally available remedies.

PART IV: APPLICATION REQUIREMENTS AND SUBMISSION INSTRUCTIONS

4.1 Required Application Components

A. Project Narrative

Applicants should provide a project narrative that addresses all aforementioned requirements from section 2.

B. Budget and Budget Narrative

Applicants should provide a detailed project budget and narrative explaining why each cost is necessary, reasonable, directly related to the project, and allowable. Separately identify proposed administrative or indirect costs and other funding supporting the project

C. Implementation and Startup Activities

Applicants may request reasonable and necessary startup and implementation expenses associated with the proposed model. Applicants must explain how requested infrastructure, equipment, staffing, training, technology, renovations, and other expenditures are necessary to implement the project and contribute to expanded rural healthcare access.

4.2 Required Attachments

- Completed Application Cover Sheet
- Project Narrative
- Implementation Work Plan and Performance Measures
- Detailed Budget and Budget Narrative
- Documentation of active SAM.gov registration and UEI
- Most recent organizational audit or financial statements, as applicable
- Documentation of required clinical licensure/credentials, if applicable
- Letters of commitment from key implementation partners where the proposed project materially depends upon that partnership
- Required certifications and disclosures

4.3 Application Format

The Scope of Work may not exceed 15 pages. The page limit excludes the Application Cover Sheet, Work Plan and Performance Measures, Project Budget and Budget Narrative, required certifications, and supporting attachments. Use standard 8.5 x 11-inch pages, a minimum 11-point font, and reasonable margins.

4.4 Submission Instructions

Submit one complete electronic application in PDF format by the deadline stated on the cover page to bdavis@nsvregion.org. The application should be organized in the order shown in Section 4.2. Questions must be submitted in writing to Brandon Davis at bdavis@nsvregion.org during the published Q&A period.

PART V: REVIEW CRITERIA AND SCORING

5.1 Review Process

Applications will first be reviewed for completeness and eligibility. Complete and eligible applications will proceed to merit review by an evaluation committee. NSVRC will coordinate with DMAS regarding committee composition and will include a DMAS-designated representative as required. Reviewers must disclose actual or potential conflicts of interest and may be recused from affected applications.

Applications will be evaluated on a 100-point scale. Scores will inform award recommendations but will not require NSVRC to fund applications strictly in numerical rank order. NSVRC may consider available funding, avoidance of unnecessary duplication, complementary services or populations, demonstrated rural healthcare needs, and the overall ability of the selected portfolio to advance the initiative.

5.2 Evaluation Criteria

Review Criterion	What Reviewers Will Assess	Points
Rural Healthcare Need & Population Impact	Significance of need; supporting evidence; clarity of eligible rural population; anticipated benefit; unmet need/access barrier.	25
Project Design & Approach	Appropriateness of model; alignment with RHTP; relationship between need and solution; anticipated access improvement; technology, infrastructure, services and partnerships; transformative potential.	25

Implementation Feasibility & Organizational Capacity	Work plan and timeline; timely deployment; applicant and partner capacity; credentials; grant-management experience; performance measurement and reporting.	20
Sustainability	Credibility of strategy for maintaining successful services, infrastructure, technology, partnerships, or care models beyond initial RHTP investment.	15
Budget & Cost Effectiveness	Reasonableness and necessity of costs; relationship between funding and rural impact; alignment with scope/timeline; budget justification; cost compliance.	15
TOTAL		**100**

5.5 Award Selection and Negotiation

NSVRC may enter into discussions with one or more applicants to clarify an application, verify information, refine performance targets, adjust scope, resolve budget issues, or establish other conditions necessary for award. Selection is contingent upon required pre-award reviews, including risk evaluation, SAM.gov exclusion verification, applicable credential verification, and other reviews required by NSVRC, DMAS, or federal law. A high score does not create an entitlement to funding.

PART VI: AWARD TERMS, REPORTING, AND COMPLIANCE REQUIREMENTS

6.1 Federal Regulatory Framework

All awards under this RFA are federal subawards. Subrecipients must comply with:

- 2 CFR Part 200 and 2 CFR Part 300 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance);
- Code of Virginia and applicable Northern Shenandoah Valley Regional Commission procurement policies;
- Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.);
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794);
- Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.);
- Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. 18116);
- Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) where applicable;
- Anti-Lobbying Act and Byrd Amendment (31 U.S.C. 1352) for awards over $100,000;
- Drug-Free Workplace Act;
- SAM.gov registration and UEI requirements (2 CFR Part 25, Appendix A).

6.2 Reporting Schedule

Subrecipients will be required to submit reports to NSVRC within 7 days of the end of each reporting period, as detailed below. NSVRC may adjust the required reporting periods by providing a new reporting schedule in writing, and may provide or modify reporting forms, instructions, and submission schedules as necessary to comply with DMAS or CMS requirements. Late, incomplete, or inaccurate reports may result in withholding payments, corrective action, or termination of the award.

Report	Reporting Period(s)	Due Date(s)	Content Included

Quarterly Progress and Financial Report	• August 1 - October 30, 2026 • October 31 - January 30, 2027 • January 31 - April 30, 2027	7 days after reporting period end	• Activities completed • Expenditures by activity and budget category • Milestone progress • Eligible rural residents served • Performance metrics • Technical assistance needs or emerging compliance issues • Anticipated next-quarter activities
Annual Progress and Financial Reports	Period of performance start date through July 31, 2027	August 7, 2027	• Project progress narrative • All required metric data • Eligible rural residents served • Updated work plan • Sustainability progress • Expenditures by activity and budget category • Unliquidated obligations • Unobligated balance
Final Project Report	Total period of performance	7 days after the end of the period of performance	• Final project accomplishments and outcomes • All required metric data • Final population served • Expenditures by activity and budget category • Unliquidated obligations • Unobligated balance • Sustainability / Continuation status

NSVRC may provide or modify reporting forms, instructions, and submission schedules as necessary to comply with DMAS or CMS requirements.

6.3 Subrecipient Monitoring

NSVRC will conduct ongoing monitoring of all subrecipients to provide for compliance with statues, regulations, and award terms and conditions, and to monitor the overall performance of subrecipients to ensure that goals and objectives of the subaward are achieved.

Monitoring activities will include:

- Assessing each subrecipient's fraud risk and risk of noncompliance with the subaward to determine appropriate subrecipient monitoring activities;
- Reviewing financial and performance reports;
- Ensuring that the subrecipient takes corrective action on all significant developments that negatively affect the subaward. Significant developments include Single Audit findings related to the subaward, other audit findings, site visits, and written notifications from the subrecipient of adverse conditions which will impact their ability to meet the milestones or the objectives of a subaward;
- Issuing management decisions for audit findings pertaining to the award; and
- Resolving audit findings related to the award.

Based on a subrecipient's risk level, NSVRC may employ the following monitoring methods:

- Providing training and technical assistance on program-related matters;
- Performing site visits to review the subrecipient's program operations;

- Arranging for agreed-upon-procedures engagements as described in § 200.425; and
- Other monitoring activities as reasonable and necessary based on the subrecipient's risk level and nature of the program.

6.4 Stevens Amendment Acknowledgement Requirements

The Stevens Amendment (Section 507 of P.L. 104-208, as continued in subsequent appropriations acts) requires that any document, statement, press release, or other publication describing a project or program funded in whole or in part with RHTP funds clearly state both the dollar amount and the percentage of total program costs financed with federal money. For the purpose of Virginia Rural Health Transformation Year 1, the Stevens Amendment acknowledgement should read as follows: "*This presentation/publication is 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 $189,544,888.14 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."*

If the subaward is funded entirely with federal funds:

"This subaward [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."

If the subaward is partially funded with non-governmental sources:

"This subaward [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 [XX] percent funded by CMS/HHS and $[XX amount] and [XX] percent funded by non-government source(s). 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."

Both the dollar amount and percentage figures must be updated whenever the funding mix changes during the period of performance.

6.5 Prohibited Uses of Funds

The following expenditures are expressly prohibited and may not be charged to this award under any circumstances:

- Pre-award costs.
- Meeting matching requirements for any other federal funds or local entities.
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or tribal law, including workplace modifications or other reasonable accommodations that are a specific obligation of an employer or other party.
- Goods or services not allocable to the approved project.
- Supplanting existing state, local, tribal, or private funding of infrastructure or services, such as staff salaries.
- Construction.
- Capital expenditures for improvements to land, buildings, or equipment that materially increase their value or useful life as a direct cost except with prior written approval.
- The cost of independent research and development, including the proportionate share of indirect costs, in accordance with applicable federal requirements.
- Profit to any recipient, including a for-profit organization. Profit is any amount in excess of allowable direct and indirect costs.
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body. See also 45 CFR part 93, 2 CFR 200.450, Lobbying, and applicable Appropriations Law.
- Paying the salary or expenses of any grant recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action,

or executive order proposed or pending before the Congress or any state government, state legislature, or local legislature or legislative body.
- Lobbying, but recipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.
- Certain telecommunications and video surveillance equipment. See 2 CFR 200.216.
- Costs of promotional items and memorabilia, including models, gifts, and souvenirs.
- Costs of advertising and public relations designed solely to promote the non-Federal entity.
- Subjects and patients under study; Where specifically approved as part of the project or program activity (not recipient specific), e.g., in programs providing children's services; and As part of a per diem or subsistence allowance provided in conjunction with allowable travel.
- Meals, except in limited circumstances such as: (i) subjects and patients under study; (ii) where specifically approved as part of the project or program activity (not subrecipient-specific), e.g., children's services programs; or (iii) as part of a per diem or subsistence allowance provided in conjunction with allowable travel.

New construction is not allowable. Minor renovations to existing facilities may be allowable when necessary to support an approved mobile or hybrid care model, included in the approved project budget, and otherwise consistent with RHTP requirements.

The RHTP is subject to a statutory limitation on administrative costs. NSVRC anticipates that there will be minimal funding availability for direct administrative costs and no availability for indirect costs. Applicants should attempt to minimize administrative expenses in their application budget proposal to align to RHTP program requirements.

6.6 Record Retention and Audit Requirements

Subrecipients must retain all grant-related records (financial, programmatic, and procurement) for a minimum of five (5) years following submission of the final expenditure report, or longer if required by a federal audit or litigation to hold. If federal expenditures equal or exceed $1,000,000 in any fiscal year, subrecipients are subject to the Single Audit requirements of 2 CFR Part 200, Subpart F. NSVRC must receive copies of all Single Audit reports pertaining to the subaward.

6.7 Data Integrity and Intellectual Property

Subrecipients must protect the confidentiality of all project-related data that includes personally identifiable information (PII) or protected health information (PHI). Subrecipients must assume full responsibility for the accuracy of all data and reports submitted to NSVRC. CMS holds a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or use materials, systems, and items developed or refined under the award for federal government purposes per 2 CFR 200.315(b).

6.8 Prior-Approval Triggers

Subrecipients must obtain written prior approval from NSVRC before taking any of the following actions. Some actions may also require approval by DMAS and/or CMS. NSVRC approval does not constitute DMAS or CMS approval when higher-level approval is required. Prior-approval requests must be submitted sufficiently in advance of the proposed action with supporting documentation.

- Any change in scope, objectives, or key personnel identified in the approved application;
- Disengagement of the Project Director or Principal Investigator from the project for more than three consecutive months, or a 25% or greater reduction in level of effort;
- Any rebudgeting that cumulatively shifts more than 10% of the total approved budget across direct cost categories within a budget period;
- Carryover of unobligated balances from one budget period to the next;
- Subaward, transfer, or contracting out of any work under the federal award not previously identified in the approved application;
- Pre-award costs, which are otherwise prohibited under this RFA;
- No-cost extensions of the period of performance;
- Changes to the approved indirect cost rate or methodology;

- Acquisition of equipment with a unit cost of $10,000 or more not specifically itemized in the approved budget;
- Changes in the approved cost-sharing or matching arrangement, if any;
- Termination of the subaward by the subrecipient.

NSVRC may impose additional prior-approval requirements based on the subrecipient's risk assessment.

6.9 Reimbursement and Payment

RHTP funds awarded through this RFA will be provided on a reimbursement basis. Subrecipients must incur eligible project costs before requesting reimbursement and must submit reimbursement requests in the form, manner, and schedule established by NSVRC. No advance payments will be made.

Reimbursement requests must include appropriate supporting documentation sufficient to establish that costs are allowable, allocable, reasonable, and consistent with the approved project's scope and budget.

Subrecipients will be required to coordinate closely with NSVRC regarding the timing and submission of reimbursement requests. NSVRC will establish reimbursement submission deadlines, documentation requirements, and other administrative procedures necessary to coordinate requests with the DMAS reimbursement process and ensure compliance with applicable cash-management and prompt-payment requirements. Subrecipients must adhere to the reimbursement schedule and procedures established by NSVRC and must promptly provide any additional information or documentation necessary to process a reimbursement request.

The Cash Management Improvement Act stipulates that funds are drawn only to meet immediate financial needs. For RHTP, CMS requires that recipients and subrecipients hold funds for no more than three (3) working days. Upon NSVRC's receipt of the corresponding reimbursement from DMAS, NSVRC will remit the applicable payment to the subrecipient within three (3) working days.

Incomplete, inaccurate, inadequately documented, or untimely reimbursement requests may be held for a subsequent reimbursement cycle. Approval of an application or execution of a subaward does not constitute approval of an otherwise unallowable cost, and NSVRC may deny or defer reimbursement for costs that do not meet applicable requirements.

PART VII: APPLICATION PACKAGE AND APPENDICES

Appendix A – Application Cover Sheet

Submit this required form as the first page of the completed application package. Applications must be submitted following the method and deadline stated in this RFA.

APPLICANT ORGANIZATION AND PROJECT INFORMATION	
Project Title	
Total RHTP Funding Requested (USD)	
Legal Name of Organization	
DBA / Trade Name (if applicable)	
Organization Type	☐ State agency ☐ Local government ☐ Tribal entity ☐ Nonprofit 501(c)(3) ☐ For-profit entity ☐ Institution of higher education ☐ Hospital / Health System ☐ Other: _____
Year Established	
Number of Employees	
Organization Website	
EIN (Federal Tax ID)	
Unique Entity Identifier (UEI)	
SAM.gov Registration Active	☐ Yes ☐ No
Mailing Address	
City, State, ZIP	
Primary Project Contact – Name / Title	
Primary Project Contact – Email / Phone	
Eligible Rural Area(s) / Population(s) to Be Served	
Estimated Eligible Rural Residents to Be Served	
Healthcare Service(s) to Be Supported	
Mobile / Hybrid Delivery Approach	
Key Partner Organization(s), if applicable	

AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (AOR) CERTIFICATION

By signing below, the Authorized Organizational Representative certifies that all information in this application is true, accurate, and complete; that the organization accepts the conditions applicable to a Virginia RHTP subrecipient award if selected; and that the organization will comply with 2 CFR Part 200, CMS RHTP Program Terms and Conditions, and all applicable federal and state requirements.

Full Name	
Title	
Email	
Direct Phone	
Date	
AOR Signature	

Appendix B – Project Narrative

The Project Narrative must address each section below in order. The narrative may not exceed 15 pages, excluding the Application Cover Sheet, budget, work plan, required attachments, and supporting documentation.

1. Rural Healthcare Need

Describe the healthcare access need or gap the project will address. Identify the eligible rural population to be served and provide data, community input, organizational experience, or other evidence demonstrating the need.

2. Proposed Mobile or Hybrid Care Model

Describe the proposed project, including the services to be provided; how and where services will be delivered; and the equipment, technology, infrastructure, staffing, training, partnerships, or other resources necessary for implementation. Explain why the proposed approach is appropriate for the identified need.

3. Rural Access and Project Impact

Explain how the project will improve healthcare access for eligible rural residents. Provide the estimated number of eligible rural residents expected to be served and explain how that estimate was developed. Identify additional project-specific outputs or outcomes that will be measured.

4. Existing Services and Coordination

Describe relevant existing healthcare resources and explain how the project will address an unmet need, expand access, improve coordination, or complement rather than unnecessarily duplicate existing services.

5. Organizational Capacity and Partnerships

Describe the applicant's experience and capacity to implement the project and administer federal funds. Identify key personnel and partners and describe their respective roles. Applicants proposing direct clinical services must identify the appropriately licensed and credentialed entity or provider responsible for those services.

6. Implementation and Sustainability

Describe the major implementation steps and explain how successful services, infrastructure, partnerships, or care-delivery models are expected to continue beyond the initial RHTP investment.

Appendix C – Work Plan and Performance Measures

Complete the work plan with the major activities and milestones necessary to implement the proposed project. The schedule should be realistic and consistent with the implementation deadlines in Part III.

Activity / Milestone	Responsible Party	Start	Completion	Deliverable / Outcome

Performance Measures

Performance Measure	Baseline	Proposed Target	Data Source / Method
Eligible rural residents served	0	Applicant proposes	Applicant reporting
Applicant-proposed measure			
Applicant-proposed measure			

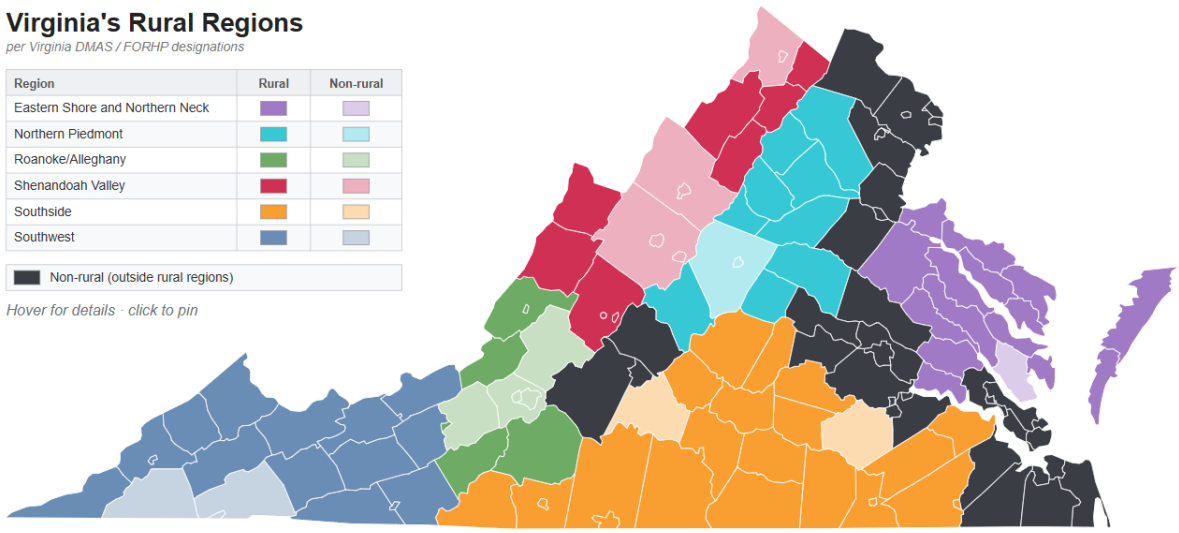
Appendix D – Project Budget and Budget Narrative

Provide the full project budget using the categories below. A budget narrative must explain each significant cost, the basis of the estimate, and why the cost is necessary and reasonable for the proposed project. Identify any other funds supporting the project and separately identify any proposed administrative or indirect costs.

Budget Category	RHTP Request	Other Funds, if applicable	Total
Personnel			
Fringe Benefits			
Equipment			
Supplies			
Contractual / Subawards			
Other Direct Costs			
TOTAL			
TOTAL PROJECT COST			

Appendix E – Eligibility for Virginia Rural Health Transformation Funds

Virginia Rural Regions – DMAS/FORHP Eligibility Reference



The map is provided to assist applicants in identifying eligible rural areas and populations. Light shaded colors denote non-rural counties of rural regions. An applicant or project facility is not necessarily required to be physically located within an eligible rural area. Applicants located outside an eligible rural area may qualify where the proposed project demonstrates that it will target and directly benefit eligible rural residents within NSVRC's RHTP service area. The Commonwealth uses the Federal Office of Rural Health Policy (FORHP) definition of rural regions. The eligible localities within NSVRC's service areas include Clarke County, Warren County, Shenandoah County, and Page County.

Eligible FIPS Codes for Virginia Rural Health Transformation Funds

FIPS	Locality	RHT Rural	Rural Health Region
51001	Accomack County	**Yes**	Eastern Shore & Northern Neck
51033	Caroline County	**Yes**	Eastern Shore & Northern Neck
51036	Charles City County	**Yes**	Eastern Shore & Northern Neck
51057	Essex County	**Yes**	Eastern Shore & Northern Neck
51097	King and Queen County	**Yes**	Eastern Shore & Northern Neck
51099	King George County	**Yes**	Eastern Shore & Northern Neck
51101	King William County	**Yes**	Eastern Shore & Northern Neck
51103	Lancaster County	**Yes**	Eastern Shore & Northern Neck
51115	Mathews County	**Yes**	Eastern Shore & Northern Neck
51119	Middlesex County	**Yes**	Eastern Shore & Northern Neck
51127	New Kent County	**Yes**	Eastern Shore & Northern Neck

51131	Northampton County	**Yes**	Eastern Shore & Northern Neck
51133	Northumberland County	**Yes**	Eastern Shore & Northern Neck
51159	Richmond County	**Yes**	Eastern Shore & Northern Neck
51193	Westmoreland County	**Yes**	Eastern Shore & Northern Neck
51047	Culpeper County	**Yes**	Northern Piedmont
51061	Fauquier County	**Yes**	Northern Piedmont
51065	Fluvanna County	**Yes**	Northern Piedmont
51079	Greene County	**Yes**	Northern Piedmont
51109	Louisa County	**Yes**	Northern Piedmont
51113	Madison County	**Yes**	Northern Piedmont
51125	Nelson County	**Yes**	Northern Piedmont
51137	Orange County	**Yes**	Northern Piedmont
51157	Rappahannock County	**Yes**	Northern Piedmont
51005	Alleghany County	**Yes**	Roanoke/Alleghany
51045	Craig County	**Yes**	Roanoke/Alleghany
51063	Floyd County	**Yes**	Roanoke/Alleghany
51067	Franklin County	**Yes**	Roanoke/Alleghany
51580	Covington City	**Yes**	Roanoke/Alleghany
51750	Radford City	**Yes**	Roanoke/Alleghany
51017	Bath County	**Yes**	Shenandoah Valley
51043	Clarke County	**Yes**	Shenandoah Valley
51091	Highland County	**Yes**	Shenandoah Valley
51139	Page County	**Yes**	Shenandoah Valley
51163	Rockbridge County	**Yes**	Shenandoah Valley
51171	Shenandoah County	**Yes**	Shenandoah Valley
51187	Warren County	**Yes**	Shenandoah Valley
51530	Buena Vista City	**Yes**	Shenandoah Valley
51678	Lexington City	**Yes**	Shenandoah Valley

51007	Amelia County	**Yes**	Southside
51025	Brunswick County	**Yes**	Southside
51029	Buckingham County	**Yes**	Southside
51037	Charlotte County	**Yes**	Southside
51049	Cumberland County	**Yes**	Southside
51081	Greensville County	**Yes**	Southside
51083	Halifax County	**Yes**	Southside
51089	Henry County	**Yes**	Southside
51111	Lunenburg County	**Yes**	Southside
51117	Mecklenburg County	**Yes**	Southside
51135	Nottoway County	**Yes**	Southside
51141	Patrick County	**Yes**	Southside
51143	Pittsylvania County	**Yes**	Southside
51147	Prince Edward County	**Yes**	Southside
51175	Southampton County	**Yes**	Southside
51181	Surry County	**Yes**	Southside
51183	Sussex County	**Yes**	Southside
51590	Danville City	**Yes**	Southside
51595	Emporia City	**Yes**	Southside
51620	Franklin City	**Yes**	Southside
51690	Martinsville City	**Yes**	Southside
51011	Appomattox County	**Yes**	Southside
51021	Bland County	**Yes**	Southwest
51027	Buchanan County	**Yes**	Southwest
51035	Carroll County	**Yes**	Southwest
51051	Dickenson County	**Yes**	Southwest
51071	Giles County	**Yes**	Southwest
51077	Grayson County	**Yes**	Southwest

51105	Lee County	**Yes**	Southwest
51155	Pulaski County	**Yes**	Southwest
51167	Russell County	**Yes**	Southwest
51173	Smyth County	**Yes**	Southwest
51185	Tazewell County	**Yes**	Southwest
51195	Wise County	**Yes**	Southwest
51197	Wythe County	**Yes**	Southwest
51640	Galax City	**Yes**	Southwest
51720	Norton City	**Yes**	Southwest

Appendix F – Required Certifications and Disclosures

Applicants must submit certifications and disclosures in a form provided by NSVRC. At a minimum, the applicant will certify or disclose the following:

- The information submitted in the application is true, accurate, and complete.
- The applicant maintains an active SAM.gov registration and current UEI and is not subject to an applicable suspension or debarment.
- Proposed costs have not been and will not be charged to another funding source and RHTP funds will not be used to supplant existing funding.
- The applicant understands that awards are reimbursement-based and certifies that it has sufficient financial capacity to operate under reimbursement.
- The applicant agrees to comply with applicable RHTP, federal, state, DMAS, and NSVRC requirements if selected.
- The applicant will disclose actual or potential conflicts of interest.
- The applicant will disclose, for the preceding five years, applicable terminations or non-renewals for performance concerns, suspension or debarment matters, material or unresolved Single Audit findings, and adverse audit findings.
- The applicant understands that disclosure of an adverse action is not automatically disqualifying but may inform NSVRC's pre-award risk evaluation and any specific award conditions.