

Request for Applications (RFA)

Rural Health Transformation Program (RHTP)
Capital Infrastructure & Equipment Grant — Key Action SHIFT 3.1

1. Overview

Issuing Agency: *Utah Healthcare Education and Research Foundation, a subsidiary of the Utah Hospital Association (UHA)*

Funding Source: *Rural Health Transformation Program, authorized under Public Law 119-21, Sec. 71401*

Total Funding Available (this RFA): \$26,300,000

- **Category G Funding:** Appropriate care availability. Assisting rural communities to right size their health care delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines, likely leading to future Category J-eligible projects.
- **Category J Funding:** Capital expenditures and infrastructure. Investing in existing rural health care facility buildings and infrastructure, including minor building alterations or renovations and equipment upgrades to ensure long-term overhead and upkeep costs are commensurate with patient volume. Capped at 20% of the State's total RHT Program award per budget period.

Number of Awards: *As many awards as available funding allows; award size will be scaled to project scope, need, and available balance in the applicable category. While there is no maximum amount for individual awards, we suggest keeping total amount requested at or below \$1,500,000.*

Period of Performance: *December 1, 2026 through September 30, 2027 (year 1 budget period)*

Purpose: As part of Public Law 119-21, Congress established the RHT Program to help rural communities reimagine their health care delivery systems and improve health outcomes. This program addresses longstanding health-care challenges facing rural communities. This RFA will fund capital infrastructure improvements, equipment upgrades, and related planning activities under Utah's RHTP Key Action 3.1 — Support Capital Infrastructure Improvements — to improve care delivery, keep care local, and improve the quality of care in rural Utah. Eligible activities include minor building alterations or renovations that repurpose existing space or expand services (e.g. pharmacy, dialysis, behavioral health, cancer care, maternal health), physical space improvements to enable telehealth, new or upgraded equipment to meet quality and safety standards, facility master planning and service line feasibility studies, infrastructure improvements supporting safe food and drinking water access, and the establishment or expansion of rural receiving centers offering 24/7 crisis stabilization.

2. Use of Funds & Category Guidance

Subrecipients agree to use all funds received under this agreement only for the permissible uses defined in the CMS Notice of Funding Opportunity (NOFO) and Utah's initial Notice of Award (NOA). These uses are governed by Federal statute: Pub. L. No. 119-21, § 71401 (July 4, 2025) (codified at 42 U.S.C. § 1397ee(h)) ("Rural Health Transformation Program"). Use of funds categories may not be applicable to specific project tasks or to all phases of project implementation. Descriptions of Use of Funds categories are outlined in the NOFO pp. 11–12 and NOA pp. 9–12.

Subrecipients shall not use funds provided under this agreement for any unallowable costs. Prohibited expenditures under CMS guidelines and the federal RHTP may not be applicable to specific project tasks or to all phases of project implementation. Unallowable costs are outlined in the NOFO pp. 18–20 and the NOA pp. 9–12.

RHTP defines several use-of-funds categories, each with its own limitations. Category J (Capital Expenditures & Infrastructure) is capped at 20% of the State's total RHT Program award per budget period, and Category J funds may only be used for renovations, alterations, and equipment upgrades that do not materially increase asset value or useful life — new construction and demolition are unallowable. The table below maps the activities described in Key Action 3.1 to their likely category. Final category determination is made by the State in coordination with CMS; applicants should describe the activity itself in their narrative, and DHHS will confirm the applicable category and funding source during review.

Activity	Category	Notes
Minor renovations to repurpose space or add/expand services (pharmacy, dialysis, behavioral health, cancer care, maternal health)	J	Must not materially increase square footage, asset value, or useful life; cosmetic-only work is unallowable
Physical space modifications for telehealth (e.g., soundproofing)	J	Counts toward the Category J cap
Repair or like-for-like replacement of existing equipment	J	Counts toward the Category J cap
Rural receiving centers — facility/space component	J	Applies to the physical space only; staffing and clinical service costs are not capital expenditures and are not eligible under this RFA
Purchase of new equipment	G	New equipment generally does not fall under Category J; will typically be evaluated under Category G and is not subject to the J cap
Facility master planning, feasibility studies, service line/outmigration analysis	G	Right-sizing/planning activity, not a capital expenditure; informs future J or G investment

Applicants proposing an activity that does not clearly fit one category should flag this in the narrative; UHA will work with applicant for DHHS and CMS approval.

Unallowable Uses (Category J)

- Expansions or square footage increases that materially raise property value or extend useful life
- Demolition
- Cosmetic-only improvements (painting, carpet, décor)
- New construction of any kind
- Use of RHTP funds to replace (rather than supplement) funding planned or obligated from another source

3. Eligibility Criteria

- Must be physically located in one of Utah's 25 rural counties (all counties except Davis, Salt Lake, Utah, and Weber).
- Be a healthcare provider billing Medicare / Medicaid
- Be in good standing with no unresolved findings from a prior state or federal award
- Certify site control (ownership or a lease sufficient in term to cover the useful life of the improvement) for any facility proposed for renovation
- Certify requested funds will supplement, not replace, funding already planned or obligated from another source

4. Key Dates

Milestone	Date
RFA released	October 26, 2026

Informational webinar / Q&A session	TBD
Deadline for written questions	November 13, 2026, 5:00pm MST
Application deadline	Friday, November 20, 2026, 5:00pm MST
Review period	November 23, 2026 – December 3, 2026
Award notification	December 4, 2026
Anticipated project start date	December 1, 2026
Project end date (deadline for fund expenditure)	September 30, 2027

5. Application Requirements

A. Narrative

- Statement of Need — access-to-care gaps, HPSA/frontier status, outmigration data, or service disruption risk this project addresses
- Project Description — scope of work, and which activity/activities it falls under
- Site Readiness — ownership/control status, permitting needs, anticipated timeline to start
- Patient Volume & Utilization — current and projected volume supporting the need for this investment
- Sustainability — how the investment retains long-term overhead and upkeep costs commensurate with patient volume once complete
- Results-Based Accountability (RBA) - identify performance measures and outcomes to monitor and report on each quarter
- Compliance Attestation — confirmation that no unallowable use of funds (new construction, demolition, cosmetic-only work, or funding supplantation) is included in the request

B. Budget

- Line-item budget, clearly separating Category J–eligible costs from costs proposed under other categories
- Budget justification for each cost category
- Sources of cost-share funds (if applicable) and total percentage of grant funding that will be matched from additional sources.

C. Required Attachments

- W-9 or equivalent taxpayer identification form
- Board resolution, if applicable
- Letters of support / partnership agreements, if applicable

6. Review Process & Scoring Criteria

Scoring Rubric Summary

Applications will be reviewed by a scoring committee against the following criteria:

Criterion	Points Possible	Total
Project Cost share rate	10	10
Need – Clarity	12	30
Need – Urgency	12	
Need – Data	6	
Project Plan – Clarity & alignment with need	15	30

Project Plan – Community impact	15	
Sustainability – Plan	5	10
Sustainability – Timeline	5	
		80
Bonus points:		
Frontier county	5	20
Consortium/partnership	5	
Site readiness*	5	
Patient volume data	5	
		100

*Shovel ready projects are able to be completed by September 30, 2027

DHHS reserves the right to fund in whole, in part, or not at all, and to negotiate scope, category placement, or budget prior to final award. Awards will be made to maximize the number of funded projects within available Category J and non-Category J funding balances.

Scoring Rubric Details

Project Cost Share (10 points)

Match %	Points
100% or more	10
90-99%	9
80-89%	8
70-79%	7
60-69%	6
50-59%	5
40-49%	4
30-39%	3
20-29%	2
Up to 10%	1
No cost share	0

Statement of Need (30 points)

A. Clarity of Need Definition (12 points)

Count the elements fully present:

- (a) Names the specific gap or deficiency (a missing service, a failing facility condition, or outdated equipment).
- (b) Identifies the population and geographic service area affected.
- (c) States the specific consequence if the need is not addressed.
- (d) Explains why existing local resources or alternative providers cannot meet the need (for example, distance or travel time to the nearest alternative).

Elements present	Points	What it means
4 of 4	12	The need is fully defined and specific. A reader unfamiliar with the facility could explain the problem.

3 of 4	9	The need is clear, with small gaps in specificity.
2 of 4	6	The need is partially defined. Significant questions remain.
1 of 4	3	The need is generic or mostly asserted.

B. Urgency (12 points)

Urgency indicators include documented risk of service closure or reduction; a regulatory or inspection finding; documented equipment or building failure; a pending loss of a provider or service line; and no alternative provider for a new service.

Level	Points	What it means
Imminent and documented	12	Indicators are documented with evidence and the harm or gap exists now.
Near-term and documented	9	At least one indicator is documented, harm or gap is apparent, but not imminent.
Foreseeable, no timeline	6	Some support is described, but no timeline or evidence or timing is given.
Asserted only	3	The need is generic or mostly asserted.

C. Data and Documentation (6 points)

Qualifying data types may include: HPSA designation (with type and score); outmigration or patient-leakage data; distance or travel time to the nearest alternative; provider or service shortage counts; inspection, life-safety, or equipment condition records; Community Health Needs Assessment findings; utilization or wait-time data; and payer or health outcome data.

Points	What it means
6	Data is clearly cited and no additional data questions remain.
3	Some data is cited, but not sufficient to support the need.

Project Description & Scope of Work (30 points)**A. Statement of Work: Clarity and Alignment with Need (15 points)**

Count the elements fully present:

- (a) Specific activities are listed (not just a general purpose).
- (b) Deliverables or milestones have dates that fall within January 1 – September 30, 2027.
- (c) Each activity is explicitly tied to a need identified in Section B.
- (d) Each activity is identified by type and funding category (J or other) and is allowable.
- (e) Each budget line item corresponds to a listed activity.

Elements Present	Points	What it means
5 of 5	15	Specific activities are listed and fall into allowable use. Activities are tied to need identified. Deliverables are detailed and milestones are complete by the end of the project period. Each line item budget is tied to a specific allowable activity.
4 of 5	12	Activities are listed and fall into allowable use. Not all activities are tied to need identified. Deliverables are detailed, but some minor milestones fall outside of the end of the project period. Activities are tied to a specific allowable activity.

3 of 5	9	Activities are listed and fall under allowable use. Activities are loosely tied to the need identified. Deliverables are lacking in detail, but major milestones fall within the project period.
2 of 5	6	Activities are stated in vague terms or do not fall within allowable activities. The link between activities listed and need identified is not provided or stated in vague terms. Major milestones fall outside of the project period.
1 of 5	3	Activities are not detailed and major activities do not fall within allowable use. There is no clear link between need identified and activities listed. Deliverables are listed, but major milestones fall outside of the project period.

B. Community Impact (15 points)

Consider the elements below:

- The number of unduplicated residents expected to benefit annually, and what share of the service area population that represents.
- A measurable access outcome with a baseline and a target (e.g., travel time, wait time, or outmigration rate).
- A named priority or underserved population (for example, Medicaid or uninsured patients, maternal health, behavioral health, older adults, or an HPSA-designated population).
- An explanation of how the project keeps care local.

Points	What it means
15	Impact is quantified, measurable, and targeted. Outcomes are established and the population identified. The project enables care to be kept local.
12	Impact is largely quantified, with minor gaps.
9	Impact is described, but not quantified. There is little data to back up the stated impact.
6	Impact is partially described and/or there is no data to back up the stated impact.
3	Impact is described in general terms only

Sustainability (10 points)**1. How the Program Will Be Self-Sufficient (5 points)**

Count the elements fully present:

- Names the specific ongoing cost categories created or affected (staffing, maintenance, utilities, service contracts).
- Names the specific funding source for each (patient revenue, reimbursement, other contracts or funds).
- Includes financial projection with stated assumptions.

Elements present	Points
3 of 3	5
2 of 3	3
1 of 3	1

2. When the Program Will Be Self-Sufficient (5 points)

Level	Points	What it means
-------	--------	---------------

Specific date within 36 months, supported	5	Sates a month and year or quarter of self-sufficiency within 36 months of project completion, supported by data and/or volume milestones.
Specific date within 37-72 months OR not supported	3	A specific date within 37-72 months, OR a date within 36 months with no supporting data or volume milestones.
Assertion or general timeline only	1	States the project will be sustainable but gives no or only a generalized timeframe.

Bonus Criteria (20 Points)

Bonus items are verified by checklist. They require no judgment about quality, only whether the required documentation is present.

A. Frontier County (5 points)

Beaver, Daggett, Emery, Garfield, Grand, Juab, Kane, Millard, Piute, Rich, San Juan, Wayne

B. Consortium or Partnership (5 points)

Uploaded agreements required.

C. Site Readiness (5 points)

- All needed permits and approvals are identified, with each documented as required
- The project can begin within 30 days of award (stated in the timeline)
- The timeline completes the work by September 30, 2027

D. Patient Volume and Utilization (5 points)

Patient volume and utilization must be included in the application.

7. Award Terms & Conditions

- Category J expenditures across all awards under this RFA — and across the State's full RHTP portfolio — may not exceed 20% of the State's total RHT Program award per budget period; awardees must track and report Category J costs separately from other categories.
- All capital expenditures and infrastructure costs must be part of an approved initiative and budget.
- Funds must supplement, not replace expenditures already planned or obligated through other funding sources.
- Funds cannot be used for administrative overhead, salaries, travel, etc.
- No construction, demolition, or cosmetic-only work is permitted under Category J; noncompliant expenditures are subject to disallowance and recoupment.
- Awardees are subject to monitoring, which may include desk reviews and/or site visits.
- Quarterly and annual reports are due on the first day of the month following the end of the quarter or year. If the due date falls on a weekend or holiday, it is due the next business day. Report templates will be provided to awardees and must include the results of the outcome measures completed, spending data broken down by use of funds, milestone progress, sustainability planning, and success stories.
- Awardees must report on outcomes and measures identified in the application and finalized in the contract.
- Awardees are encouraged to submit high expense invoices as they are received. All invoices, including small or recurring invoices, shall be submitted no later than the 10th of each month following the month of the expenditure. Invoices for allowable costs will be paid within 30 days of a correct invoice being received.

8. Submission Instructions

Submission method: Applications will be submitted through a secure online platform called Submittable. The link will be provided on the UHA website at <https://utahhospitals.org/> and on the Utah RHTP website at <https://dhhs.utah.gov/ruralhealth/funding-opportunities/>

Deadline: Friday, November 20, 2026, 5:00 p.m. MT

9. Questions & Contact

Name: Jenna Christensen

Title: Director, Grants and Project Management

Email: rhtp@utahhospitals.org

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 \$9,891,739 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.