

Request for Applications (RFA)

Rural Health Transformation Program (RHTP)

Recruit and Retain — Key Action RISE 2.5

1. Overview

Issuing Agency	<i>Utah Healthcare Education and Research Foundation, a subsidiary of the Utah Hospital Association (UHA)</i>
Funding Source	<i>Utah Rural Health Transformation Program, authorized under Public Law 119-21, Sec. 71401</i>
Total Funding Available	\$9,397,152
Minimum Award Floor	\$341,816
Number of Awards	25 (Tier 1 eligible rural hospitals)
Period of Performance	December 1, 2026 through September 30, 2027 (year 1 budget period)
Applications due	Friday, November 20, 2026, 5:00 p.m. MT
Submit to	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/
Questions due	Friday, November 13, 2026 — answers posted to all applicants Email questions to RHTP@utahhospitals.org
Agreements executed by	Thursday, December 31, 2026

Funding acknowledgement: The RISE 2.5 Recruit & Retain Initiative is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) under the Rural Health Transformation Program, through a subaward from the Utah Department of Health and Human Services to the Utah Healthcare Education and Research Foundation (UHERF), a subsidiary of the Utah Hospital Association (UHA), 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.

Background: The second initiative under Utah’s Rural Health Transformation Program is workforce development. The Rural Incentive and Skill Expansion (RISE) initiative strategically invests in building a sustainable rural healthcare workforce by investing in career pathways beginning in grade school, expanding training, connecting education to local needs, and supporting recruitment and retention. The RISE 2.5 key action is meant to help rural hospitals recruit and retain rural workforce through structured incentive awards for high-need professions. Hospitals will choose from a defined menu of incentive options, build a budget around them, and be reimbursed for approved costs. The program also encourages hospitals to test new recruitment and retention practices and to plan for sustaining successful positions and incentives after the funding period.

Purpose: The purpose of this RFA is to inform Utah’s 25 eligible Tier 1 rural hospitals how to apply for funding as a subrecipient and leverage these funds to strengthen their clinical workforce now and in the future. This RFA describes the application process, use of funds, eligibility requirements, incentive options, funding details, reporting requirements, and five-year service commitment required by some of the incentive options.

2. Use of Funds

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.

Allowable costs	Funds may be used only for the incentive options listed, or for approved alternatives.
Unallowable costs	Any cost prohibited under CMS guidelines and the federal RHTP (see NOFO pp. 18–20 and NOA pp. 9–12) Meals, except as per diem during authorized travel Construction or building expansion A second signing / retention bonus for a clinician who relocates within rural Utah Any incentive for clinical staff who do not provide at least 15 hours per week of direct patient care Spreading out payments over multiple years and across different budget periods Loan Repayment

3. Eligible Applicants:

This is not a competitive application. The only eligible entities are the 25 rural hospitals, and each hospital is eligible for a specific funding amount based on criteria used to establish different levels of need based on hospital type, location, status, and FTE. Hospitals are required to submit an application and budget detailing how they intend to use the funds to strengthen their clinical workforce.

A hospital is eligible if it:

- Is physically located in one of Utah's 25 rural counties (all counties except Davis, Salt Lake, Utah, and Weber).
- Independently bills Medicare and/or Medicaid
- Is not debarred, suspended, proposed for debarment, or otherwise excluded from receiving federal funds

4. Eligible Incentive Options:

Selected grantees agree to use all funds received only for the permissible uses defined in the CMS Notice of Funding Opportunity (NOFO) and Utah's initial Notice of Award (NOA). Descriptions of the use-of-funds categories are in the NOFO pp. 11–12 and NOA pp. 9–12. Use-of-funds categories may not apply to every project task or to all phases of implementation.

Funds may be used only for the incentive options below. The "5-yr commitment" column shows whether the incentive triggers the five-year rural service commitment.

Incentive option	5-yr commitment
Recruitment and marketing	No
Local short-term (under 6 months) housing assistance for rotations	Yes
Candidate travel stipends for recruitment	Yes
Relocation expenses	Yes
Hosting and onboarding	No
Living expenses support	Yes
Signing / retention bonuses	Yes
Clinical rotation support — lodging, per diem, mileage, childcare	Yes
Childcare support — vouchers	Yes
Childcare support — site or program	No
Backup capacity — provider pool, overnight, vacation, extended leave	No
Upskilling support — cross-training for key specialties	If pathway*
Professional development — financial support for key training	If pathway*
Transformative pilot (requires DHHS approval)	Depends

* Upskilling and professional development trigger the commitment only where the training creates a structured pathway to a new degree, certification, or rural clinical role.

5. Funding Details & Timeline

Date	Milestone
By Mon, Oct 26, 2026	RFA released to all 25 Tier 1 rural hospitals
Week of Nov 2	Virtual walkthrough session — recording posted afterward
Fri, Nov 13, 2026	Last day to submit questions; consolidated answers posted to all applicants

Fri, Nov 20, 2026	Application (project plan) and budget due by 5:00 p.m. MT. Early submissions are welcome, and UHA is glad to review drafts
Within 10 business days	UHA responds to your submission with approval or specific revisions
Tue, Dec 15, 2026	Sub-award agreements executed
Sep 30, 2027	All funds expended — firm deadline

Award Amount Details:

Award amounts vary from hospital to hospital. Each amount was set by UHA using factors that reflect the needs, geography, and capacity of rural facilities in Utah. The formula was determined and approved by DHHS before this RFA was released.

- **Your hospital's award amount is stated in the welcome letter UHA sent you.** If you cannot locate it, contact UHA for a new copy before you build your budget.
- **The award amount is a maximum.** You may only request up to the award amount stated in your letter or a lesser amount. It is a ceiling on reimbursable costs, not a transfer of funds. If other hospitals do not accept their funds or if they submit a proposal for less than their full award amount, the remaining funds may be redistributed equally among participating hospitals, so your award amount may increase.
- **Individual hospital award amounts are not published until contracts are signed.** UHA does not circulate the full Tier 1 distribution list, and hospitals are asked not to share their award amount with other applicants during the application window because amounts are subject to change based on reallocation of unused funds.
- **This is a reimbursement program.** For large single expenditures, submit the invoice as the cost is incurred. For smaller or recurring expenses, submit an invoice by the 15th of the following month. Reimbursement will occur within 30 days. Plan for the cash flow, particularly on larger one-time items such as relocation packages and signing / retention bonuses.
- **Certain incentives carry a five-year rural Utah service commitment.** The obligation follows the individual clinician, not the hospital. It must be explained to the clinician and written into an enforceable agreement before funds are distributed. See the attached CMS fact sheet regarding the five-year service commitment. The hospital will be responsible for tracking the service commitment and recouping any funds from an individual who does not complete their entire service commitment.
- **Only clinical staff providing at least 15 hours per week of direct patient care are eligible,** and that threshold must be maintained for the full five years where a commitment applies.
- **Funds must be expended by September 30, 2027.** Unspent funds are recouped by DHHS and returned to CMS. This deadline is firm.
- **Your award amount is a ceiling, not a transfer.** Requests may not exceed it. You may request less, but unrequested funds are redistributed to other Tier 1 hospitals equally. Award amounts may increase at a later date if some hospitals choose not to participate.

6. Five-year Rural Service Commitment

CMS requires certain individual-level incentives to be tied to five years of qualifying rural service. The rules below are what your hospital must be able to monitor and document.

- The commitment applies to incentives paid to an individual providing direct clinical care to patients; signing / retention bonuses, relocation expenses, housing assistance, travel subsidies, childcare vouchers, and education or training awards that create a structured pathway to a new degree, certification, or rural clinical role, all trigger the service commitment.
- It does not apply to broader workforce infrastructure, such as an on-site childcare facility or a pooled backup-provider system.
- Service must be completed entirely in rural Utah. Rural areas of other states do not count, and neither does relocating to an urban Utah county.
- The clinician must be physically located in a rural area. Telehealth delivered from a non-rural location does not count toward the commitment.
- The clinician may move between rural Utah organizations and time combines across sites — but no second signing / retention bonus may be paid from Recruit & Retain funds after relocating within rural Utah.
- A minimum of 15 hours per week of direct patient care must be maintained for the full five years.
- Repayment is prorated by the portion of rural service completed. Agreements must address extenuating circumstances and remedies for early departure.
- **Your hospital must notify UHA within 10 days** if a clinician receiving a commitment-bearing incentive separates, drops below 15 hours per week, or changes role or location in a way that affects eligibility.

7. Reporting Requirements

Your subrecipient award flows down from UHA's scope of work with DHHS. You will be required to submit quarterly, annual, and final reports. Every report must cover the results of the outcome measures below:

- the number of people served
- spending broken down by use of funds
- milestone progress
- sustainability planning
- success stories

Annual reports cover the same items cumulatively for the year. UHA provides a single report template that covers each reporting period.

Reporting periods are set by the scope of work and are not calendar quarters. Quarterly and annual reports are due to UHA on the first day of the month following the end of the quarter or year.

Reporting continues quarterly and annually through 2030, with a final cumulative report due Friday, December 20, 2030. Reporting does not stop when the money is spent. Five-year service commitments run from each clinician's last incentive payment, so you will keep reporting commitment status and outcomes after September 30, 2027.

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

Due Friday, November 13, 2026. Individual questions will be responded to directly, and consolidated answers will be posted on the UHA website in a Q&A document.

Project Lead	Matt McCullough, RHTP@utahhospitals.org
Program Contact	Jordan Sorenson, RHTP@utahhospitals.org

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Application Form

1. Contact Information

Hospital name	
Physical address	
Rural Utah county	
EIN / TIN	
UEI (SAM.gov Unique Entity ID)	
Hospital type (CAH / PPS / other)	
System affiliation (or Independent)	

Primary contact for this application

Name	
Title	
Email	
Phone	

Key personnel who will administer these funds

Identify who will manage incentive distribution, clinician agreements, documentation, and reimbursement requests.

Name	Title	Role in this project	Email

2. Project Plan Proposal

2.1 Workforce needs

What recruitment or retention problems are you trying to solve? Be specific about roles, duration of vacancies, and the operational or patient-access consequence.

2.2 Current clinical staffing and vacancies

Complete for every role you intend to support with these funds. Add rows as needed.

Clinical role	Currently employed (FTE)	Current openings	Projected 5-year openings
Physician			
Physician Assistant			
Nurse Practitioner			
Certified Nurse Midwife			
Registered Nurse			
LPN			
Medical Assistant / CNA			
Pharmacist			
Pharmacy Technician			
Licensed Clinical Social Worker / MFT			
Certified Social Worker			
Respiratory Therapist			
Imaging / Radiologic Technologist			

Laboratory Technologist			
Other (specify)			

2.3 Incentives requested

Check each incentive you intend to use, state how many clinical staff it will support, and name the direct patient services those staff provide (for example primary care, emergency, obstetrics, behavioral health). Amounts go in the Excel budget workbook, not here — the two must match. "5-yr" indicates whether the incentive triggers the five-year rural service commitment.

Use	Incentive option	5-yr	# clinical staff supported	# FTE supported	Direct patient services supported
☐	Recruitment and marketing	No			
☐	Local short-term (under 6 months) housing assistance for rotations	Yes			
☐	Candidate travel stipends for recruitment	Yes			
☐	Relocation expenses	Yes			
☐	Hosting and onboarding	No			
☐	Living expenses support	Yes			
☐	Signing / Retention bonuses	Yes			
☐	Clinical rotation support — lodging, per diem, mileage, childcare	Yes			
☐	Childcare support — vouchers	Yes			
☐	Childcare support — site or program	No			
☐	Backup capacity — provider pool, overnight, vacation, extended leave	No			
☐	Upskilling support — cross-training for key specialties	If pathway*			
☐	Professional development — financial support for key training	If pathway*			
☐	Transformative pilot (describe; requires DHHS approval)	Depends			

* Upskilling and professional development trigger the commitment only where the training creates a structured pathway to a new degree, certification, or rural clinical role.

2.4 How you will use each incentive

For each incentive checked above, describe in two or three sentences how it will be used, which roles it targets, and why it addresses the need described in 4.1.

2.5 Sustainability

What is your plan for sustaining these positions and incentives after the funding period, and what will your hospital do differently as a result of this investment?

2.6 Transformative pilot (optional)

DHHS encourages hospitals to propose new recruitment or retention approaches for piloting and evaluation. If you wish to propose one, describe it here. Pilots require DHHS and CMS approval before funds may be used.

Submission Checklist and Signature

Check every box. An application with unchecked boxes cannot be funded.

- ☐ We are a rural hospital operating in one of Utah's 25 eligible RHTP rural counties
- ☐ We independently bill Medicare and/or Medicaid.
- ☐ We are not debarred, suspended, proposed for debarment, or otherwise excluded from receiving federal funds, and we will notify UHA immediately if that changes.
- ☐ We will use these funds only for clinical staff providing at least 15 hours per week of direct patient care in rural Utah.

- ☐ We understand that certain incentives require the individual clinician to complete a five-year rural Utah service commitment, measured from the date the last incentive is received.
- ☐ We will incorporate the required service commitment, repayment, and proration language into employment agreements, incentive agreements, offer letters, or contract amendments before distributing any commitment-bearing incentive funds.
- ☐ We will notify UHA within **10 days** if a clinician receiving commitment-bearing funds separates, reduces hours below eligibility, or changes role or service location in a way that affects eligibility.
- ☐ If repayment or proration is required, we will cooperate with UHA to calculate, document, and recoup the funds within six months of the triggering event.
- ☐ We will expend all awarded funds by September 30, 2027.
- ☐ We will comply with 2 CFR Part 200, the RHTP Notice of Funding Opportunity, the Notice of Award, RHTP Program Directives, and all reporting, monitoring, and site visit requirements of CMS, DHHS, and UHA, and will retain all records related to this award for six years from submission of the final expenditure report (DHHS Subrecipient Terms §40.2), or longer while any five-year service commitment remains open.
- ☐ We do not subject clinicians supported by these funds to non-compete contractual limitations.

I certify that the information in this application is accurate and complete, that I am authorized to submit it on behalf of this organization, and that our hospital will comply with the terms stated in Part 3.

Authorized Official Signature: _____

Printed Name and Title: _____

Date: _____

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