

**HRSA**

Health Resources & Services Administration

Federal Office of Rural Health Policy

Notice of Funding Opportunity








**Application due 07/08/2026**

# Rural Residency Planning and Development Program

Opportunity number: HRSA-26-047



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# Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

## **SAM.gov registration (this can take several weeks)**

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

## **Grants.gov registration (this can take several days)**

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

## **Apply by the application due date**

Applications are due by 11:59 p.m. Eastern Time on 07/08/2026.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.



# Step 1:

# Review the Opportunity

## In this step

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# Basic information

## Health Resources Services Administration

Federal Office of Rural Health Policy

Policy Research Division

Creating new, sustainable residency programs to improve access to health care in America's rural communities.

## Summary

The Rural Residency Planning and Development (RRPD) program improves and expands access to health care in rural areas by developing new sustainable rural residency programs, including [rural track programs \(RTPs\)](#). Under the program, we provide start-up funding to grant recipients to create accredited rural residency programs in a qualifying medical specialty.

These residency programs are then sustained long-term through viable and stable funding mechanisms, such as Medicare and in states where there is a viable path of support, through Medicaid or other consistent state funding.

Ultimately, this funding opportunity addresses physician workforce shortages and challenges faced by rural communities.

## Funding details

**Application types:** New

**Expected total available funding in FY26:** \$11,250,000

**Expected number and type of awards:** 15 Grants

**Funding range per award:** Up to \$750,000

We plan to fund awards fully in Year 1 for use of over period of performance from 08/01/2026 to 07/31/2029.



Have questions?

Go to [Contacts and Support](#).

## Key facts

**Opportunity name:**

Rural Residency Planning and Development Program

**Opportunity number:**

HRSA-26-047

**Announcement version:**

Initial

**Federal assistance listing:**

93.746

## Key dates

**NOFO issue date:**

06/05/2026

**Informational webinar:**

TBD

**Application deadline:**

07/08/2026

**Expected award date:**

08/01/2026

**Expected start date:**

08/01/2026

See [other submissions](#) for other time frames that may apply to this NOFO.

# Eligibility

## Who can apply

### Types of eligible organizations

These types of domestic organizations may apply:

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Independent school districts.
- Public and State controlled institutions of higher education.
- Native American tribal governments (Federally recognized).
- Native American tribal organizations (other than Federally recognized tribal governments).
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education.
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education.
- Private institutions of higher education.
- For profit organizations , including small businesses.
- Small businesses.
- Faith-based providers.
- Others (see text field entitled “Additional Information on Eligibility” for clarification).

## Additional information on eligibility

Only domestic organizations are eligible.

“Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

**Individuals are not eligible applicants under this NOFO.**

## Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).
- Is not responsive to the purpose of the program, the sustainability plan requirements, or requirements for attachments.
- Fails to propose a new rural residency program in a qualifying medical specialty with greater than 50% of training at rural training sites.

## Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

## Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

### Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

# Program description

## Purpose

The Rural Residency Planning and Development (RRPD) program improves and expands rural health care access. It does this by developing new, accredited, sustainable rural residency programs, including rural track programs (RTPs).<sup>[1]</sup>

Newly created rural physician residency programs increase training and ultimately practice in rural areas to address physician shortages.

The RRPD program provides start-up funding to create new rural residency programs in qualifying medical specialties. RRPD award recipients must secure long-term sustainability funding from viable and stable sources, such as Medicare.

Qualifying medical specialties are:

- Family medicine.
- Internal medicine.
- Preventive medicine.
- Psychiatry.
- General surgery.
- Obstetrics and gynecology.

For this notice of funding opportunity (NOFO), rural residency programs:

- Are accredited physician residency programs.
- Train residents in clinical training sites that are physically located in a rural area as defined by [HRSA's Federal Office of Rural Health Policy \(FORHP\)](#)<sup>[2]</sup> for greater than 50 percent of their total time in residency.
- Focus on producing physicians who will practice in rural communities.

## Definition of new programs

You must propose a **new** rural residency program. This includes:

- Programs seeking accreditation for the first time.
- Existing programs applying for a permanent complement increase to train additional residents at new rural training sites as part of an RTP.

## What does not qualify as new

We do not consider the following to be new programs:

- Programs already accredited before the application due date that are not proposing an RTP expansion.
- Programs that already received a permanent complement increase for the proposed RTP before the application due date.
- Programs seeking only to add resident full-time equivalents at an existing RTP site.

## Program goal

The program's goal is for each recipient to establish a new rural residency program in a qualifying specialty by the end of the period of performance.

Programs must:

- Be accredited by the Accreditation Council for Graduate Medical Education (ACGME).
- Show they can be sustained long-term through stable funding streams, such as Medicare.

RRPD-created programs will:

- Train physicians to practice in rural communities.
- Improve access to care and meet clinical needs of rural populations.

We expect more graduates from these rural programs to choose rural practice compared to traditional urban-based residency programs.

## Funding opportunity goal

- Each recipient will establish a new, accredited rural residency program in a qualifying specialty by the end of the period of performance.

## Background

### Rural health challenges

One in five Americans live in rural communities.<sup>[3]</sup>

Compared to their urban counterparts, people living in rural communities face:

- Higher rates of chronic conditions and preventable hospitalizations.<sup>[4]</sup>
- Less access to timely care.<sup>[5]</sup>

73% of areas designated as primary medical health professional shortage area (HPSA) are in rural or partially rural areas.<sup>[6]</sup> National trends show the demand for physicians is growing faster than the projected supply:

- HRSA's Bureau of Health Workforce projects a shortage of 141,160 physicians in 2038.<sup>[7]</sup>
- Projected workforce shortages are worse in rural communities, while urban areas have more physicians.<sup>[8]</sup>

## Rural residency training as a strategy

Retaining and recruiting physicians in rural communities is a critical issue.

One proven strategy is rural residency training.

- A recent study found family medicine residents with rural training are five to six times more likely to choose rural practice.<sup>[9]</sup>
- A second study found rural training is a stronger predictor of rural practice than having a rural background.<sup>[10]</sup>

Despite this, opportunities for rural physician residency training are limited:

- Only 2% of residency training occurred in rural areas between 2014 to 2015 and 2019 to 2020.<sup>[11]</sup>
- Training is concentrated in urban areas, especially in the South and Northeast.<sup>[12]</sup>

Historically, few new residency programs started in rural areas. This is likely due to challenges rural residency programs often face, such as:

- Lack of sustainable financing.
- Limited faculty support.
- Difficulties recruiting residents.

However, in recent years, HRSA-funded grantees have shown that rural residency programs can overcome these challenges through strong partnerships, community champions, and start-up resources that include customized technical assistance through the RRPD Program.

RRPD helps advance the [Making America Healthy Again \(MAHA\)](#) priorities, which include:

- Preventive health.
- Reducing chronic disease.
- Mental or behavioral health.
- Nutrition.
- Primary and value-based care.

- Culturally appropriate services for tribes.
- Early childhood health and autism support.

## RRPD program history

The RRPD program came out of the urgent need to develop new rural training opportunities.

HRSA funded its inaugural cohort in FY2019 and additional cohorts in FY2020–24. HRSA has awarded 103 RRPD grants to organizations in 36 states and 1 territory to develop rural residency programs across six specialties.

As of October 1, 2025:

- 62 program recipients have created new rural residency programs.
- These programs have resulted in 752 approved residency positions.
- 54 programs have enrolled more than 660 physician residents to train in rural areas.

Please see [helpful websites](#) for additional resources.

## Program requirements and expectations

We expect all applicants funded under this funding opportunity to develop strong and sustainable residency programs in qualifying medical specialties under one of two program pathways. To achieve the program’s goal, you must meet each of the program objectives during the three-year period of performance. Each objective has related critical milestones. Customized technical assistance is provided throughout the period of performance to help you achieve these milestones.

In addition to achieving accreditation, you must also finalize a validated sustainability plan and develop a structured plan to track and report your residency program’s graduate outcomes.

## Program pathways and qualifying medical specialties

There are two pathways for this program. In your application, you will specify to which pathway your proposed residency program corresponds.

### Pathway 1: General primary care and high-need specialty

This pathway supports the development of new rural residency training programs that focus on training to meet significant rural health needs.

The qualifying specialties in this pathway are family medicine, internal medicine, preventive medicine<sup>[13]</sup>, psychiatry, and general surgery.

## Pathway 2: Maternal health and obstetrics

This pathway supports the development of new rural residency programs with a focus on training to provide high-quality, evidence-based maternity care and obstetrical services in rural areas.

Qualifying specialties in this pathway are obstetrics and gynecology, and family medicine with enhanced obstetrical training.

Family medicine with enhanced obstetrical residency training must:

- Provide family medicine residents with extensive clinical experience in comprehensive maternity care. This is outlined in ACGME's program requirements.
- Include dedicated training on labor and delivery.
- Have faculty with clinical expertise to prepare family medicine residents for the independent practice of obstetrics in rural communities.<sup>[14]</sup>

## Program objectives

To achieve the program's goal, you must achieve the following objectives if funded:

- Develop a new rural residency program that is accredited by ACGME.
- Finalize a validated sustainability plan that includes ongoing funding streams to sustain long-term resident training after the program is established.
- Develop a structured plan to track and publicly report on resident career outcomes after graduation for at least 5 years after the first graduating class, to assess retention in rural communities.

## Program milestones

You must meet critical milestones for each program objective. This NOFO lists the milestones by grant year.

**Table: Timeline and key dates**

Time period	Date
Start of the period of performance	8/1/2026
End of the first year	7/31/2027
End of the second year	7/31/2028
End of the period of performance	7/31/2029
First academic year after the period of performance ends	Academic year beginning in 2030

### Objective 1: Residency program development

- Appoint a residency program director or identify a residency program director in development by the end of the first year.
- Submit the ACGME application for the new rural residency program's accreditation or rural track program's permanent complement increase by the end of the second year.
- Establish the new accredited rural residency program by the end of the period of performance.
- Begin training the first resident class no later than the first academic year (AY) after the RRPD period of performance ends.

### Objective 2: Program sustainability

- Finalize detailed pro forma for program sustainability by the end of the first year.

### Objective 3: Graduate tracking plan

- Finalize and submit detailed graduate outcome tracking plan by the end of the second year.

## RRPD Technical Assistance Center

To navigate the complexities of accreditation and graduate medical education (GME) financing, all recipients must:

- Collaborate with the HRSA-funded [RRPD Technical Assistance Center](#), which includes:
  - Providing key parts of your application to the Center to inform technical assistance provision.
  - Meeting quarterly with an assigned technical assistance advisor to discuss residency development progress.
- Attend a 2-day annual RRPD program meeting during their period of performance.

## Program sustainability

You must finalize a validated sustainability plan that includes ongoing funding streams to sustain long-term resident training through one or more of the following options:

- Qualifying under current regulatory authority for viable Medicare payments for GME, such as Indirect Medical Education (IME) or Direct Graduate Medical Education (DGME) payments, for hospitals starting a new residency training program.
- Expanding a rural track program to a new rural site in accordance with Medicare regulations that qualifies for viable IME or DGME payments. <sup>[15]</sup>
- Qualifying for other public or private support that is not based on federal discretionary appropriations.
- Combining multiple funding streams (for example, a hospital may have a mix of Medicare and other public funding).

## Medicare sustainability options

Hospitals with approved GME programs are paid for costs associated with training residents under Medicare. Due to limits imposed by law, established teaching hospitals are often unable to receive Medicare payment for new residency programs; however, there are pathways for new rural residency programs to qualify for Medicare support.

If your sustainability plan relies on Medicare GME, you must select one or more of the options that follow. While these options provide pathways for rural residency programs to qualify for Medicare funding, you must also consider your hospitals classification type among other factors. You can learn more in [Appendix A](#). You may register for free to use the [RRPD-TA Center's Rural GME Hospital Analyzer tool](#) as a starting point for determining your program's best path to sustainability. This tool is for information purposes only.

### Option 1 – Rural hospital new residency program

Rural teaching hospitals in non-metropolitan counties may qualify for a Medicare full-time equivalent (FTE) resident cap increase if they start a **new** medical residency training program in their hospital.

Example:

A non-metropolitan hospital with an accredited family medicine residency may qualify for a cap increase if it starts training residents in a new psychiatry program.

However, current Medicare regulations do not provide cap increase when:

- A rural hospital adds more FTE residents to an existing program after that program's FTE caps is set.
- An existing residency program transfers to a new training site.

### Option 2 – Medicare FTE resident cap expansion for an RTP

Urban and rural hospitals may qualify for an adjustment to their Medicare GME FTE resident caps if they collaborate to establish an RTP. To do this, they can either:

- Establish a new RTP.
- OR**
- Expand an existing ACGME-accredited program by adding a new rural track.

Definition of a rural track program:

- An ACGME-accredited program in which residents gain both urban and rural training experience with more than half of their residency training taking place in a rural area (as defined at [42 CFR 412.62\(f\)\(iii\)](#)).
- For this regulation, rural areas are defined as areas outside a metropolitan statistical area.<sup>[16]</sup>

### Option 3 – Establishing a Medicare FTE resident cap for the first time

Rural hospitals that have not established a per resident amount (PRA) nor set their GME FTE resident caps (also known as “never claimers”) can choose this option.

If relying on this option, a hospital must show that in past cost reports going back to 1996:

- No residency training has taken place at the hospital.
- No per resident amount nor caps have been set.<sup>[17]</sup>

#### Option 4 – Medicare FTE cap adjustment for rural reclassified hospitals

An Inpatient Prospective Payment System (IPPS) hospital in a metropolitan area may reclassify as administratively rural under [42 CFR 412.103](#) if it meets certain criteria. An administratively rural hospital may qualify to increase its Medicare resident caps when it begins a new residency program.<sup>[18]</sup> A hospital may qualify for one or both:

- An IME new program adjustment.
- A DGME rural track program FTE cap increase, but only if serving as the urban partner in a rural track program.

Do not select option 4 if the administratively rural hospital is partnering with a geographically rural (non-metropolitan) hospital to create an RTP. Instead, select sustainability option 2.

If relying on this option, you should consider:

- Medicare does not increase IME caps when hospitals add more resident FTEs to an existing program.<sup>[19]</sup>
- IME funding can help support the program, but it is typically not enough to sustain the residency program by itself.
- If your sustainability plan relies on a hospital's administratively rural status outside of a rural track program, you must include other realistic, long-term funding sources to ensure program sustainability.

#### Option 5 – Medicare reasonable cost payments for Critical Access Hospitals

Critical access hospitals (CAHs) can serve as training sites for rural residency programs. Because CAHs are not IPPS hospitals, typical GME Medicare payment formulas do not apply.

GME payments for CAHs:

- Medicare pays CAHs 101% of reasonable costs that the CAH itself incurs for residency programs.
- Payments are prorated to reflect the share of Medicare patients.

These payments alone are usually not enough to cover the full cost of teaching and sustain a residency program.

If you plan to use CAH reasonable cost payments as a part of your sustainability plan, you must also include other realistic, long-term funding sources to ensure program sustainability.

Instead of claiming training costs directly, a CAH may function as a non-provider site for an IPPS hospital.

- If you plan to use a CAH as a non-provider site, do not choose Option 5.

- Instead, select the most appropriate sustainability option for the IPPS hospital partner from Medicare sustainability options 1, 2, or 3.
- We discuss how CAHs can function as a non-provider site below, as this still may be key to a program's sustainability.

CAH participation as a non-provider site:

- Under current regulation:
  - An IPPS hospital may claim residents' training time at the CAH, using the CAH as a non-provider site for GME payment purposes.
  - The IPPS hospital must pay residents' salary and benefits while they train at the CAH.
- The CAH and partnering IPPS hospital typically set up funds flow agreements to share the CAH's costs for hosting the residency training.

## Non-Medicare sustainability options

### Option 6 – Other public or private funding

Rural residency programs can also receive support from funding sources other than Medicare. For the RRPD program, we focus solely on public payer sources or other state and private sources. We do not include Teaching Health Center Graduate Medical Education (THCGME). If you intend to rely on the THCGME funding model, you should apply to that program rather than RRPD, as THCGME is precluded from allowable RRPD sustainability options.

Examples of these funding sources:

- Medicaid.
- State sources.
- Other public or private funding streams.

Considerations:

- Non-Medicare public funding tends to be less stable than Medicare. If your sustainability plan relies mainly on these sources, you must include a backup plan in case the funding is unavailable or not enough.
- Medicaid funding for GME varies from state to state. If your plan relies on Medicaid, your plan must account for Medicaid GME payments in your state and include an approximate funding amount per resident. Reimbursement for clinical services cannot be included.
- You may not include public funds that rely on discretionary federal appropriations as part of your sustainability plan.

## Graduate tracking plan

If funded, you must develop and submit a structured plan to track and publicly report on resident career outcomes after graduation.

- Outcomes must be tracked for at least 5 years after the first graduating class to assess retention in rural communities.
- To consistently track graduates, you must identify and establish data collection elements for the graduate tracking plan.

At a minimum, the graduate tracking plan must accurately collect the following graduate outcomes:

- [National Provider Identifier \(NPI\)](#).
- Practice locations.
- Medical specialty/sub-specialty.
- Employment status (part-time or full-time).

Examples of other information you might collect include:

- Patient population served.
- Service time committed to the care of safety net patients.
- Part or full-time clinical practice status.
- Services offered.
- Proportion of clinical time in inpatient and outpatient settings.
- Additional training opportunities pursued after residency completion.

You must also track program performance data and should consider adding these measures to your plan for tracking graduate outcomes.

Refer to the [Annual Performance Report Program Manual](#) for examples of program performance data that you will report to HRSA.

## Advancement of MAHA priorities

Activities should advance one or more of the MAHA priorities. Strategies to consider include:

- Address root causes of poor health.
- Improve access to primary care, behavioral health, preventive care, or developmental services.
- Expand nutrition programs or chronic disease prevention.
- Support early childhood development or autism services.

- Prepare systems for value-based care.
- Partner with tribal health systems.

## **Disclosure of participation in or benefit from CMS Rural Transformation Program**

You must disclose whether you participate in or benefit from your state's CMS Rural Transformation Program. If you do, you must coordinate any HRSA-funded work to ensure it is non-duplicative, coordinated, and complementary.

### **Statutory authority**

42 U.S.C. § 912(b)(5) (§711(b)(5) of the Social Security Act)

# Award information

## Funding policies and limitations

### Changes in HHS regulations

As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

### Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

### General limitations

- For guidance on some types of costs we do not allow or restrict, see
  - Project Budget Information in the [Application Guide \[PDF\]](#).
  - [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
  - Allowable and Unallowable Costs and Activities in the [HHS Grants Policy Statement](#).
- All cost must be [reasonable, necessary, allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For help calculating salaries under this limit, read more at “salary rate limitation” in the [Application Guide \[PDF\]](#).

## Program-specific statutory or regulatory limitations

You cannot use funds under this notice for the following:

- Providing direct medical services.
- Acquiring or building real property.
- Major construction or major renovation of any space. (Minor alterations or renovations are allowable.)

See [Manage Your Grant](#) for other information on costs and financial management.

### Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To incur indirect costs, you can select one of two methods:

**Method 1 – Approved rate.** You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

**Method 2 – *De minimis* rate.** Per [2 CFR § 200.414\(f\)](#), if you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See [2 CFR § 200.1](#) for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your [budget](#).

### Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [2 CFR 200.307](#).



# Step 2:

## Get Ready to Apply

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# Get registered

## SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

If you need additional information about user roles in SAM.gov, see “Get registered: SAM.gov user roles” in the [Application Guide \[PDF\]](#).

## Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#) and [How to Apply for Grants](#).

# Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-047.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

# Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

FAQs will be posted on our TA webpage after the webinar.

## Join the webinar

For more information about this opportunity, join the webinar:



**Have questions?** Go to [Contacts and Support](#).

Webinar information will be posted to the Related Documents tab on Grants.gov. We recommend you “Subscribe” to the NOFO on Grants.gov to receive updates when documents are posted.



# Step 3:

# Build Your Application

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# Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

## Narratives

Component	Grants.gov form	Included in page limit**?
<input type="checkbox"/> <a href="#">Project narrative</a>	Project Narrative Attachment form.	Yes
<input type="checkbox"/> <a href="#">Budget narrative</a>	Budget Narrative Attachment form.	Yes

## Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit**?
<input type="checkbox"/> 1. Work plan	Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 3. Biographical sketches	No
<input type="checkbox"/> 4. Agreements with other entities	Yes
<input type="checkbox"/> 5. Project organizational chart	Yes
<input type="checkbox"/> 6. Rural status documentation	No
<input type="checkbox"/> 7. Program sustainability documentation	Yes
<input type="checkbox"/> 8. SORH letters of intent	No
<input type="checkbox"/> 9. Indirect cost rate agreement (if applicable)	No
<input type="checkbox"/> 10. Disclosure of participation in or benefit from CMS Rural Transformation Program (if applicable)	No
<input type="checkbox"/> 11.-15. Other relevant documents	Yes

## Other required forms

Upload using each required form in Grants.gov.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary form	With application.
Grants.gov Lobbying form	With application.

\*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

# Application contents and format

This section includes guidance on each component found in the application checklist.

**Application page limit:** 60 pages

Submit your information in English and express whole number budget figures using U.S. dollars.

## Required format

Required format for project summary, project narrative, budget narrative, and attachments.

**Font:** A readable font like Arial, Courier, CG Times, or Times New Roman.

**File format:** We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

**Size:** 12-point font.

Footnotes, charts, graphics, and budget tables may be 10-point or higher.

**Ink color:** Black.

**Spacing:** Single-spaced, including all text and tables.

**Alignment:** Left

**Headings:** Bold all headings and align left.

**Size:** 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

**Margins:** 1-inch on all sides.

**Footer:** On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

**Page numbering:**

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

**File names:** You can find guidance for naming your files in the [Application Guide \[PDF\]](#).

## Project narrative

### Introduction

See merit review criterion 1: [Need](#)

- Briefly describe the purpose of your project.
- Identify specific goals, objectives, and expected outcomes.
- Summarize how your project will address population health needs and expand your proposed medical specialty in your target area.

### Need

See merit review criterion 1: [Need](#)

Summarize the health workforce and health care needs of the target area served by your proposed project. Focus this section on assessing the current health care infrastructure (such as the local or regional GME landscape) and describing the resources needed to develop a new rural residency program.

Use and cite demographic data whenever possible to support the information provided.

Specifically, you must:

- Describe the geographic area where you plan to start the new rural residency program.
  - Explain why you chose this area.
- Describe the unmet health care needs that the residency program will address.
  - Whenever possible, include data on:
    - Demographics.
    - Community conditions that impact health and well-being.
    - Health care needs of the population served.
    - Barriers to accessing care.

- Describe the area's health workforce shortages and need for physicians in your proposed medical specialty.
- Include information from the past 3 years to show the need.
  - For example, you may indicate the presence of geographic or population Health Professional Shortage Areas (HPSA) for primary care or mental health.
- Describe the rural health care delivery system.
  - Outline the needs of facilities hosting your proposed rural residency program.
  - Include information about organization structure and the clinical and faculty capacity to support the new rural residency program.
- List any residency programs (existing or in development) in the proposed medical specialty that serve the area where the proposed new rural residency program will be located.
- Describe progress you have already made towards planning or developing your proposed rural residency program.
  - Describe existing residency program collaborations and efforts to develop clinical training sites and to support preceptor development and retention.
  - Describe any consultations with the State Office of Rural Health related to this new rural residency program.
    - You must also at a minimum include the required letter of intent and any response received as [Attachment 8](#).

## Letter of intent

You must notify the State Office of Rural Health in any state where you have proposed to conduct rural training of your intent to apply to this program. We recommend making every effort to contact your state office early in the application process to advise them of your intent to apply. See [Attachment 8](#) for more details.

- Describe how your activities will advance one or more MAHA priorities.
- Explain how your activities build from, but do not duplicate, other federal, state, tribal, or local programs.
- If you are pursuing the Maternal Health and Obstetrics Pathway, you must also:
  - Describe gaps in the obstetrics services and existing resources available to care for individuals and families with high-risk factors in pregnancy.
  - Include current state or county-level data on demographics and community conditions that impact health of the target population.
  - Discuss their specific maternal health needs, including prevention and treatment of risk factors during pregnancy, such as diabetes, heart disease,

hypertension, obesity, depression, and opioid use disorder (OUD) and substance use disorder (SUD).

- You may use maternal health indicators from [HRSA's Maternal and Infant Mapping Tool](#).

## Approach

See merit review criterion 2: [Response](#)

Tell us how you'll address the needs you described and meet the [program goal](#), [objectives](#), and [program requirements and expectations](#).

Specifically, tell us how you will:

- **Achieve ACGME accreditation** for the new rural residency program, or a permanent complement increase for the new rural track program expansion, in a qualifying specialty by the end of the period of performance. Describe:
  - Your program's proposed sponsoring institution and whether it has received institutional accreditation.
    - If not yet accredited, describe your plans to achieve institutional accreditation.
    - Your Sponsoring Institution's plan to meet ACGME requirements for organizational capacity and program governance.
  - Your program's proposed clinical training sites in a table in [Attachment 6](#).
    - Show that greater than 50% of proposed clinical training will take place in facilities physically located in rural areas as defined by [HRSA's Federal Office of Rural Health Policy](#).
  - Your plan to make sure your clinical capacity meets ACGME program accreditation requirements, including:
    - Enough dedicated supervisory faculty.
    - Adequate patient care volume.
    - Appropriate resident training time in relevant medical specialties and subspecialties (such as obstetrics training).
    - If a clinical training partner addresses gaps in clinical capacity to meet ACGME requirements and provides significant support, you must submit a letter of agreement from the partner describing their committed resources and clinical capacity in [Attachment 4](#).
  - Your plan to appoint a residency program director by the end of year 1 of the grant (if not already hired).

- Include your faculty recruitment and development plan, including recruiting specialty faculty to meet ACGME requirements for the proposed specialty.
- Your curriculum and training plan, which should include:
  - Interprofessional training.
  - Training to address the specific health needs of the patient population in the rural area the residency will serve.
  - Your curriculum plan must prepare residents for successful board certification and clinical practice after residency.
- **Enroll residents in training** no later than the academic year immediately after the performance period ends. Describe your plan to:
  - Recruit a cohort of strong residents who are committed to rural practice.
    - Describe plans for outreach to medical students with rural backgrounds.
  - Recruit and train at least the minimum number of residents required for accreditation for the proposed specialty.
  - Promote resident and graduate retention in rural practice.
- **Track residents' career outcomes** for at least 5 years after the first graduating class from the rural residency program. Describe how you'll:
  - Develop, enhance, or leverage a graduate tracking system to track and publicly report (e.g., on your program website) on graduates' career outcomes and retention in rural areas. At a minimum, the graduate tracking plan should accurately collect the following information about graduates:
    - National Provider Identifier (NPI).
    - Practice locations.
    - Medical specialty/sub-specialty.
    - Employment status (part-time or full-time).
- **Describe innovative approaches** or unique program characteristics that improve rural residency training, such as:
  - Patient-centered medical homes.
  - Telehealth.
  - Interprofessional education and practice.
  - Integrating oral health.
  - Mental health and behavioral health.
  - Public health emergency preparedness and response training.

- **Describe a plan to disseminate reports**, products, or project outputs so other rural residency programs can use this model.
  - If you are pursuing the Maternal Health and Obstetrics Pathway, you must also:
    - Describe the types of clinical training sites for obstetrics training and the range of services at these sites, including ambulatory maternal care.
    - Include the number of anticipated vaginal deliveries and C-sections per year.
    - List the number of preceptors and faculty who provide maternal health care and describe their maternity and obstetrics services.
    - Clearly state the percentage of time and types of maternal health/obstetrics services residents will perform or experience while training in rural communities.
  - If you are proposing a family medicine with enhanced obstetrical training, you must:
    - Describe how you plan to enhance the family medicine residency program in maternal health and obstetrical training, referencing current ACGME requirements.
    - Describe how you'll effectively train family medicine residents for the independent practice of obstetrics in rural communities.

## High-level work plan

### See merit review criteria 2: [Response](#)

- Describe your planned activities to achieve the [program goal](#) and each of the identified [program objectives](#) during the period of performance.
- Include a detailed work plan in [Attachment 1](#). You should use this plan to show how you will achieve each of the [program milestones](#) in the [Program requirements and expectations](#) section. A sample work plan is included in [Appendix B](#) for your reference.
  - Your detailed work plan must:
    - List a start and end date for each activity.
    - Name the faculty, staff or key collaborator responsible for each. Key faculty/staff must match the staffing plan in [Attachment 2](#).
    - Provide Letters of Agreement from all key collaborators in [Attachment 4](#).
- Explain how key stakeholders will help plan, design, and carry out all activities, including developing the accreditation application.

- Discuss the extent to which these contributors reflect the populations and communities served, and how they helped develop the work plan.
- Explain how the work plan matches the program design.
  - Show that time frames for proposed activities fit into the overall grant timeline.
- You must disclose whether you participate in or benefit from your state's CMS Rural Transformation Program.
  - If you do, you must use [Attachment 10](#) to describe the CMS-supported activities and clearly explain how the proposed HRSA-funded work is non-duplicative, coordinated, and complementary.

## Resolving challenges

See merit review criterion 2: [Response](#)

Discuss challenges that you are likely to face when carrying out the activities in your work plan. Explain how you'll resolve them.

Specifically, you must:

- Discuss barriers that may limit progress toward the program goal and objectives. Examples include:
  - Lack of clinical experiences for residents.
  - Low patient volumes for residents.
  - Difficulty recruiting specialty and subspecialty preceptors.
  - Financial sustainability issues.
- Discuss expected internal challenges, such as managing expectations among clinical training partners.
- Discuss external challenges, like regulatory changes that may affect rural residency program development.
- Describe challenges incorporating interprofessional health care, innovative approaches, and culturally and linguistically appropriate care into the program curriculum.
- Describe challenges recruiting a cohort of strong residents committed to rural practice.
- Propose realistic strategies to address each barrier or challenge you discuss.

## Performance management

See merit review criteria 3: [Performance reporting and evaluation](#) and 5: [Resources and capabilities](#)

Describe your proposed plan to monitor ongoing processes and progress towards meeting the project goal, objectives, and expected outcomes.

- **Performance measurement and reporting.** See our [reporting manual](#) for performance measure requirements and examples of reporting forms. Describe how you will collect and report the required performance data accurately and on time.
  - Specifically, you must include the following performance measures for your residency program, in addition to the plan for tracking characteristics of graduates, practice locations, and intent to be employed in rural areas required in the [Approach](#) section:
    - Accredited positions.
    - Admissions.
    - Demographic characteristics of residents.
    - Location of training.
    - New curriculum development.
    - Faculty development.
  - If funded, you must report on selected characteristics of your residency program and residents you recruit during the period of performance.
  - Provide a table of anticipated values for the following initial outputs in your application:
    - Number and type (i.e., model and specialty) of newly established rural residency programs.
    - Number of residents each rural residency program can support in the first year.
    - Number of residents each rural residency program will support once fully established (longer-term goal).
    - Number and type of existing clinical training sites for residents.
    - Number and type of newly established clinical training sites for residents.
    - Number of faculty and staff trained to teach, support, and administer the curriculum at each rural residency program site.

- Number and type of existing collaborations (e.g., non-clinical training site) that support the rural residency program.
- Number and type of newly established collaborations (e.g., non-clinical training site) that support the rural residency program.
- Describe how you will manage and securely store data.
  - Explain how you will protect data against cybersecurity threats, breaches, or other loss of data integrity.
- Describe how you will monitor and analyze performance data to continually improve your program.
- **Program evaluation.** Describe the plan for the program performance evaluation that will meet ACGME accreditation requirements and promote continuous quality improvement. Include:
  - Clearly defined, viable metrics, including descriptions of the inputs (such as key personnel, collaborators, and other resources), key processes, and meaningful expected outcomes of the funded activities.
  - Challenges you expect when evaluating your program and how you will address them.
  - Your organization's evaluation capacity. Describe the experience, skills, and knowledge of your staff.

See the [reporting](#) section for more information.

## Sustainability

See merit review criterion 4: [Impact](#)

You must propose a clearly defined, fact-based, validated sustainability plan to support the long-term financial sustainability for the new rural residency program beyond the RRPD period of performance. You must:

- Select one or more of the sustainability options described in this NOFO. See the Program sustainability section of [Program requirements and expectations](#) for sustainability options.
  - Describe any financial investments you have already made.
  - Your financial sustainability plan must describe funding sources and clinical revenue that are available or projected for the long term.
  - Show how the plan ensures long-term sustainability, such as qualifying for Medicare GME payments or using other public or private funding. Do not include funding sources that rely on federal discretionary appropriations, such as THCGME funds, in your sustainability plan.

- Demonstrate the financial stability of the sponsoring institution and clinical training partners.
  - In [Attachment 4](#), Letters of Agreements from collaborators should clearly describe each partner's financial outlook, resources, and commitment to long-term support.
- Discuss any likely challenges and barriers, such as unstable non-Medicare funding sources or limited Medicare GME funding for certain hospitals, such as Sole Community Hospitals.
  - Explain how you will address these challenges.
- If you propose clinical sites that will rely on Medicare reasonable cost payments for residency training (like Critical Access Hospitals or Rural Emergency Hospitals) or receive only partial GME payments (like Medicare Dependent Hospitals or Sole Community Hospitals), discuss how you will ensure sufficient funding to sustain long-term resident training. See [Appendix A](#) for more information on Medicare GME payments.
- Provide the required documents in [Attachment 7](#) that show your sustainability plan is reasonable, feasible, and will result in long-term financial sustainability.
- We welcome you to select more than one sustainability option to strengthen your sustainability plan.
  - For some sustainability options, selecting additional options is required.
  - Attachments **must** include:
    - [Attachment 6](#): Rural status documentation
    - [Attachment 7](#): Sustainability documentation
  - Be sure to include all required documentation for each sustainability option you select.
- If your sustainability plan relies mainly on Option 6 (other public or private funding), include a backup plan should these funds be unavailable or not enough.

## Rural status documentation (Attachment 6)

**If you select Medicare sustainability options 1 or 2**, you must show that more than 50% of total resident training will take place at one or more clinical training sites located in a non-metropolitan (rural) area.

- Rural status is based on the physical location of the clinical training site.
- Training time at hospitals in metropolitan (urban) counties does not count towards the required training time in rural sites, even if the hospital reclassified as administratively rural under 42 CFR 412.103.

- Hospitals reclassified as administratively rural under 42 CFR 412.103 may use sustainability option 4 if they meet the FORHP definition of rural.

To check if a hospital is considered rural (non-metropolitan) per the CMS definition, review:

- [FY2026 IPPS Final Rule’s “County to CBSA Crosswalk” and “Urban CBSAs and Constituent Counties for Acute Care Hospitals”](#).

**If you do not use Medicare options 1 nor 2**, you must still document that more than 50% of resident training will take place in a rural area defined by FORHP. Use the [Rural Health Grants Eligibility Analyzer](#) to check the rural status of the training sites.

## Medicare sustainability documentation (Attachment 7)

### Options 1, 2, 3, or 4: Documentation for Medicare GME sustainability

Provide documentation that demonstrates that the rural hospital (or the urban hospital in the case of a rural track program) is eligible for Medicare GME funding.

- In [Attachment 7](#), provide a letter from hospital’s chief executive officer or other leadership confirming, through careful examination of past Medicare cost reports since 1996<sup>[20]</sup>, that:
  - The proposed new rural residency program<sup>[21]</sup> or RTP is eligible to qualify for Medicare GME funding.
  - Past Medicare cost reports since 1996 show no residency training in settled reports within the 3-year reopening period.
  - The hospital has no Medicare FTE resident caps for the proposed new rural residency program or RTP (new or additional rural site).
  - **For option 3:** The letter must also confirm that the hospital has not established a DGME PRA.
  - **For option 4:** The letter must also confirm that the hospital has reclassified as administratively rural under 42 CFR 412.103.

### Option 5: Documentation for Medicare sustainability (Critical Access Hospitals)

For a sustainability plan that relies on Medicare sustainability option 5: Medicare reasonable cost payments for Critical Access Hospitals, provide the following documents in [Attachment 7](#):

- Letter from hospital’s chief executive officer or other responsible leadership confirming:
  - The hospital is certified by CMS as a Critical Access Hospital.

- Past cost reports and hospital financial records show that the new rural residency program can be sustained with Medicare reasonable cost payments and other public or private funding.
- If your sustainability plan relies on option 5, you must also submit additional information under Option 6: Other public and private funding.

### Option 6: Documentation for other public or private funding

**If using non-Medicare public funding**, you must show long-term viability. In [Attachment 7](#), describe:

- The funding mechanism.
- Application process (competitive vs. noncompetitive).
- How your program qualifies for the funding.
- Anticipated award date and the expected amount, duration, and availability of the funding.
- If your sustainability plan relies on Medicaid, you must describe the types of Medicaid GME payment in detail, including an approximate amount per resident. Do not include Medicaid reimbursement for clinical services.

**If you plan to use private funding**, provide a letter of agreement in [Attachment 7](#) from the funder that states:

- The level of commitment to the sustainability of the program.
- Funding amount and duration.
- Potential future funding (if applicable).

## Sustainability options checklist

As noted before, in addition to describing the program sustainability plan within the project narrative, you **must include Attachments 6 and 7** to be eligible.

These attachments must include different information for each of the program sustainability options that you select.

**Table: Required sustainability option documents**

If you choose:	Attachment 6 – Provide proof that rural training sites meet:	Attachment 7 – Include the following required documents:
<p><b>Option 1:</b> Rural hospital <b>new</b> residency program</p>	<ul style="list-style-type: none"> <li>• CMS definition of rural (non-metropolitan).</li> <li>• FORHP definition of rural.</li> </ul>	<p>Submit a letter from the hospital CEO or other leadership confirming that:</p> <ul style="list-style-type: none"> <li>• The proposed rural residency program is a new program or specialty for purposes of Medicare GME funding.</li> <li>• The hospital has not hosted pre-planned and scheduled residency training in the proposed specialty in past cost reports that are settled but within the 3-year reopening periods.</li> <li>• The hospital does not have previously set Medicare FTE resident caps for the proposed program.</li> </ul>
<p><b>Option 2:</b> Medicare FTE resident cap expansion for RTPs</p>	<ul style="list-style-type: none"> <li>• CMS definition of rural.</li> <li>• FORHP definition of rural.</li> </ul>	<p>Submit a letter from the hospital CEO or other leadership confirming that:</p> <ul style="list-style-type: none"> <li>• Proposed RTP (new or additional rural site) is eligible for Medicare GME funding.</li> <li>• The hospital has not hosted pre-planned and scheduled residency training in past cost reports that are settled but within the 3-year reopening periods.</li> <li>• The hospital does not have previously set Medicare FTE resident caps for the proposed RTP.</li> </ul>
<p><b>Option 3:</b> Establishing a Medicare FTE resident cap</p>	<ul style="list-style-type: none"> <li>• FORHP definition of rural.</li> </ul>	<p>Submit a letter from the hospital CEO or other leadership confirming that:</p> <ul style="list-style-type: none"> <li>• The proposed rural residency program is new for purposes of Medicare GME funding.</li> <li>• The hospital has not hosted pre-planned and scheduled residency training in past cost reports that are settled but within the 3-year reopening periods.</li> </ul>

If you choose:	Attachment 6 – Provide proof that rural training sites meet:	Attachment 7 – Include the following required documents:
		<ul style="list-style-type: none"> <li>The hospital does not have previously set Medicare resident FTE caps or previously triggered DGME PRA.</li> </ul>
<p><b>Option 4:</b> Medicare FTE cap adjustment for administratively rural hospitals</p>	<ul style="list-style-type: none"> <li>FORHP definition of rural.</li> </ul>	<p>Submit a letter from the hospital CEO or other leadership confirming that:</p> <ul style="list-style-type: none"> <li>The hospital has reclassified as administratively rural under 42 CFR 412.103.</li> <li>The proposed rural residency program is a new program or specialty for purposes of Medicare GME funding.</li> <li>The hospital has not hosted pre-planned and scheduled residency training in the proposed program in past cost reports that are settled but within the 3-year reopening periods.</li> <li>The hospital does not have previously set Medicare FTE resident caps for the proposed program.</li> </ul>
<p><b>Option 5:</b> Medicare reasonable cost payments for CAHs</p>	<ul style="list-style-type: none"> <li>FORHP definition of rural.</li> </ul>	<p>Submit a letter from the hospital’s CEO or other responsible leadership confirming that:</p> <ul style="list-style-type: none"> <li>The hospital is certified by CMS as a CAH.</li> <li>Past cost reports and hospital financial records show that the new rural residency program can be sustained with Medicare reasonable cost payments and other public or private funding.</li> </ul> <p>Submit additional sustainability information/ documentation under Option 6: Other public and private funding.</p>
<p><b>Option 6:</b></p>		
<p>A: Non-Medicare public funding</p>	<ul style="list-style-type: none"> <li>FORHP definition of rural.</li> </ul>	<p>Submit a document that demonstrates the long-term viability of the funding and clearly describes the funding mechanism, including:</p> <ul style="list-style-type: none"> <li>Application process (competitive vs. noncompetitive).</li> <li>How your program qualifies for the funding.</li> <li>The anticipated award date and the expected amount, duration, and availability of the funding.</li> </ul>

If you choose:	Attachment 6 – Provide proof that rural training sites meet:	Attachment 7 – Include the following required documents:
		<ul style="list-style-type: none"> <li>If your sustainability plan relies on Medicaid, you must describe the types of Medicaid GME payment in detail, including an approximate amount per resident.</li> </ul>
B: Private funding	<ul style="list-style-type: none"> <li>FORHP definition of rural.</li> </ul>	Submit Letter of agreement from the funder, including: <ul style="list-style-type: none"> <li>The level of commitment to the sustainability of the program.</li> <li>Funding amount and duration of funding.</li> <li>Potential future funding support (if applicable).</li> </ul>

## Organizational information

See merit review criterion 5: [Resources and capabilities](#)

Briefly describe your mission, structure, and the scope of your current activities.

Explain how they will help you carry out the program activities, achieve the [program goal](#) and meet [program expectations](#).

- Discuss how you'll follow the approved project, track all federal funds, and record all costs to avoid issues during the project audit.
  - If funds will be sub-awarded or expended on contracts, explain how your organization will ensure these funds are properly used and monitored.
  - Discuss policies and procedures in place that meet or exceed the requirements in [2 CFR part 200](#) regarding sub-recipient monitoring and management.
- Describe how you'll assess the unique needs of the people who live in the community you serve.
- If your organization is not the rural training partner, describe how you will ensure that that they have a clear, defined role in program decision making.
- Describe your organizational profile, budget, collaborators, and key processes, and how they will support the successful development of a new rural residency program.
  - Describe your organization's experience developing rural residency programs.
  - Discuss how the expertise of collaborators will contribute to successfully implementing a new rural residency program.

- Include letters of agreement with all key collaborators, clinical training sites, and the sponsoring institution, if different from the applicant organization, in [Attachment 4](#).
- If your organization is in an urban area, you must demonstrate that you can train residents in rural facilities, by either:
  - Operating a clinical site in a rural area as defined by HRSA's FORHP, or
  - Demonstrating that you are part of a consortium<sup>[22]</sup> where at least one consortium member operates a clinical training site in rural area.
- If your organization is a GME consortium or will operate the new residency program as part of a GME consortium, you must:
  - List all members of the GME consortium.
  - Identify key personnel and responsibilities of each consortium member.
  - Explain the flow of grant funds between members of the consortium (if applicable).
- Include a project organization chart in [Attachment 5](#).
  - The chart must identify and show relationships between:
    - The applicant organization.
    - The residency program Sponsoring Institution.
    - All relevant collaborators, including clinical training partners.
- Describe your key staff's relevant experience, skills, and knowledge for the proposed project.
  - Include the staffing plan and job descriptions for key faculty/staff in [Attachment 2](#).
  - Include biographical sketches for each person in a key role in [Attachment 3](#).
- Describe how both your organization's clinical training facilities and partnering clinical training sites' facilities will meet the ACGME requirements for the proposed new residency program.

# Budget and budget narrative

See merit review criterion 6: [Support requested](#)

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for [equipment](#) and [supply](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).
- How the costs will be allocated across each of the three years of the period of performance. As a reminder, you must allocate the award funding across each of the three years. You must submit a budget and budget narrative for each of the three years of the period of performance. While you must distribute the funding across each of the three years, the budget does not need to be evenly split across the three-year period of performance and can vary based on your program's needs.
- The project director must attend an annual grantee meeting, which should be included in the travel section of your budget.
- If funds will be sub-awarded or expended on contracts or consultants, the budget narrative must describe the services they will perform and total estimated costs.
- You cannot use funds under this notice for the following:
  - Resident salaries and benefits.
  - Ongoing operating costs of the residency program, including recurring fees to accreditors.
  - Ongoing support for resident training(e.g., as a program sustainability plan).

To create your budget narrative, see budget narrative detailed instructions in the [Application Guide \[PDF\]](#).

## Attachments

**Place your attachments in this order in the Attachments Form.** See [application checklist](#) to determine if they count toward the page limit.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

### Attachment 1: Work Plan

Attach the project's work plan. Make sure it includes everything required in the [Project narrative](#) section.

### Attachment 2: Staffing plan and job descriptions

See Section 3.1.7 of the [Application Guide \[PDF\]](#).

- Include a staffing plan that shows the staff positions that will support the project, and key information about each.
  - At a minimum, this must include your proposed project director, your residency program director, and residency program coordinator.
    - The residency program director is not required to be the project director for the grant.
- Justify your staffing choices, including their education and experience.
- Explain your reasons for the amount of time you request for each staff position.
- For each key staff member, attach a one-page job description.
  - It must include their role, responsibilities, and qualifications.

### Attachment 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in [Attachment 2](#).

Each biographical sketch should be no more than two pages. Do not include non-public, [personally identifiable information](#). If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Include the following in each biographical sketch:

- Name.
- Position title.

- Education or training, beginning with baccalaureate or other initial professional education, such as nursing. Include postdoctoral training and residency training if applicable.
  - Institution and location.
  - Degree (if applicable), date of degree (MM/YY), and field of study.
- Personal statement: Briefly describe why the individual's experience and qualifications make them particularly well suited for their role in the project that is the subject of the award.
- Positions and honors:
  - List in chronological order previous positions, concluding with the present position.
  - List any honors.
  - Include present membership on any Federal Government public advisory committee.
- Peer-reviewed publications or manuscripts in press in chronological order (optional):
  - Limit the list of selected peer-reviewed publications or manuscripts in press to no more than 5 items.
  - Do not include manuscripts submitted or in preparation.
  - The individual may choose to include selected publications based on date, importance to the field, or relevance to the position.
  - Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Other support (optional):
  - List both selected ongoing and completed projects during the last 3 years (federal or non-federal support).
  - Begin with any projects relevant to the project proposed in this application.
  - Briefly indicate the overall goals of the projects and responsibilities of the Key Person identified on the Biographical Sketch.

## Attachment 4: Agreements with other entities

- Provide any documents that describe working relationships between your organization and others you mention in your project narrative.
- You must include letters of agreement with all key collaborators, clinical training sites, and the sponsoring institution, if different from the applicant organization.
  - These letters of agreement should clearly describe their financial outlook, resources, and commitment to support the program long-term
  - If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors and any deliverables.
  - It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization.
- Make sure letters of agreement are signed and dated.

## Attachment 5: Project organizational chart

- Provide a one-page diagram that shows the full project's organizational structure.
- The chart must identify and show relationships between the applicant organization, the residency program sponsoring institution, and all relevant collaborators, including clinical training partners involved in the development and operation of the new rural residency program.
- Refer to the project narrative [Organizational information](#) section for more information.

## Attachment 6: Rural status documentation

Provide a table of all proposed training sites that includes the following key information:

- Site name, CMS Certification Number (CCN), and address.
- County name and state.
- Site type.
- CMS rural status: county rural or urban status in the [FY 2026 IPPS Final Rule](#).
- FORHP rural status: site rural status in the [Rural Health Grants Eligibility Analyzer](#).
- Projected percentage of resident training time at each site.

See [Appendix B](#) for a sample table.

## Site type

The types of clinical training sites for your proposed residency program are important in assessing the feasibility of your sustainability plan. For each proposed training site, choose one or more options from the following types:

- Critical Access Hospital (CAH).
- Sole Community Hospital (SCH).
- Medicare Dependent Hospital (MDH).
- Rural Referral Center (RRC).
- IPPS “Never Claimer”.
- Established teaching hospital.
- Indian Health Services (IHS) hospital.
- Veterans Affairs (VA) Health Facility.
- Non-hospital site (like a federally qualified health center, rural health clinic, or another clinic).

You may register for free to use the RRPD-TA Center’s [Rural GME Hospital Analyzer tool](#) as a starting point to determine site type for your proposed training sites. This tool is for information purposes only.

## Rural status

Include an attestation that the program will train residents in rural areas for greater than 50 percent of their total residency training time.

You must provide proof of rural designation for all rural training sites:

- To determine if a site meets the FORHP definition of rural, use the [Rural Health Grants Eligibility Analyzer](#).
  - Include a screenshot or printout of the Eligibility Analyzer result for each rural training site.
  - In some cases, a location may be considered rural by FORHP that is not in a rural county according to CMS.
- To determine if a hospital or other training site is located in a county that is rural for CMS IPPS wage index purposes, download and review the FY 2026 “County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File” that is available on the [FY2026 IPPS Final Rule home page](#).
  - Counties without a CBSA or CBSA Name listed in Columns D and E are considered rural for CMS purposes.
  - Include a screenshot from this file for each rural county where training is proposed.

- If you propose a sustainability plan that includes sustainability options 1 or 2, you must demonstrate that the rural clinical training site(s) where greater than 50% of the training will occur is in a rural county according to CMS.

## **Attachment 7: Sustainability documents**

- Provide documentation that supports the residency program sustainability plan during and after grant funding (for example, qualifying under current regulatory authority for Medicare GME or other public or private support).
  - For required documentation for all program sustainability options, refer to the project narrative's Sustainability section.
- We will review the sustainability documentation in this attachment to ensure it is complete and responsive based on the sustainability options you describe in your narrative.
- We will not consider applications with incomplete or non-responsive documentation.

## **Attachment 8: State Office of Rural Health letters of intent**

- Provide a copy of the letter or email sent to the State Office of Rural Health showing the date submitted so as to ensure advance notification that describes your project **and** any response received from them.
- You must notify the office in the state(s) where you are proposing to conduct rural training of your intent to apply to this program.
- For a list of the state offices<sup>[23]</sup>, visit the [National Organization of State Offices of Rural Health website](#).

## **Attachment 9: Indirect cost rate agreement (if applicable)**

If you are requesting to use Method 1 – Approved rate to calculate your [indirect costs](#), and you currently have an indirect cost rate approved by your cognizant federal agency, provide a copy of your signed indirect cost rate agreement.

## Attachment 10: Disclosure of participation in or benefit from CMS Rural Transformation Program (if applicable)

Submit this attachment **only** if you participate in or benefit from their state's CMS Rural Transformation Program. Provide a description of the CMS-supported activities and clearly explain how the proposed HRSA-funded work is non-duplicative, coordinated, and complementary. **Reviewers will not consider this information during merit review.**

## Attachment 11-15: Other relevant documents

You may use attachments 11 through 15 to add other relevant documents.

## Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary form	With application.
Grants.gov Lobbying form	With application.

## Form instructions

The Application Guide has detailed instructions for:

- The [Application for Federal Assistance \(SF-424\)](#).
- The [Budget Information for Non-Construction Programs \(SF-424A\)](#).

## Project abstract summary form instructions

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. Additionally, in the project abstract section of your form, include the following items in list format first, followed by the narrative content indicated:

- Applicant facility type. Select one:
  - Rural Hospital.
  - Urban hospital for RTP.
  - Institution of Higher Education.
  - GME Consortium.
  - Other: Please specify.
- Program pathways. Select one or both:
  - General Primary Care and High Need Specialty pathway residency.
  - Maternal Health and Obstetrics pathway residency.
- Residency medical specialties.
- Residency format. Select one:
  - Rural residency program (non-RTP).
  - New rural track program, or RTP (new program accreditation).
  - Rural track program expansion (adding new rural training site or sites to existing program).
- Sponsoring institution name, location, and ACGME sponsor program code (if applicable).
- Rural target county or counties.
- Funding amount requested.
- Program sustainability option (refer to Program sustainability section of [Program requirements and expectations](#)).
- Projected total number of residents.
- Expected ACGME accreditation and first resident matriculation dates.
- List of recent HRSA awards received within the last 5 years, if applicable, by program name and grant number (for example, Rural Residency Planning and Development Program, Grant No. P13RH99999).

### Project abstract narrative content

- Provide a brief overview of the project, including description of geographic area, target patient population and needs, consortium members (if applicable) and clinical collaborations (for example, training partners and types of clinical facilities).
- Include specific measurable objectives and expected outcomes of the project and how you will accomplish what you propose (i.e., the “who, what, when, where, why, and how” of the project).

For more information, see Section 3.1.2 of the [Application Guide \[PDF\]](#).

#### **Important: public information**

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant’s Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples.](#)



# Step 4:

# Understand Review, Selection, and Award

## In this step

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# Application review

## Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, we will not fund it. If this is the case, we will notify your authorized official.

We will not review any pages that exceed the page limit.

## Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the [Application Guide \[PDF\]](#). The members use these criteria.

Criterion	Total number of points = 100
1. Need	15 points
2. Response	30 points
3. Performance reporting and evaluation	10 points
4. Impact	25 points
5. Resources and capabilities	15 points
6. Support requested	5 points

### Criterion 1: Need (15 points)

See the project narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it:

- Describes the health workforce and health care needs of the target areas and any contributing factors.
- Justifies the geographic target area where the proposed rural residency program will be located.
- Explains how the program will address the unmet health care needs of the populations it will serve.
- Uses appropriate data sources to show limited health resources and increased burden of diseases and other conditions among rural residents within these communities (e.g., demographics, health outcomes, barriers to access, etc.).

- Demonstrates a significant workforce shortage and need in the proposed qualifying specialty in the target area.
- Describes the rural health care delivery system and provides details of the needs of the facilities hosting your proposed program.
- Describes the organization's structure and any additional clinical or faculty capacity needed to successfully establish the proposed rural residency program.
- Assesses the current GME landscape for the proposed target rural area(s), including existing or developing rural residency programs, and describes the need for a new rural residency program.
- Describes progress towards planning and developing the proposed new rural residency program, including:
  - Existing residency program collaborations and efforts to support development of clinical training sites and preceptor development and retention.
  - Any consultations with the State Office of Rural Health.

Additionally, the panel will evaluate how well a Maternal Health and Obstetrics Pathway application:

- Describes the need for more obstetrics-gynecology and family medicine physicians with expertise in managing maternal health care in rural areas, who can improve maternal health outcomes with limited resources.
- Describes the demographics of and community conditions that impact health of the target population.
- Describes their maternal health needs, including the need for training residents to prevent and treat certain high-risk factors in pregnancy (e.g., diabetes, heart disease, hypertension, obesity, depression, OUD/SUD).
- Provides current state or county-level data, such as data from [HRSA's Maternal and Infant Health Mapping Tool](#).

See Program pathways and qualifying medical specialties section of the [Program requirements and expectations](#) for more information.

## Criterion 2: Response (30 points)

See the project narrative [Approach](#), [High-level work plan](#), and [Resolving challenge](#) sections.

The panel will review your application for:

### 2a: Approach (10 points)

The panel will evaluate each application for how well it:

- Describes activities likely to achieve the [program goal](#) and [objectives](#) and establish a new rural residency program or RTP that achieves accreditation by ACGME in a qualifying specialty.
- Describes the proposed sponsoring institution, and if applicable, the plan to achieve institutional accreditation.
- Describes how the sponsoring institution will ensure required organizational capacity and program governance structure needed to meet ACGME sponsoring institution and program accreditation requirements.
- Describes the proposed training sites and demonstrates in [Attachment 6](#) that greater than 50% of the training will take place in facilities physically located in rural areas as defined by [HRSA's Federal Office of Rural Health Policy \(FORHP\)](#).
- Demonstrates clinical capacity to meet ACGME accreditation requirements by the end of the RRPD grant program period of performance.
  - This includes describing dedicated supervisory faculty, adequate patient care volume, and appropriate resident training time in relevant medical specialties and subspecialties.
    - For example, adequate obstetrics training.
  - If a clinical training partner(s) addresses gaps in clinical capacity to meet ACGME requirements, the application must include letters of agreement from the clinical partner demonstrating their committed resources and clinical capacity in [Attachment 4](#).
- Describes a realistic plan to appoint a residency program director (if not already appointed) by the end of the first year of the grant and a faculty recruitment and development plan.
  - Includes recruiting faculty with specialty expertise to meet ACGME requirements for the proposed specialty.
- Describes how residency program education will deliver high-quality training and curriculum and include interprofessional education and training to address emerging rural population health needs.

- Describes how training will prepare residents for successful board certification and clinical practice following their residency.
- Describes a strategic plan to recruit a cohort of strong residents who are committed to practice in rural communities.
- Describes a feasible graduate tracking plan to track and publicly report residents' practice locations and retention in rural communities for at least 5 years after the first graduating class from the rural residency program.
  - At a minimum, the graduate tracking plan should accurately collect the following for each graduate:
    - The NPI.
    - Practice locations.
    - Medical specialty/sub-specialty.
    - Employment status.
- Explains innovative approaches or unique program characteristics that would enhance the quality of rural residency training to meet the needs of the targeted rural area.
- Describes a plan to disseminate reports, products, or project outputs so project information may inform other programs to pursue this model.

Additionally, the panel will evaluate how well a **Maternal Health and Obstetrics Pathway** application:

- Describes how the clinical training sites will support maternal health and obstetrics training, including the number of vaginal deliveries and C-sections, and the range of services needed to develop competency among residents.
- Describes enough preceptors and faculty members with maternal health and obstetrics expertise who will train family medicine residents or obstetrics and gynecology residents to practice in rural areas.
- Describes a plan to provide adequate maternal health/obstetrics clinical experience at a rural site(s) capable of supporting the resident complement.
- If proposing a family medicine with enhanced obstetrics program, demonstrates that the proposed family medicine program in the maternal health pathway will meet maternal health and obstetrical training, referencing current ACGME requirements, to train family medicine residents for the independent practice of obstetrics in rural communities.

## 2b: Work plan (10 points)

The panel will evaluate how well each application:

- Proposes planned activities that are likely to achieve the program goal and each of the program objectives during the period of performance.
- Provides a detailed and logical work plan in [Attachment 1](#) that will support the achievement of the program goals and objectives identified in the [Approach](#) section of the project narrative.
- Provides a clear and complete work plan in [Attachment 1](#) that describes timeframes, deliverables, and key faculty/staff and collaborators required to execute each activity during the three-year period of performance.
- Clearly identifies the parties responsible for each activity.
  - Faculty and/or staff identified in the work plan must align with the staffing plan in [Attachment 2](#).
  - Key collaborators identified in the work plan must align with letters of agreement provided in [Attachment 4](#).
- Clearly identifies how key stakeholders (including sub-award recipients) will help plan, design, and implement the new rural residency program.
- Describes the extent to which the contributors reflect the population and communities served by the residency program, and how they helped develop the workplan.
- Explains how the work plan is appropriate for the program design demonstrate that the time frames for proposed activities fit into the overall timeline of the grant.

## 2c: Resolving challenges (10 points)

The panel will assess how well the application:

- Demonstrates an understanding of the challenges faced when establishing a new rural residency program and proposes reasonable strategies to address these challenges.
- Demonstrates an understanding of expected challenges both internal and external to the organization that may directly or indirectly affect the development of the program and provides a plan to overcome them.
- Describes challenges with incorporating interprofessional health care, innovative approaches, and culturally and linguistically appropriate care in the program curriculum and proposes resolutions to these challenges.
- Provides strong strategies for overcoming challenges in recruiting a cohort of high-quality residents.

## Criterion 3: Performance reporting and evaluation (10 points)

See the project narrative [Performance reporting and evaluation](#) section.

The panel will assess how well your application:

### Evaluation

- Proposes a clearly defined performance evaluation plan that will contribute to continuous quality improvement.
- Proposes reasonable solutions for addressing potential evaluation barriers.
- Demonstrates adequate technical support capacity to conduct performance management and evaluation.

### Performance measurement

- Demonstrates a strong plan to monitor ongoing processes and report on measurable outcomes requested to achieve program goals and objectives, which include both:
  - HRSA's performance reporting measures.
  - Applicant's performance evaluation process dedicated to achieving ACGME accreditation.
- Includes a logical and well-supported table of anticipated values for the following output measures:
  - Number and type (model and specialty) of newly established rural residency program.
  - Number of residents each rural residency program can support in the first year.
  - Number of residents each rural residency program will support once fully established (longer-term goal).
  - Number and type of existing clinical training sites for residents.
  - Number and type of newly established clinical training sites for residents.
  - Number of faculty and staff trained to teach, support, and administer the curriculum at each rural residency program site.
  - Number and type of existing collaborations (e.g., non-clinical training site) that support the rural residency program.
  - Number and type of newly established collaborations (e.g., non-clinical training site) that support the rural residency program.
- Provides a clearly defined plan to manage and securely store data collected.

## Criterion 4: Impact (25 points)

See the project narrative **Sustainability** sections.

The panel will assess how well your application:

- Describes a clearly defined, fact-based, validated sustainability plan for the proposed rural residency program to provide long-term financial support for the residency beyond the RRPD period of performance. This must:
  - Include funding sources other than clinical revenue and one (or a combination) of the funding options presented in the [Sustainability](#) section of [Program requirements and expectations](#).
  - Explain the funding mechanisms and how the proposed program qualifies for the funding.
  - Substantiate that the proposed funding source will sustain the proposed rural residency program or RTP for the long term.
    - For example, Sole Community Hospitals typically do not receive full Medicare GME payments and therefore may require additional sustainability funding from other sources beyond Medicare and clinical operating revenue.
- Demonstrates a stable financial outlook for the sponsoring institution and clinical training partners involved in the new rural residency program.
  - In [Attachment 4](#), letters of agreement from collaborators must clearly describe their financial outlook, resources, and commitment to support the new program long-term.
- Describes financial investments already made for the new rural residency program.
- Provides strong supporting documentation validating the proposed sustainability plan in [Attachment 6](#) and [Attachment 7](#).
- Describes a plan for supporting programmatic sustainability of the new rural residency program.
- Identifies challenges and barriers to the proposed sustainability plan and proposes strong resolutions to address these issues to sustain the new rural residency program long-term.

The panel will consider the following for each of the program sustainability options identified in the Project narrative's [Sustainability](#) section.

If an application proposes using Medicare sustainability options 1, 2, 3, or 4, the panel will consider:

- How well the application describes a strategy to qualify for these Medicare GME options (i.e., DGME and IME payments) and the viability of the proposed strategy.
- The strength of all [required supporting documentation](#) provided in Attachments 6 and 7 demonstrating eligibility for Medicare GME.

If an application proposes using Medicare sustainability option 5, the panel will consider:

- How well the application describes a strategy to create a sustainable rural residency program at a CAH.
- How well the required supporting documentation in Attachments 6 and 7 demonstrates eligibility for cost-based reimbursement as a CAH.
  - Applications proposing Medicare sustainability option 5 are required to submit additional sustainability information under Option 6: Other public and private funding.

For applications proposing to use non-Medicare sustainability funds (Option 6: Other public or private funding), the panel will consider how well the application demonstrates:

- (For non-Medicare public funding), that the funding stream is viable long term and not based on federal discretionary appropriations, and that the program is reasonably qualified to obtain the public funding.
- (For sustainability plans that rely mainly on non-Medicare public funding sources), a reasonable backup plan for sustainability, should those public funds be unavailable or insufficient
- (For private funding), the long-term viability of the funding stream, and through letters of agreement, the level of commitment of the private funder to the sustainability of the program, including:
  - Funding amount.
  - Duration of funding.
  - Any potential future funding.

We welcome you to select more than one sustainability option to strengthen your sustainability plan. Reviewers will consider the quality and extent to which an application that selects a combination from the six options has demonstrated meeting the criteria for each.

## Criterion 5: Resources and capabilities (15 points)

See the project narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

The panel will assess how well the application:

- Describes your organization's current mission, structure, and scope of current activities for the applicant organization.
- Describes your organization's ability to successfully develop a new rural residency program and follow the approved project, keep track of all federal funds, and record all costs to avoid issues during the project audit.
- Demonstrates your organization's capacity to ensure funds are properly used and monitored, including:
  - Having policies and procedures in place that meet or exceed the requirements in [2 CFR part 200](#) regarding sub-recipient monitoring and management (if the application proposes sub awards or contracts).
- Describes a plan to assess the unique needs of the people who live in the community you serve.
- Describes your plan to ensure that the rural training partner has a clear, defined role in program decision making (if your organization is not the rural training partner).
- Describe your organizational profile, budget, collaborators, and key processes.
- Includes corresponding letters of agreement with all primary training partners are included in [Attachment 4](#).
- Demonstrates that if your organization is in an urban area, you will be able to train residents in rural facilities by either:
  - Operating a clinical site in a rural area as defined by HRSA's FORHP, or
  - Demonstrating that you are part of a consortium where at least one consortium member operates a clinical training site in a rural area.
- Describes the members of the GME consortium, key personnel, responsibilities of each consortium member involved with the grant, and explains the flow of grant funds between members of the consortium (if the application includes a GME consortium).
- Provides an organizational chart in [Attachment 5](#) that clearly identifies:
  - The applicant organization.
  - The sponsoring institution.
  - All relevant collaborators, including clinical training partners required for the rural residency program.

- Describes a comprehensive staffing plan that will contribute to the success of the project in [Attachment 2](#) and demonstrates the aptitude and expertise of faculty and staff to implement the proposed work plan in [Attachment 3](#).
- Demonstrates the adequacy of facilities available to fulfill the needs of the proposed residency program.

## Criterion 6: Support requested (5 points)

See the [Budget and budget narrative](#) section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's scope.
  - If you propose subawards, contracts, or consultants, how well you describe the services they will perform and their estimated costs.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.

We do not consider **voluntary** cost sharing during merit review.

## Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [2 CFR 200.206](#).

## Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- [Alignment with HRSA Mission and Strategic Priorities](#)
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

You cannot appeal a denial, or the amount of funds awarded. Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

## Special considerations

This program includes special considerations based on HRSA. This program includes a special consideration to prevent significant overlap of service areas. We may give your application special consideration if it addresses the following focus areas:

- If two or more applicants propose to train residents in the same medical specialty and target area, then only the highest ranked application for that specialty in the target area will receive consideration for award within available funding ranges.
- We will not consider applications proposing a new residency program in a target area currently served by a previously or currently funded RRPD recipient in the same specialty as the proposed program.

Qualifying for special consideration does not guarantee that you will receive funding.

To achieve the distribution of awards as stated, we may need to fund out of rank order.

# Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See “how we make awards” in the [Application Guide \[PDF\]](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.



# Step 5: Submit Your Application

## In this step

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# Application submission and deadlines

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

## Application deadline

You must submit your application by **07/08/2026, at 11:59 p.m. ET.**

Grants.gov creates a date and time record when it receives applications.

If you need a deadline extension, see "requesting a waiver" in the [Application Guide \[PDF\]](#).

## Submission method

### Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the [Application Guide \[PDF\]](#).



**Have questions?** Go to [Contacts and Support](#).

# Other submissions

## Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the list of [state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.



# Step 6: Learn What Happens After Award

## In this step

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# Post-award requirements and administration

## Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR Part 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at [2 CFR Part 300](#), and any superseding regulations.
- The [HHS Grants Policy Statement](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Grants Policy Statement](#), Appendix D: HHS Administrative and National Policy Requirements.
- The requirements for performance management in [2 CFR 200.301](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

## Required alignment with HRSA mission and strategic priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA [vision, mission, core values, and strategic priorities](#), where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for

sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
  - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
  - Maintain strong internal controls.
  - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

**Make America Healthy Again (MAHA):** HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

**Child protections, biological integrity, parental rights, and lawful use of funds:** HRSA prioritizes safeguarding children's health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

**Advancing evidence-based, merit-driven, and ethically grounded health care:** HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- “Harm reduction” models.
- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

**Promoting public safety, lawful use of federal funds, and national health priorities:**

To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at [2 CFR. part 200](#) and the terms and conditions of this award. This includes termination under [CFR. 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

## Cybersecurity

If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here](#).

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity.  Visit to <a href="#">45 CFR 170, Subpart B</a> learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the <a href="#">ONC Health IT Certification Program</a> if certified technology can support the activity.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the [ONC Interoperability Standards Advisory](#).

## Reporting

If you are funded, you will have to follow the reporting requirements in “reporting” section of the [Application Guide \[PDF\]](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress report(s) each quarter
- Annual performance reports.
- Submission of key parts of your application (project narrative, work plan, staffing plan, sustainability documentation, organizational chart, and budget narrative) to the RRPD Technical Assistance Center within 45 days after the project start date.
- Submission of ACGME documentation confirming application completion and submission in ACGME Accreditation Data System (ADS) within 24 months after the project start date.
- Submission of a graduate tracking plan within 24 months of the project start date.



# Contacts and Support

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# Agency contacts

## Program and eligibility

### Jason Steele

Public Health Analyst

Attn: Rural Residency Planning and Development Program

Health Resources and Services Administration

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301-443-2203

## Financial and budget

### Beverly Smith

Grants Management Specialist Division of Grants Management Operations

Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

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301-443-7065

## HRSA contact center

**Open Monday – Friday, 7 a.m. – 8 p.m. ET**, except for federal holidays.

**Call:** 877-464-4772 / 877-Go4-HRSA

**TTY:** 877-897-9910

[Electronic Handbooks Contact Center](#)

# Help with systems

## Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

## SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

## Helpful websites

- [Application Guide \[PDF\]](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Frequently Asked Questions](#)
- [Applicant Training](#)
- [Federal Office of Rural Health Policy](#)
- [Rural Residency Planning and Development Program](#)
- [Teaching Health Center Graduate Medical Education \(THCGME\) Program](#)
- [HRSA Data Warehouse](#)
- [Rural Residency Planning and Development Technical Assistance \(RRPD-TA\)](#)

HRSA is not affiliated with all the following resources, and inclusion of a non-federal resource on this list does not constitute endorsement by HRSA, but you are encouraged to review these resources.

- [Accreditation Council for Graduate Medical Education \(ACGME\)](#)
- ACGME [Common Program Requirements](#)
  - [Specialty-Specific Program Requirements](#)
    - [Family Medicine](#)
    - [General Surgery](#)
    - [Internal Medicine](#)
    - [Obstetrics and Gynecology](#)
    - [Preventive Medicine](#)

- [Occupational and Environmental Medicine](#)
  - [Public Health and General Preventive Medicine](#)
  - [Psychiatry](#)
- [ACGME Rural Track Program Designation](#)
- [Institutional Application Process](#)
- [Program Application Information](#)
- [ACGME FAQs and General Accreditation Questions](#)
- [Rural Training Track \(RTT\) Collaborative](#)
- [Rural Health Research Gateway](#)
- [Rural Health Information Hub \(RHI Hub\)](#)
- [National Area Health Education Center \(AHEC\) Organization](#)
- [National Organization for State Offices of Rural Health \(NOSORH\)](#)
- [Rural Health Research Gateway](#)
- [Rural Health Information Hub \(RHI Hub\)](#)
- [National Area Health Education Center \(AHEC\) Organization](#)
- [National Organization for State Offices of Rural Health \(NOSORH\)](#)

# Endnotes

1. RTPs are a type of rural residency program. Per [42 CFR 413.75\(b\)](#) CMS defines RTP as, “an ACGME-accredited program in which residents... gain both urban and rural experience with more than half of the education and training for a resident... taking place in a rural area as defined at [42 CFR 412.62\(f\)\(iii\)](#)” effective for cost reporting periods starting on or after October 1, 2022. [ACGME’s RTP designation](#) identifies RTPs “either with the approval of a permanent complement increase request and the addition/identification of at least one new rural participating site or at the time of program application for accreditation.” For this NOFO, applicants can propose RTPs that are 1) new programs, or 2) a new rural track program within an existing program by applying for a permanent complement increase with at least one new rural training site through ACGME’s RTP designation process. Historically, the terminology for this program model was referred to as Rural Training Track (RTT) which were limited to separately accredited residency programs with more than half of the training taking place in a rural area. [↑](#)
2. Rurality requirements are more stringent (i.e., CMS rural) for certain sustainability options. To satisfy rurality requirements for this funding opportunity, an application must propose that greater than 50% of the training will take place in FORHP rural areas. Applicants should review the Sustainability section carefully and ensure that they include required documentation for the sustainability options they propose. [↑](#)
3. U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA Defining Rural Population. Retrieved from <https://www.hrsa.gov/rural-health/about-us/what-is-rural> [↑](#)
4. Streeter RA, Snyder JE, Kepley H, Stahl AL, Li T, et al. The geographic alignment of primary care Health Professional Shortage Areas with markers for social determinants of health. PLOS ONE 24 April 2020 15(4): e0231443. Retrieved from <https://doi.org/10.1371/journal.pone.0231443> [↑](#)
5. Ibid. [↑](#)
6. U.S. Department of Health and Human Services, Health Resources and Services Administration Data Warehouse. Accessed March 2026 from <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport> [↑](#)
7. U.S. Department of Health and Human Services, Health Resources and Services Administration. Health Workforce Projections, December 2025. Retrieved from <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand> [↑](#)
8. Ibid. [↑](#)

9. Russell, DJ, Wilkinson E, Petterson S, Chen C, Bazemore, A; Family Medicine Residencies: How Rural Training Exposure in GME Is Associated with Subsequent Rural Practice. *J Grad Med Educ* 1 August 2022; 14 (4): 441–450. doi: <https://doi.org/10.4300/JGME-D-21-01143.1> ↑
10. Patterson, DG, Shipman, SA, Pollack, SW, et al. Growing a rural family physician workforce: The contributions of rural background and rural place of residency training. *Health Serv Res.* 2023; 1-7. ↑
11. United States Government Accountability Office. Graduate Medical Education: Programs and Residents Increased during Transition to Single Accreditor; Distribution Largely Unchanged. GAO-21-329. April 2021. Retrieved from <https://www.gao.gov/products/gao-21-329> ↑
12. Ibid. ↑
13. ACGME defines [Preventive Medicine](#) as the medical specialty in which physicians focus on health promotion and the prevention of disease, disability, and premature death of individuals in defined populations. For this NOFO, only occupational and environmental medicine and public health and general preventive medicine are qualifying specialties. ↑
14. Effective July 1, 2025, ACGME revised family medicine program requirements contain updates for maternity care, including robust requirements on comprehensive pregnancy-related care (4.11.i.2). Refer to [ACGME's Family Medicine Program Requirements](#) for more information. ↑
15. The Consolidated Appropriations Act (CAA), 2021 (P.L. 116-260) authorized changes to Medicare GME regulations that expanded indirect and direct GME payment policies for Rural Track Programs (RTPs). Refer to the implementation of the CAA, 2021 in the [FY22 Inpatient Prospective Payment System \(IPPS\) Final Rule with Comment Period](#) for more information. ↑
16. Section 127 of the CAA, 2021, removed the separate accreditation requirement previously applied to RTPs, providing greater flexibilities for urban hospitals and rural hospitals to receive Medicare GME funding for new RTPs and new RTP sites regardless of specialty. Note, however, that current Medicare regulations do not provide cap increases when hospitals expand the number of residents training at an existing participating site of an already established RTP. ↑
17. In past competitions, recipients may have planned to use Section 131 of the Consolidated Appropriations Act as part of their sustainability plan to reset low caps and/or per resident amounts. Under current law, this authority expires in December 2025. Since this is prior to the period of performance for this grant, Section 131 resets will not be available as a realistic sustainability option for new applicants for this NOFO. See Appendix A: Medicare GME Information for more information about Section 131. ↑

18. Hospitals located in an metropolitan area and reclassified as rural under [42 CFR 412.103](#), also called administratively rural hospitals, will not qualify as rural training sites for the purpose of this NOFO unless they are physically located in an area considered rural by FORHP. [↑](#)
19. Centers for Medicare & Medicaid Services. “Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals; Changes to Medicare Graduate Medical Education Payments for Teaching Hospitals; Changes to Organ Acquisition Payment Policies.” *Federal Register* 86, no. 245 (2021): 73447. Accessed at: <https://www.federalregister.gov/d/2021-27523/p-400> [↑](#)
20. As part of your review of cost reports to determine whether caps or PRAs have been set at specific hospitals, you can use files posted on the CMS website that contain an extract of the HCRIS cost report worksheets on which the FTE counts, caps, and PRAs, if any, would have been reported, starting with cost reports beginning in 1995. You can find these files under the Section 131 portion of [CMS’s Direct Graduate Medical Education webpage](#). [↑](#)
21. Per [42 CFR 413.79\(l\)](#), CMS defines a new medical residency program as one that is, “a medical residency that receives initial accreditation by the appropriate accrediting body or begins training residents on or after January 1, 1995”. In determining whether a program is new, CMS will consider the accrediting body’s characterization of the program as new and whether the program existed previously at another hospital, as well as factors such as (but not limited to) whether there are new program directors, new teaching staff, and whether there are only new residents training in the program. [↑](#)
22. A graduate medical education consortium is an association between two or more organizations (e.g., academic medical centers, rural hospitals, rural community-based ambulatory patient care centers, universities, and/or medical schools) to form an entity that serves as the institutional sponsor and operator of an accredited residency program(s). For this grant program, at least one consortium member must operate a clinical training site located in a rural area. The relationship between the consortium members must be legally binding and the agreement establishing the relationship must describe the roles and responsibilities of each entity. [↑](#)
23. U.S. territories do not have State Offices of Rural Health but are eligible to apply. Therefore, U.S. territories are not required to contact a SORH. If you are proposing training sites in territories, you may notify [the National Organization of State Offices of Rural Health \(NOSORH\)](#) of your intent to apply to this program. Applicants from U.S. territories may submit a notification to and/or letter from NOSORH as Attachment 8 as part of their complete application. [↑](#)

# Appendices

## Appendix A: Medicare GME information

The [Centers for Medicare and Medicaid Services \(CMS\)](#) provides [Inpatient Prospective Payment System \(IPPS\) Medicare GME payments](#) to qualifying hospitals to support the direct ([DGME](#)) costs and indirect ([IME](#)) of an approved medical residency program.

### FTE resident caps

CMS calculates both DGME and IME payments based in part on the number of full time equivalent (FTE) residents a hospital trains.

- The Balanced Budget Act (BBA) of 1997 established a limit (cap) on the number of allopathic and osteopathic FTE residents for which each hospital can receive DGME and IME payment.
- For most hospitals, these caps, one for DGME and one for IME, are based on the number of allopathic and osteopathic FTE residents the hospital trained in its most recent cost report ending on or before December 31, 1996.
- Hospitals who have never claimed residents on their cost report (known as “never claimers”) build new caps over a five-year period beginning when they claim at least one FTE in a new program on their cost report.

### DGME

DGME payment is based in part on a hospital-specific Per Resident Amount (PRA).

- Establishment of a hospital’s PRA is triggered when the hospital trains at least one resident FTE in an approved GME program for the first time (see 42 CFR 413.77(e)(v)). This is regardless of:
  - Whether those residents are part of a new approved program or an existing approved program.
  - Whether the hospital is the sponsor of the approved program.
  - Whether the hospital incurs costs for the resident(s).
- Note that a PRA must be established if a hospital trains less than 1.0 FTE resident if this training results from the hospital’s participation in a Medicare GME affiliation agreement under [42 CFR 413.79\(f\)](#).
- The regulations at [42 CFR 413.77](#) provide additional information on the establishment of PRAs.

## IME

IME is a calculated payment added on to each Diagnosis Related Groups (DRG) payment for Medicare inpatients and includes the Medicare Advantage DRG-equivalents.

## Hospital type

A hospital's classification type for Medicare payment purposes can have a marked effect on hospital GME payments.

- Some hospital types (e.g., Sole Community Hospitals and Medicare Dependent Hospitals) may only get partial IME payments. CAHs are not IPPS hospitals, meaning that CAHs are not paid by Medicare for patient care using the DRG system that IPPS hospitals use. Sustainability Option 5 discusses GME payment to CAHs.

For more information about Medicare GME funding for specific hospital types see the glossary in the [RRPD-TA Center's Rural GME Hospital Analyzer](#) tool.

## GME provisions in Consolidated Appropriations Act (CAA), 2021

On December 27, 2020, Congress passed the Consolidated Appropriations Act (CAA), 2021 (P.L. 116-260) that included major GME provisions. These provisions promote physician residency training opportunities in rural communities. CMS finalized provisions to implement sections 126, 127, and 131 of the CAA in the [FY22 Inpatient Prospective Payment System \(IPPS\) Final Rule with Comment Period \(CMS-1752-FC3\)](#) published on December 27, 2021:

- **Section 126** – authorizes the distribution of 1,000 new Medicare-funded GME residency positions to qualifying hospitals in 4 statutorily-specified categories, including hospitals located (or treated as being located) in a rural area starting in FY 2023 with not more than 200 slots being distributed per fiscal year. Refer to [CMS FAQs on Section 126](#).
- **Section 127** – statutorily removes the “separate accreditation” requirement for RTPs and allows both the urban and/or rural hospitals to qualify to receive a rural track FTE adjustment if greater than 50 percent of the training takes place in a rural area, regardless of specialty, if the entire program is accredited by ACGME. Refer to the [CMS FAQs on Section 127](#).
- **Section 131** – authorizes the resetting of low or zero DGME PRAs and low IME and DGME FTE resident caps for certain hospitals starting December 27, 2020, through December 26, 2025. It also requires hospitals to report residents on their Medicare cost reports only when they train at least 1.0 FTE in an approved program (in the

absence of a Medicare GME affiliation agreement). Refer to [CMS Guidance on Section 131](#).

## **GME provisions of the Consolidated Appropriations Act (CAA), 2023**

Section 4122 makes available an additional 200 FTE resident cap slots beginning in fiscal year 2026. At least 100 of the positions made available shall be distributed for psychiatry or psychiatry subspecialty residency training programs. The statutorily specified hospital qualifications under section 4122 are the same as those specified under section 126 of CAA, 2021.

## Appendix B: Sample attachment templates

This is a sample work plan template. We share it as one example of the type of work plan required in grant applications for HRSA's RRPD program. Other types are acceptable.

### Sample work plan templates

Goal

Measurable Outcomes

Objective	Key Tasks	Person Responsible	Start Date	End Date
1.				
2.				

See the Project narrative [High-level work plan](#) section and [Attachment 1](#) for more information.

### Sample rural status table

This is a sample rural status table for Attachment 6: Rural status. We share it as an example of the type of table and information required in grant applications for HRSA's RRPD program. Other types are acceptable. See [Attachment 6](#) for more information.

CCN	Site Name	Address	County or County Equivalent	CMS Rural Status	FORHP Rural Status	Site Type	Projected % of Training Time at Site
000000	Site A	Address City, State	X County	Rural	Rural	CAH	51%
000001	Site B	Address City, State	Y County	Urban	Rural	SCH Never Claimer	29%
000002	Site C	Address City, State	Z County	Urban	Urban	IPPS	20%