MISSISSIPPI
RURAL HEALTH TRANSFORMATION

MISSISSIPPI

Rural Health Transformation Program Application

STEP-BY-STEP APPLICANT GUIDE

RURAL HEALTH TRANSFORMATION INITIATIVES

BRIDGE | TAPS | HTAM | WEI | CRIS

This guide walks applicants through the Rural Healthcare Transformation Program online application(s) from account creation through final submission. Follow these steps to ensure your application is complete and submitted successfully.

Table of Contents

Initiative Dictionary

BRIDGE Initiatives: Building Rural Infrastructure for Delivery, Growth, and Efficiency
Rural Capital Project Care Gap Closure Grant Program – capital investment involving facility renovation, infrastructure improvement, service-delivery optimization, clinic expansion, or equipment acquisition intended to address care gaps in rural Mississippi.

HTAM Initiatives: Health Technology Advancement and Modernization (HTAM) Initiative
Rural Provider Technology Grant Program – technology investment targeted at increasing or improving service capacity, securing and protecting data, and supporting long-term operational sustainability.

TAPS Initiatives: Telehealth Adoption and Provider Support (TAPS) Initiative
Telehealth Hub Connectivity, Equipment, and Education Grant Program – improve connectivity, equipment availability, and technology capacity for providers and community-based telehealth hubs or enhance understanding and effective use of telehealth among both providers and patients in rural Mississippi.

WEI Initiatives: Workforce Expansion Initiative (WEI)
The Workforce Expansion Initiative (WEI) is Mississippi's effort to grow, support, and sustain the rural healthcare workforce—so communities have the providers and support staff they need, when they need them.

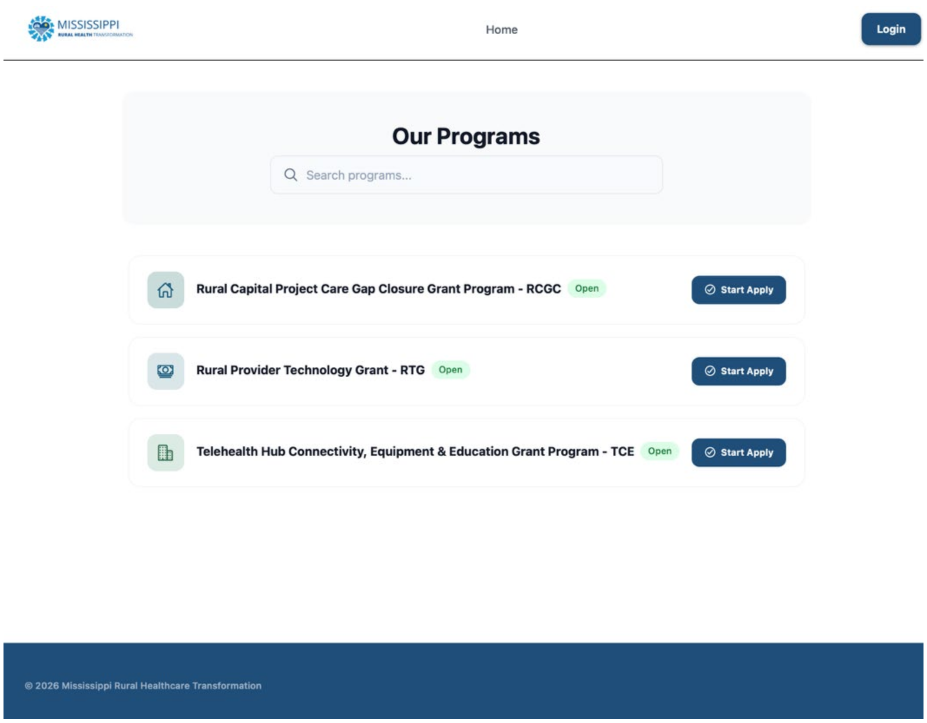
CRIS Initiatives: Coordinated Regional Integrated Systems (CRIS) Initiative
The Coordinated Regional Integrated Systems (CRIS) Initiative is Mississippi's effort to connect the pieces of rural healthcare into one coordinated system—so patients can get the right care, at the right time, closer to home.

Acronyms

RHC	Rural Health Clinic
RHTP	Rural Health Transformation Program
FEIN	Federal Employer Identification Number
FQHC	Federally Qualified Health Care
SUD	Substance Use Disorder
LTC	Long Term Care
eAR	Electronic Annual Report

1. Getting Started: Access the Portal – Home Screen

- Open the Mississippi Rural Health Transformation Program application portal at: [Mississippi Rural Health Transformation Program - Mississippi RHT Program]
- Navigate to “Our Programs” which is the Home page.
- Determine and select the focused initiative application:
  - Rural Capital Project Care Gap Closure Grant Program (RCGC)
  - Rural Provider Technology Grant (RTG)
  - Telehealth Hub Connectivity, Equipment, & Education Grant Program (TCE)
  -
- **Home –** List all the grant initiatives available and the starting point of the application process.



2. Getting Started: Access the Portal – Home Screen

User should have the following documents completed and ready for upload before beginning the application:

- **W-9 Form:** This is the IRS request for Taxpayer Identification Number and certification form. All users must have a current and signed IRS W-9 form to submit for vender registration and invoicing purposes.

- **UEI (Unique Entity Identifier):** This is a unique 12-character alphanumeric code issued by SAM.gov and required for federal funding and contracts. (This replaced the former DUNS number). www.sams.gov

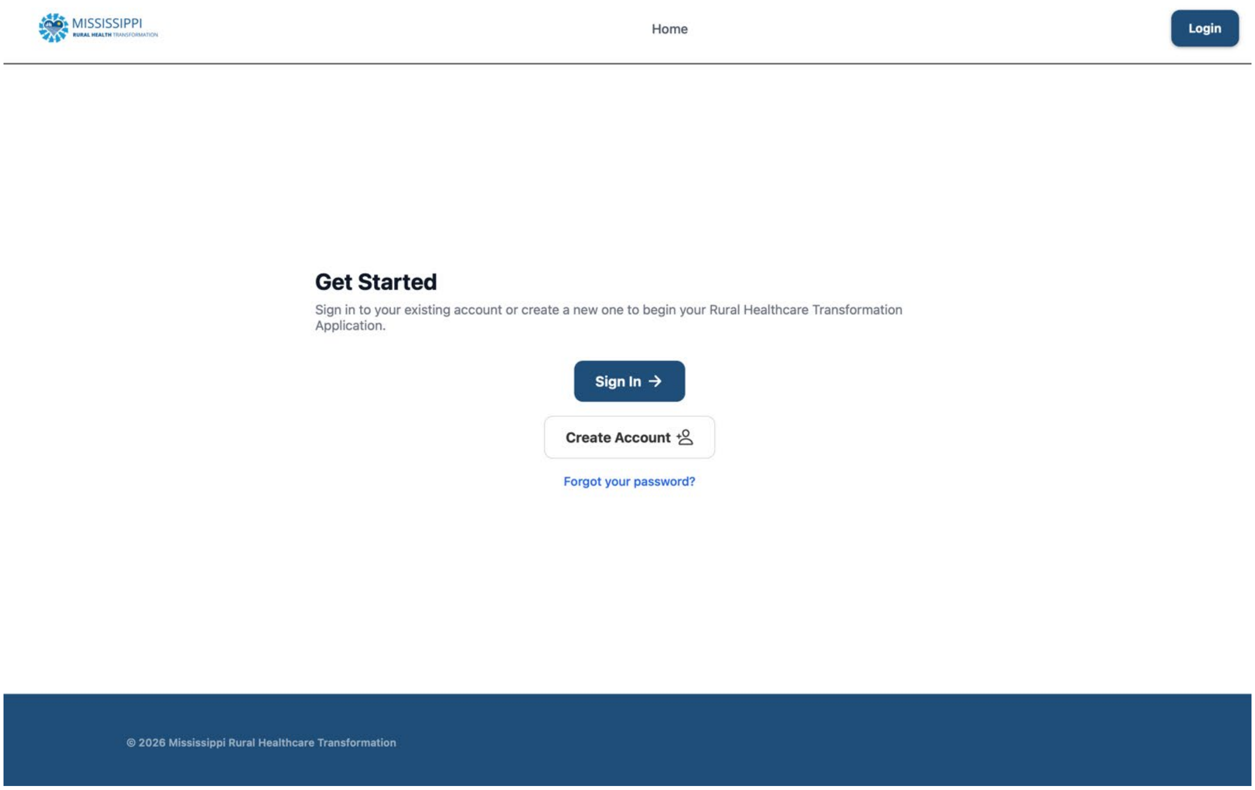
  An active SAM Registration must show the entity's name and expiration date.

- Most recent Financial Statement Audit or an internal financial documentation
- Summary of Findings, if applicable
- Written policy and procedures
- Documentation showing proof of rural population served: (Ex. County Map or www.HRSA.com)
- Completed Budget Template (Excel template found at the bottom of the Program Information tab)
- Completed Budget Narrative
- Completed Facility Information Template (Excel template found at the bottom of the Program Information tab)
- Completed Application Chart Template (Excel template found at the bottom of the Program Information tab)
- Optional supporting documentation

Click - **Start Apply** to start the application process.

3. Create a User Account / Sign In

A. Sign In – Select Login if you already have an account.



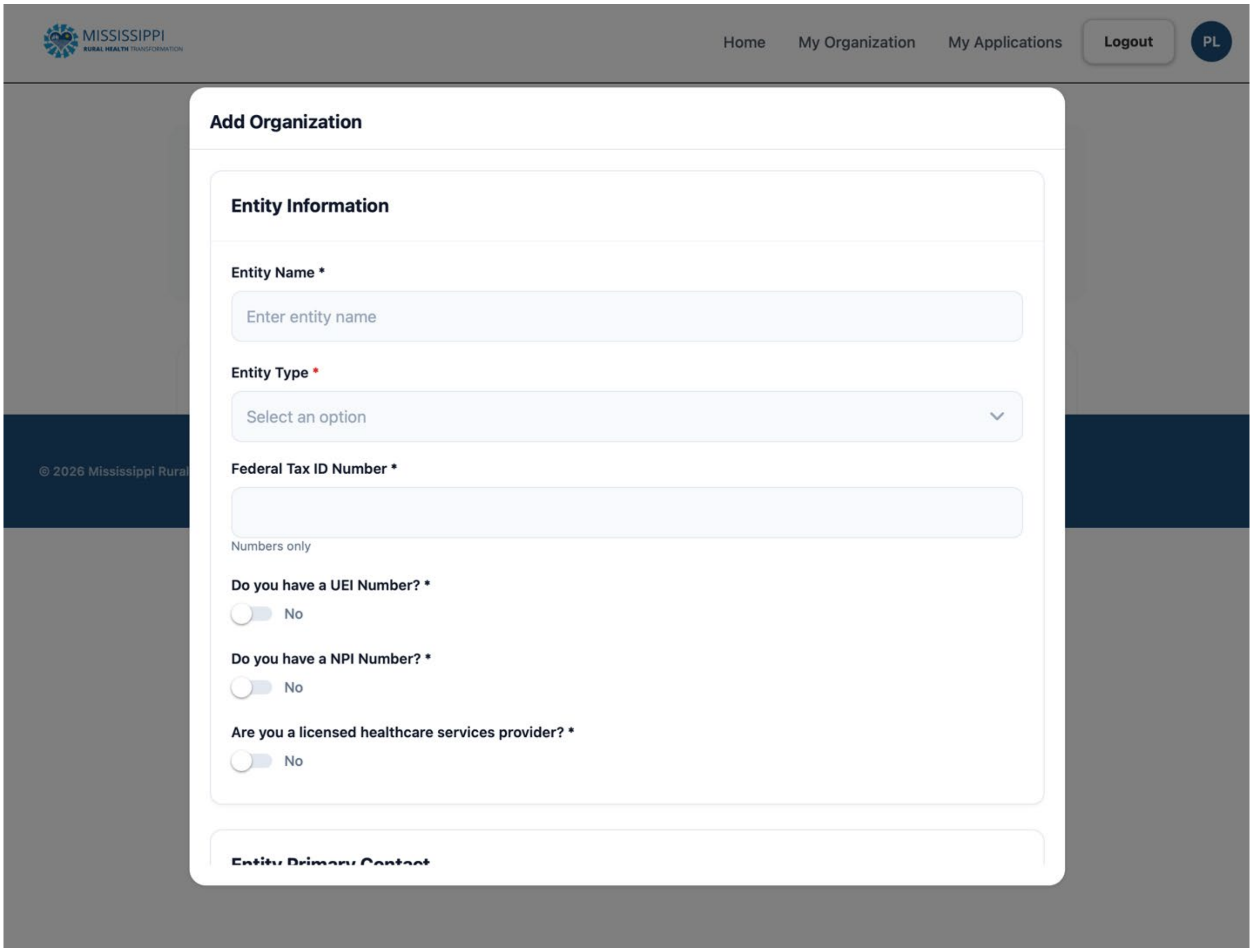
B. Create a User Account

Select Create Account if you are a new user.

On the registration screen, enter:

- First Name
- Last Name
- Email Address
- Password (Remember to adhere to the password requirements)
- Confirm Password
- Select Register (A confirmation email will be routed to your email inbox; check your spam/junk folder)
- Return to the login screen and sign in.

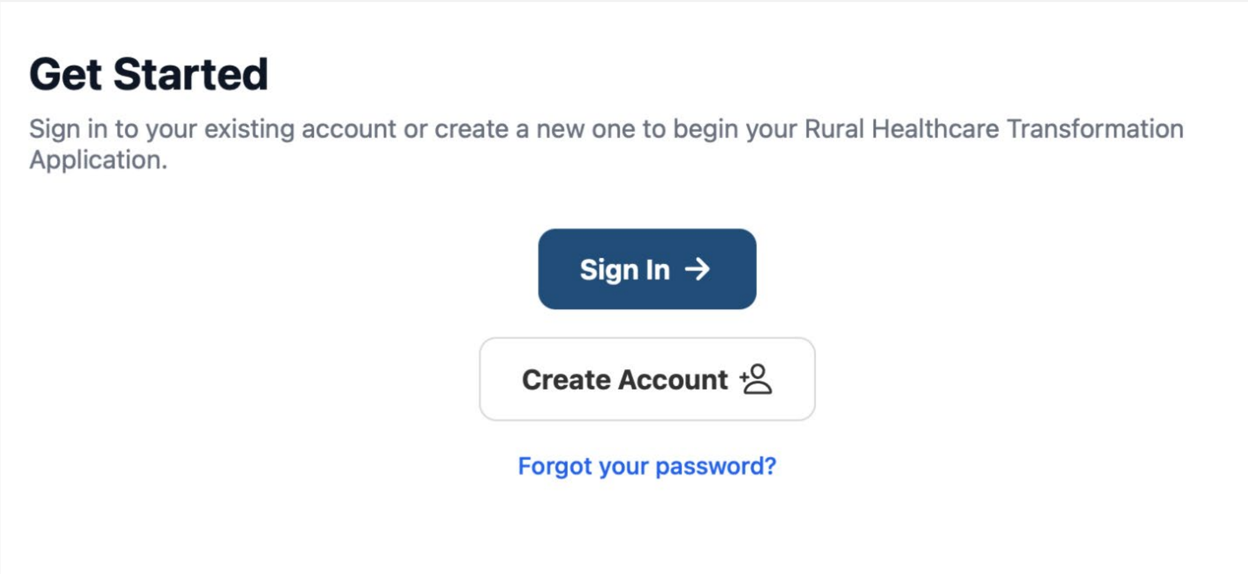
Tip: Use an organizational email address. This email will receive application and post-award communications.



Select **Save Changes** to continue.

C. Forgot Password/ Reset Multi-Factor Authenticator

- If needed, select Forgot Password to reset credentials.
- Click on Reset Password.
- Enter user's email address and click Submit.
- Open email and click the link which will bring up the QR code to scan.



On your mobile device (tablet, iPhone, iPad, etc.), go to the app/play store and search for FreeOTP (authenticator app) or any Authenticator App.

- For FreeOTP App - Install the app.
- The icon will appear to resemble a doorknob with a keyhole. Open the app.
- Click the "+" at the bottom right corner.
- On the right side click on the scan QR code icon.

- Scan the QR code on user's application screen.
- Enter the code, then name the device being used.
- The user will be prompted to change his/her password.
- Now the user will be able to log into his/her account.

4. Add Organization (Required – One Time Setup)

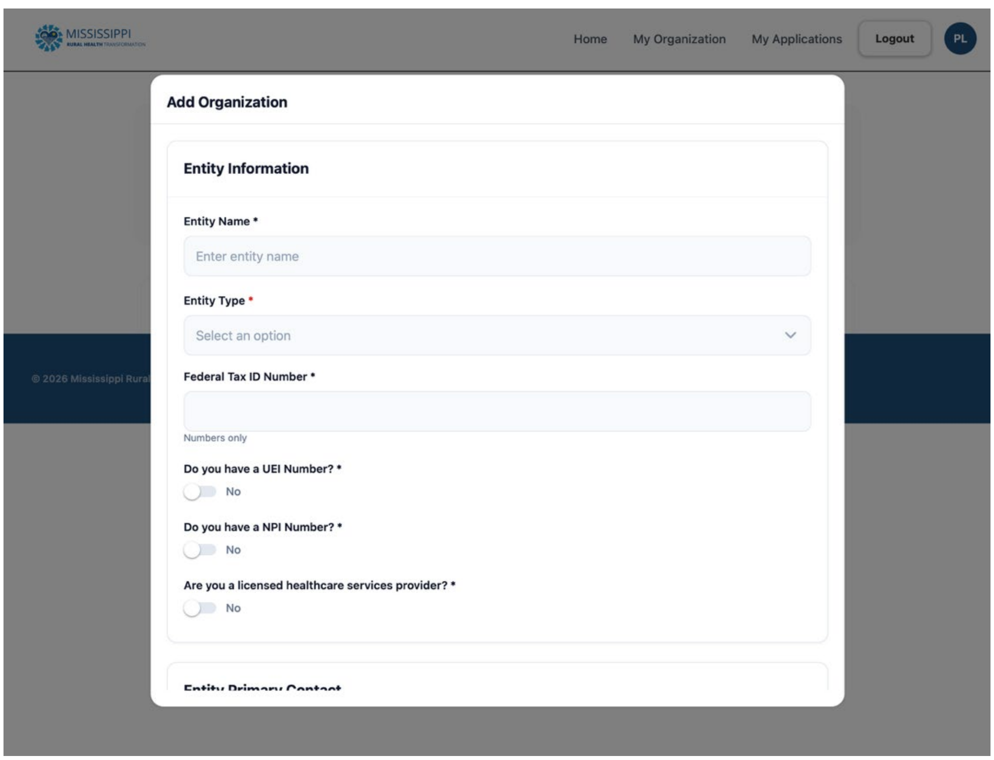
After logging in for the first time, the user will be prompted to add the organization information.

A. Entity Information

- After logging in for the first time, the user will be prompted to add the organization information.
- **Entity Name** (As listed on the entity's tax documents)
- **Entity Type** (for example, ABC Healthcare Provider)
- **Federal Tax ID Number** (FTIN Number)

Answer the Yes/No questions indicating whether the organization has:

- **A UEI Number** – https://sam.gov
- **NPI Number** - https://npiregistry.cms.hhs.gov
- **My Organization –** Show the organization entity information entered by the assigned official.



B. Entity Primary Contact

Enter the primary organizational contact information:

- Full Name
- Title
- Email Address
- Phone Number

Entity Primary Contact

Name
John Appleseed

Title
Manager

Email
test@testing.com

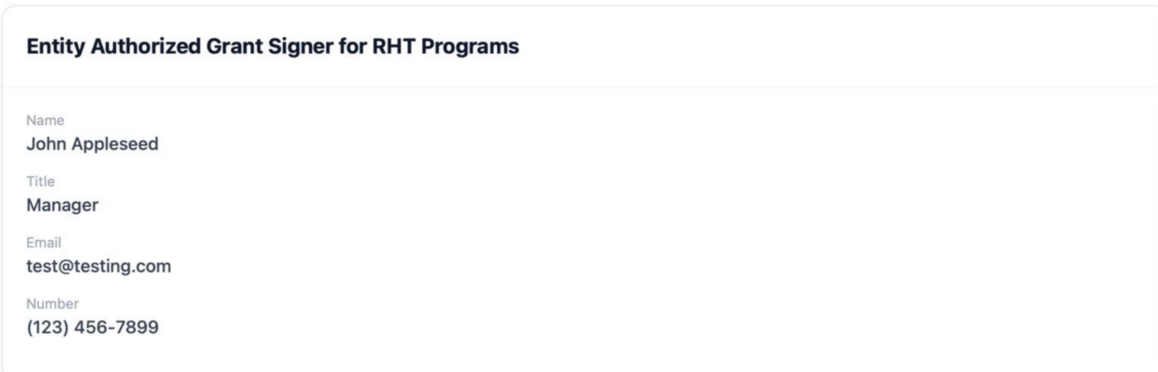
Phone
(123) 456-7899

Select **Save Changes** to continue.

C. Entity Authorized Grant Signer the MS RHT Programs

Enter the individual grant authorized signature assignee information:

- Full Name
- Title
- Email Address
- Phone Number


Entity Authorized Grant Signer for RHT Programs

Name
John Appleseed

Title
Manager

Email
test@testing.com

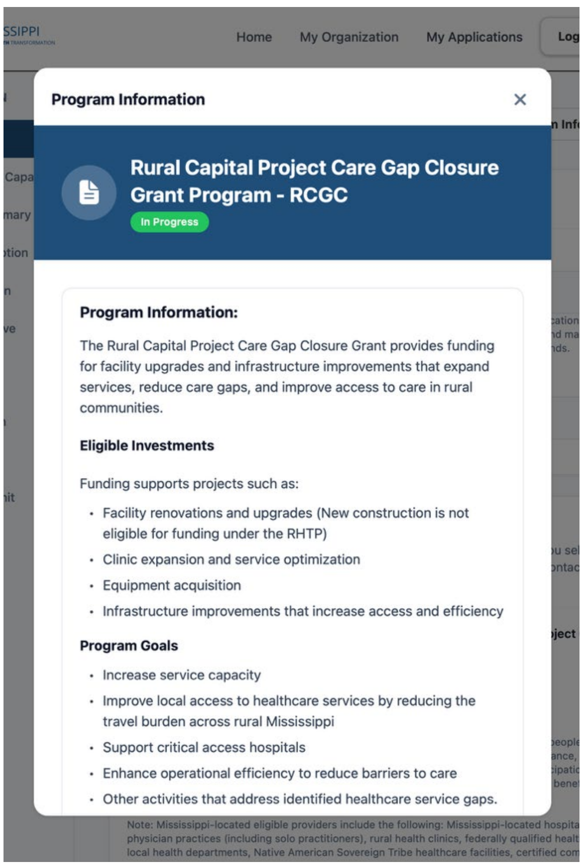
Number
(123) 456-7899

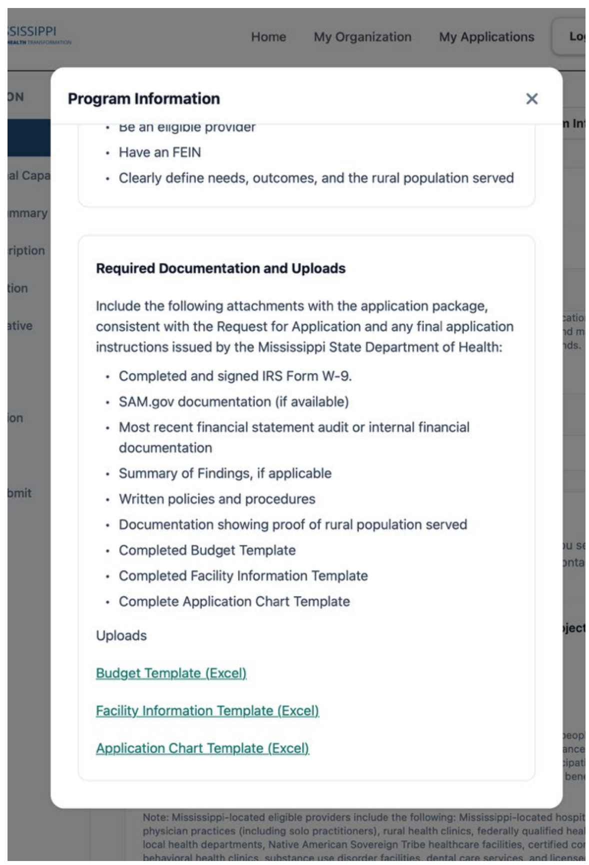
Select **Save Changes** to continue.

D. Program Information & Templates

All Excel Templates need to be completed and uploaded to the application portal.

All required **Excel templates** must be downloaded from the ***Program Information*** screen before completion. Scroll to the bottom of that screen to locate the needed templates. User can return to the Program Information screen at any time during the application process by clicking the Program Information at the right top of each page.



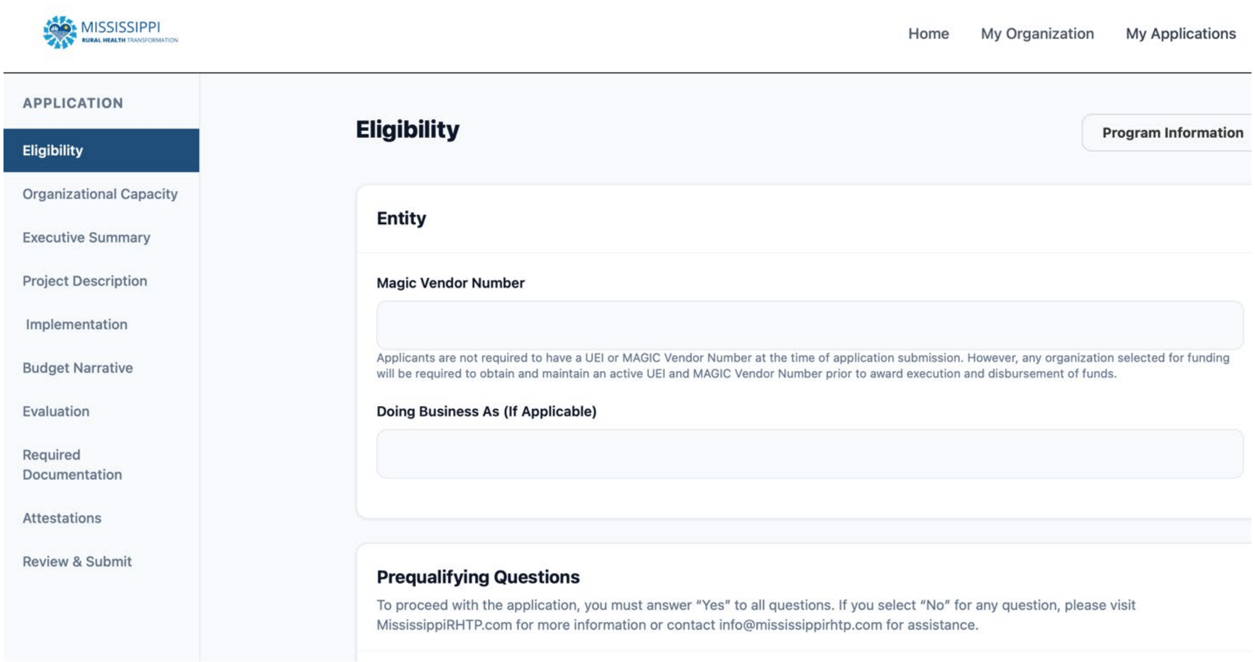


Select **Apply for Program** to begin the application process.

5. Application Navigation

Use the left-hand menu to navigate between required sections of the application. Users may save their progress and return later to complete the application, if more time is needed.

- Required sections include:
- Eligibility
- Organizational Capacity
- Executive Summary
- Project Description
- Implementation
- Budget Narrative
- Evaluation
- Required Documentation
- Attestations
- Review and Submit

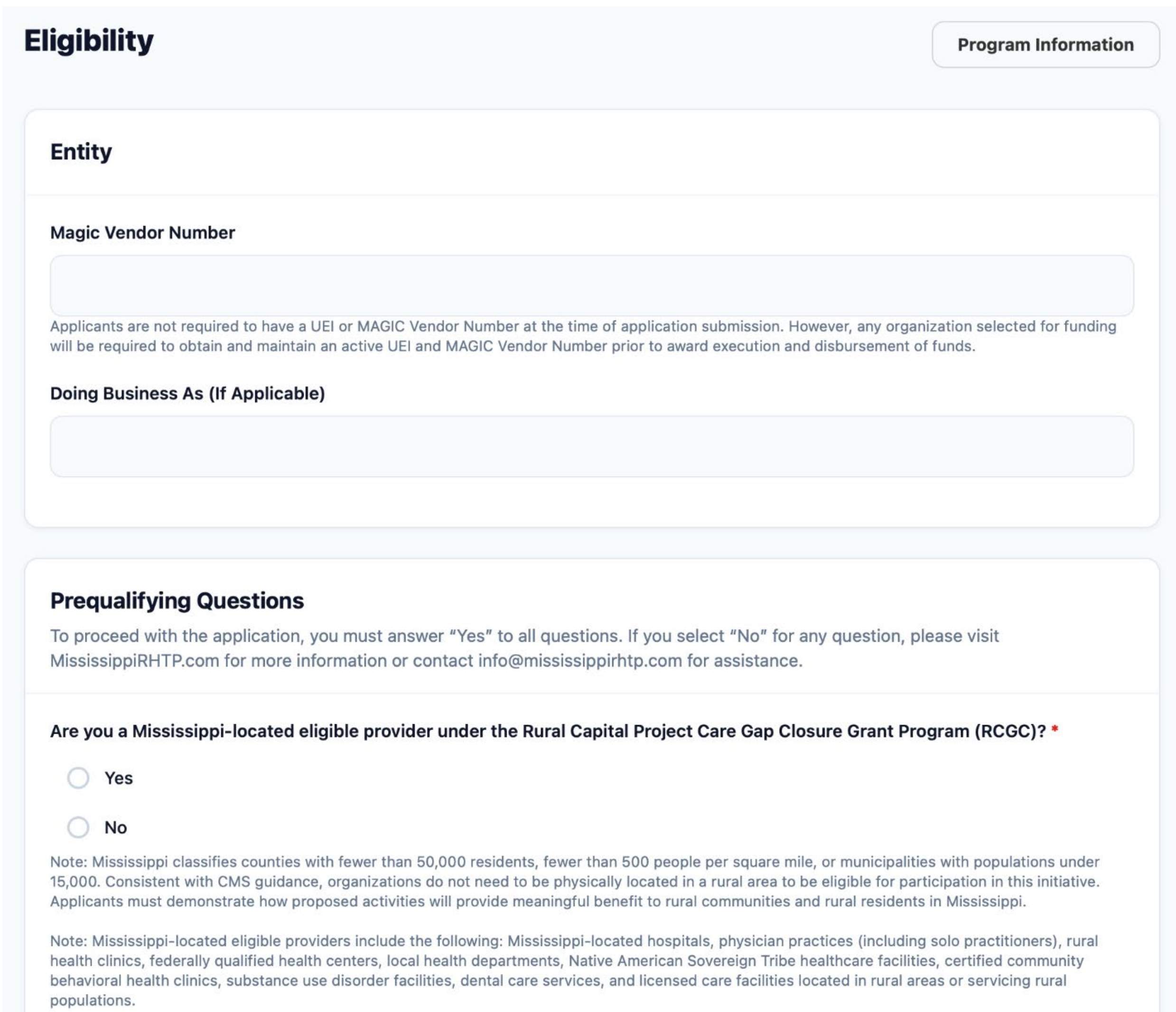


6. Complete Each Application Section

A. Eligibility (Prequalifying Questions)

Answer all Yes/No prequalifying questions. Enter your MAGIC Vendor Number if you have one; skip that field for now.

All questions must be answered before clicking ***Next*** to continue to the next screen.



Eligibility

Program Information

Entity

Magic Vendor Number

Applicants are not required to have a UEI or MAGIC Vendor Number at the time of application submission. However, any organization selected for funding will be required to obtain and maintain an active UEI and MAGIC Vendor Number prior to award execution and disbursement of funds.

Doing Business As (If Applicable)

Prequalifying Questions

To proceed with the application, you must answer "Yes" to all questions. If you select "No" for any question, please visit MississippiRHTP.com for more information or contact info@mississippirhtp.com for assistance.

Are you a Mississippi-located eligible provider under the Rural Capital Project Care Gap Closure Grant Program (RCGC)? *

Yes

No

Note: Mississippi classifies counties with fewer than 50,000 residents, fewer than 500 people per square mile, or municipalities with populations under 15,000. Consistent with CMS guidance, organizations do not need to be physically located in a rural area to be eligible for participation in this initiative. Applicants must demonstrate how proposed activities will provide meaningful benefit to rural communities and rural residents in Mississippi.

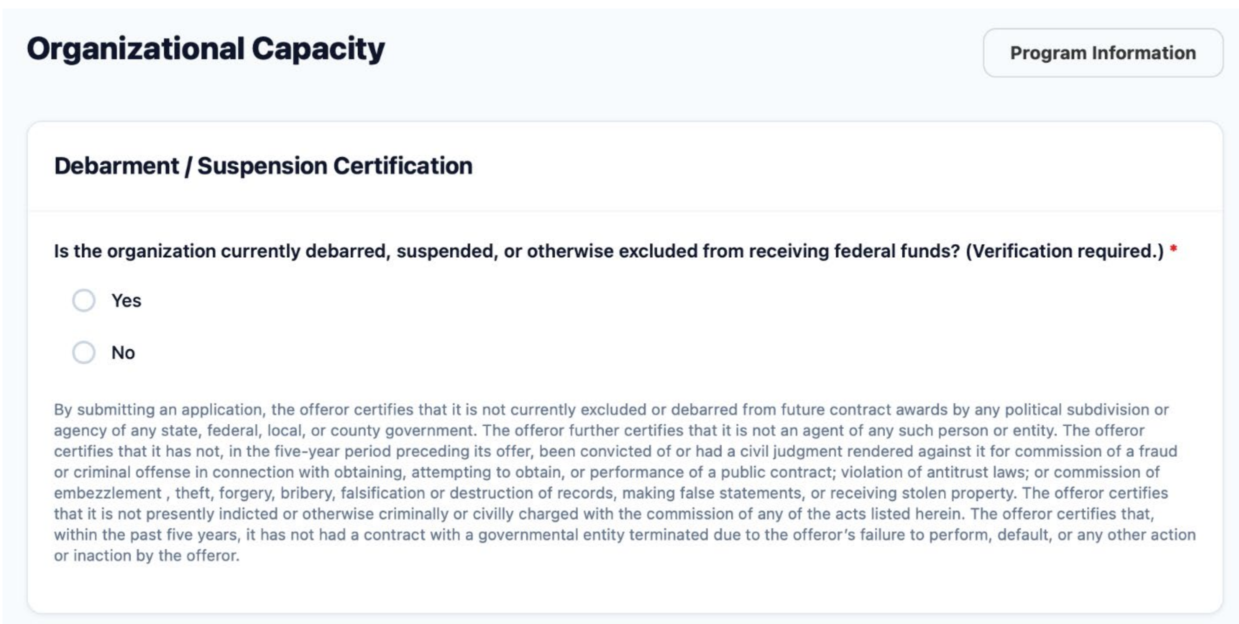
Note: Mississippi-located eligible providers include the following: Mississippi-located hospitals, physician practices (including solo practitioners), rural health clinics, federally qualified health centers, local health departments, Native American Sovereign Tribe healthcare facilities, certified community behavioral health clinics, substance use disorder facilities, dental care services, and licensed care facilities located in rural areas or servicing rural populations.

Select **Next** to continue.

B. Organizational Capacity

Complete and answer the questions in all required sections:

- Debarment/Suspension Certification
- Federal Funding History
- Past Single Audit
- Past Single Audit / Audited Financial Statement Findings
- Financial Statements (Upload financial statement document)
- Financial Management System Certification
- Written Policy and Procedures
- Procurement Standards Certification
- Compliance with Federal Award Conditions
- Conflict of Interest Disclosure
- Capacity



Organizational Capacity

Program Information

Debarment / Suspension Certification

Is the organization currently debarred, suspended, or otherwise excluded from receiving federal funds? (Verification required.) *

Yes

No

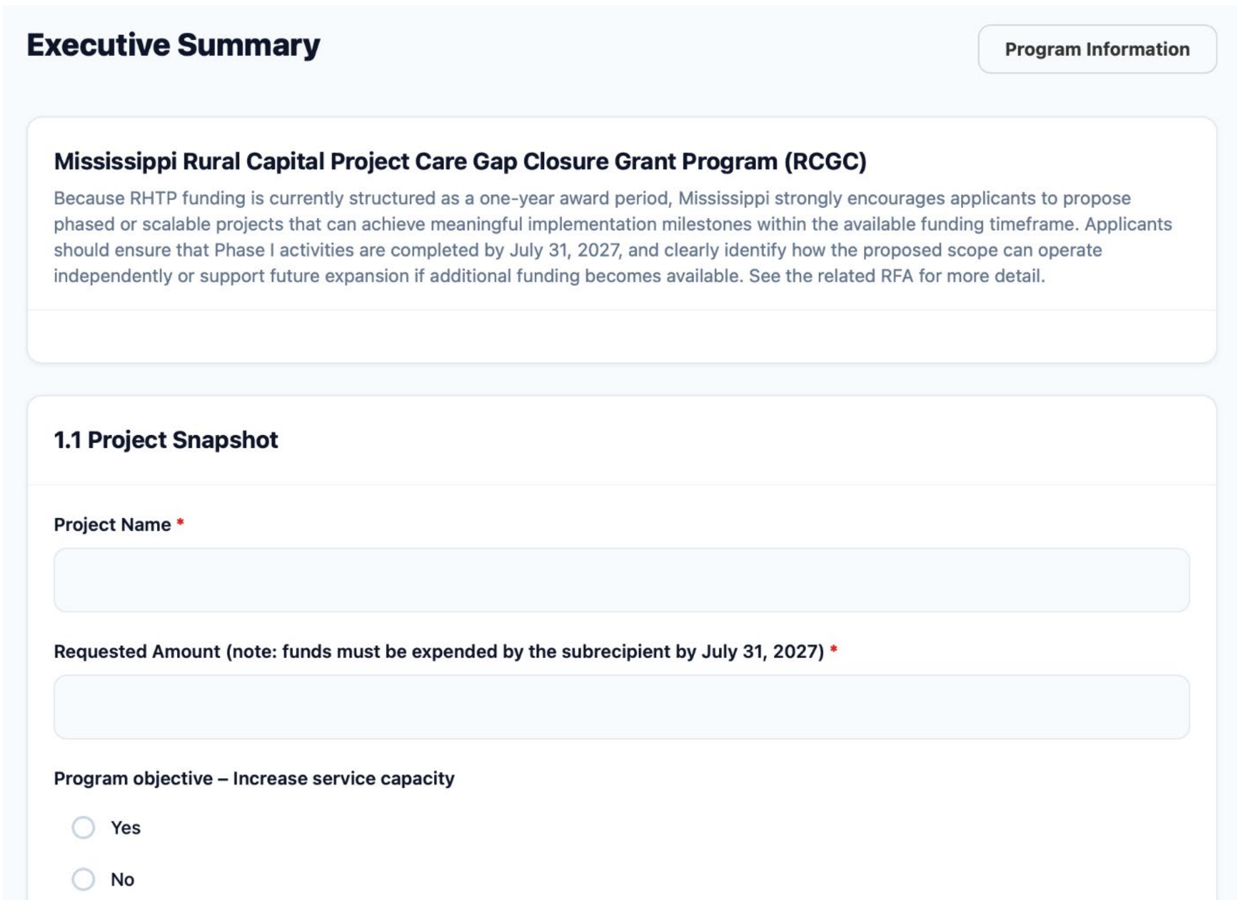
By submitting an application, the offeror certifies that it is not currently excluded or debarred from future contract awards by any political subdivision or agency of any state, federal, local, or county government. The offeror further certifies that it is not an agent of any such person or entity. The offeror certifies that it has not, in the five-year period preceding its offer, been convicted of or had a civil judgment rendered against it for commission of a fraud or criminal offense in connection with obtaining, attempting to obtain, or performance of a public contract; violation of antitrust laws; or commission of embezzlement , theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property. The offeror certifies that it is not presently indicted or otherwise criminally or civilly charged with the commission of any of the acts listed herein. The offeror certifies that, within the past five years, it has not had a contract with a governmental entity terminated due to the offeror's failure to perform, default, or any other action or inaction by the offeror.

Select **Next** to continue.

C. Executive Summary

Answer the Yes/No questions listed. Make sure to enter the funding amount requested which is the amount that is expected to be expended by September 30, 2027. If no amount is entered, user will not be able to move forward.

Remember to answer all questions and provide a short executive narrative before clicking **Next** to continue.


Executive Summary

Program Information

Mississippi Rural Capital Project Care Gap Closure Grant Program (RCGC)

Because RHTP funding is currently structured as a one-year award period, Mississippi strongly encourages applicants to propose phased or scalable projects that can achieve meaningful implementation milestones within the available funding timeframe. Applicants should ensure that Phase I activities are completed by July 31, 2027, and clearly identify how the proposed scope can operate independently or support future expansion if additional funding becomes available. See the related RFA for more detail.

1.1 Project Snapshot

Project Name *

Requested Amount (note: funds must be expended by the subrecipient by July 31, 2027) *

Program objective – Increase service capacity

Yes

No

Select **Next** to continue.

D. Project Description

Answer all Yes/No questions and upload all supporting documents related to Need & Intended Outcomes, Quantified Need Indicators, Intended Outcomes, Investment Components, Connections Between Components & Outcomes, Service Area & Sites, Populations Served & Estimated Reach, Impact Indicators, Short Narratives, and Challenges, Risk, & Barriers.

Project Description

Complete Sections 2A–2D. Use objective, applicant-reported values and upload supporting documentation where available.

Program Information

2A. Need and Intended Outcomes

2A.1 Need Summary (350-word limit) *

Instructions: Provide a short need summary describing the specific need or needs to be addressed through the proposed capital investment. Please note projects may be subject to state regulations governing certification of need requirements.

2A.2 Quantified Need Indicators

How to complete: In the Application Chart Templates workbook (see the Instructions tab), complete the Quantified Need Indicators table. Provide at least one measurable indicator that quantifies the need your project addresses — for example, patient wait times, travel distance or time to care, encounter or visit volume, capacity shortfalls, or staffing and coverage gaps. For each indicator, enter the metric, the baseline value, the data source.

I have completed the Quantified Need Indicators table (at least 1 indicator) in the Application Chart Templates workbook and included it in my upload. *

- Yes
- No

Supporting Documents

Upload any supporting documents related to Quantified Need Indicators.

Drop files here or click to upload

Support for PDF, JPG, JPEG, PNG, BMP, GIF, DOC, DOCX, XLS, XLSX, XLSM, and TXT files up to 70MB

Select **Next** to continue.

E. Implementation

Download and complete the *Application Chart Template* from the *Program Information* tab. Use the workbook's Instructions tab to complete the Implementation Workplan and Timeline table, entering one row for each milestone or task. For each row, select an activity—Planning, Procurement, Configuration/Integration, Launch, or Closeout—and use each activity at least once.

Then provide the milestone or task, deliverable, responsible party, start and end dates, procurement method and step (enter N/A if not applicable) and indicate whether approval is needed. All Phase I activities must be completed by September 30, 2027. Also explain how the proposed scope can stand alone or be expanded if additional funding becomes available.

Implementation

Instructions: Provide a detailed workplan with tasks, milestones, procurement steps, approvals, and dates. Identify responsible parties. Include planned obligation timing. (Note: funds must be expended by the subrecipient by July 31, 2027)

Program Information

3A Implementation Workplan and Timeline

For each row, first select an activity:

- Planning;
- Procurement;
- Configuration/Integration;
- Launch;
- Closeout.

Applicants are expected to use each activity at least once. You may use each activity multiple times (multiple rows per activity are expected).

Then list the milestone/task and deliverable for that activity (one milestone/task per row) and include Responsible Party (role/title) and the Start Date and End Date for each milestone/task. If the row involves procurement, complete Procurement Method and Procurement Step; otherwise enter N/A.

Because RHTP funding is currently structured as a one-year award period, Mississippi strongly encourages applicants to propose phased or scalable projects that can achieve meaningful implementation milestones within the available funding timeframe. Applicants should ensure that Phase I activities are completed by July 31, 2027, and clearly identify how the proposed scope can operate independently or support future expansion if additional funding becomes available.

For each row, first select an activity:

How to complete: In the Application Chart Templates workbook (see the Instructions tab), complete the Implementation Workplan and Timeline table, adding one row per milestone or task. For each row, first select an activity — Planning, Procurement, Configuration/Integration, Launch, or Closeout (use each activity at least once) — then enter the milestone/task and its deliverable, the Responsible Party (role or title), the Start Date and End Date, the Procurement Method and Procurement Step (enter N/A if the row does not involve procurement), and whether approval is needed to complete the task. Ensure Phase I activities are completed by September 30, 2027. and clearly identify how the proposed scope can operate independently or support future expansion if additional funding becomes available.

I have completed the Implementation Workplan and Timeline table in the Application Chart Templates workbook and included it in my upload. *

- ○ Yes
- ○ No

Select **Next** to continue.

F. Budget Narrative

The **Budget Narrative** must describe each unique budget line item and include reasonable cost estimates for the proposed project. Explain how each expense will be charged and confirm that it does not duplicate any existing funding sources.

Budget Narrative

Instructions: Complete sections 4A–4C. This section is required for completeness/responsiveness. Please provide reasonable estimates related to the budget for your proposed project. Use brief narrative and cite assumptions. Please highlight the amounts that be will applied to indirect and/or administrative costs.

Program Information

4A. Alignment to Project Scope and Activities

Explain how each major budget category supports the proposed project scope, implementation tasks, and intended outcomes.

Alignment to Project Scope and Activities (500-word limit) *

4B Non-Duplication of Funding

Explain how the proposed expenditures do not duplicate other existing funding sources. If any portion is supported by another source, identify the source and describe how costs are separated.

Non-Duplication of Funding (500-word limit) *

4C Cost Estimate Basis and Assumptions

Describe the basis for estimates (quotes, internal estimates, prior purchases, market comparisons). Upload supporting documentation.

Cost Estimate Basis and Assumptions (500-word limit) *

Select **Next** to continue.

G. Evaluation

Complete the **Evaluation** table. For each evaluation indicator, enter the metric or measure, the baseline value, the target, the data source, and the reporting frequency. Describe your collection, verification, and tracking methods in Section listed.

Evaluation

Instructions: Provide measures and describe how you will collect, verify, track, and report data related to performance metrics for the proposed project. Identify the owner and include at least one implementation and one outcome measure where appropriate.
By submitting the application, the applicant certifies that they will provide monthly progress reports and any additional required reporting.

Program Information

5.1 Measures Table

How to complete: In the Application Chart Templates workbook (see the Instructions tab), complete the Measures table. Provide measures and describe how you will collect, verify, track, and report data related to performance metrics for the proposed project. Identify the owner and cadence. Include at least one implementation and one outcome measure where appropriate.

I have completed the Evaluation Measures table in the Application Chart Templates workbook and included it in my upload. *

- Yes
- No

5.2 Methods

Collection method (200-word limit) *

Verification method (200-word limit) *

Tracking method (200-word limit) *

Select **Next** to continue.

H. Required Documentation

Upload each document in its designated field:

- IRS Form W-9
- SAM Registration
- Recent Financial Statement Audit/Single Audit Documentation Copy of Audit Finding)
- Summary of Single Audit Finding Response/Approval (if applicable)
- Written Policy and Procedures
- Proof of Rural Population Served (Ex. County Map or www.HRSA.com)
- Completed Budget Template
- Completed Application Chart Template Workbook

Each document must be uploaded separately. Once all documents are uploaded you can select **Next** to continue.

Once the document is uploaded, user must confirm that the correct document was uploaded by checking the **GREEN** check mark before clicking Next to continue. The uploaded screen area will turn green indicating that the upload was successful. (See diagram)

Select **Next** to continue.

I. Attestations

Confirm that the organization will comply with all applicable guidelines upon receiving funding and will remain in compliance throughout the grant life cycle.

Attestations

Program Information

☐ **Information Provided Herein is True** *

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

(required)

☐ **Funds awarded do not supplant existing funding** *

By submitting this application, the Applicant attests that funds awarded under this program will not supplant existing funding, services, activities, or obligations currently supported through other federal, state, local, or private funding sources. The Applicant further attests that program funds will not be used to replace or substitute for existing budgeted expenditures or ongoing financial commitments.

(required)

☐ **Allowable Activities** *

The Applicant attests that awarded funds will be used solely for allowable activities and costs consistent with applicable federal laws, regulations, program guidance, award conditions, and CMS requirements, and will not be used for unallowable activities or expenditures.

(required)

☐ **Duties and Requirements Applicable** *

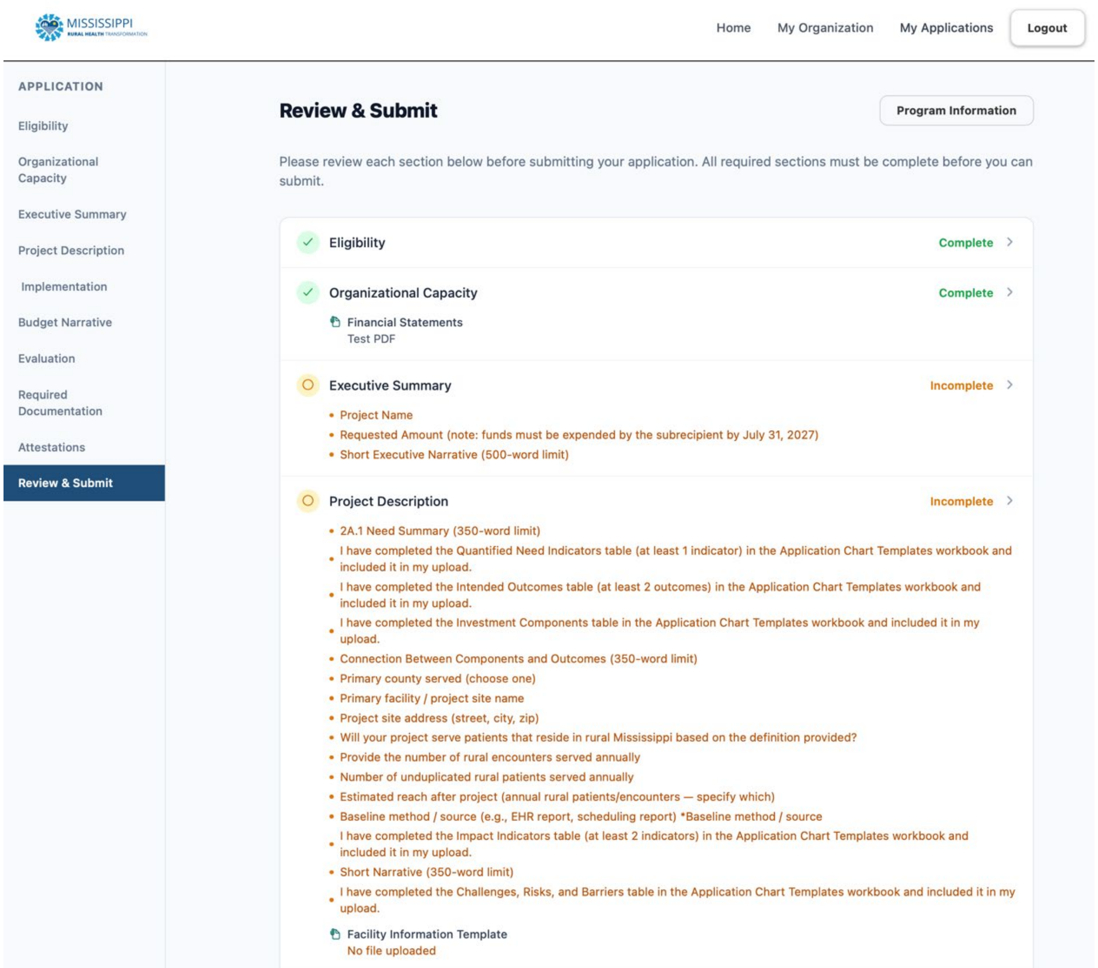
The Applicant hereby certifies that it understands and will comply with all duties and requirements applicable under the Rural Health Transformation Program (RHTP), including the RHTP Terms and Conditions, the Notice of Funding Opportunity (NOFO), the RHTP Frequently Asked Questions, and all other programmatic supporting documentation provided or referenced by the awarding entity. The applicant acknowledges the following: All federal statutes, regulations, and award conditions apply to entities participating in RHTP, including those set forth in 2 CFR Part 200 and applicable provisions in 2 CFR Part 300, which are incorporated by reference into the NOFO and related federal award materials. The terms and conditions of federal awards flow down to subawards, as required under 2 CFR 200.101(b)(1), and RHTP funds—once passed through—remain subject to 2 CFR Part 200 and 2 CFR Part 300 as explained in the RHT Program FAQs. As stated in the NOFO, compliance with administrative, financial, and national policy requirements under 2 CFR Part 200 and 2 CFR Part 300 is mandatory, including any modifications adopted by CMS. The Applicant understands that these regulations include obligations related to financial management, internal controls, procurement, performance measurement, reporting, cost allowability, and other standardized requirements described in 2 CFR Part 200. If selected as a subrecipient, the organization will maintain an adequate working knowledge of the RHTP program and all associated federal regulatory requirements sufficient to fulfill all subrecipient duties imposed under 2 CFR Part 200, 2 CFR Part 300, the NOFO, the FAQs, and all programmatic guidance referenced by the awarding entity. By providing this certification, the Applicant attests that it has reviewed all relevant governing documents, understands the compliance obligations associated with the RHTP, and agrees to adhere to all requirements as a condition of being considered for a subaward under the program.

(required)

Select **Next** to continue.

J. Review and Submit

1. Review all sections for completeness and accuracy. (Sections that are complete will be in **GREEN**.)
2. If a section is not complete, click on the **Incomplete** arrow to correct any errors within the application. (Sections in **ORANGE** indicate that something is missing and needs attention.)
3. Once all sections are completed and are in **GREEN**, the application is ready to be submitted.)

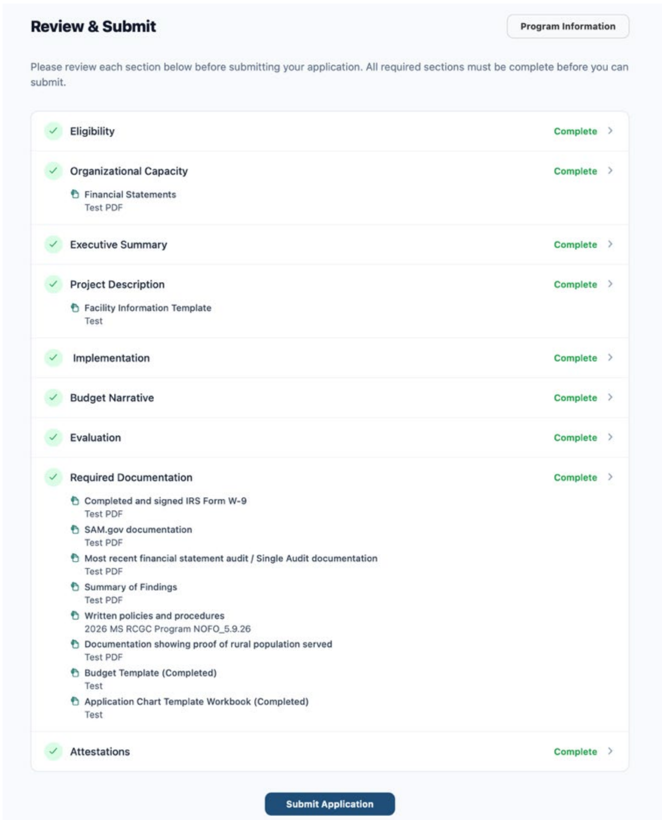


STOP!!!!!

The application is not ready to be submitted. Return to each section in **Orange** and make the needed corrections. You will not be able to continue until all sections are identified as **Complete**.

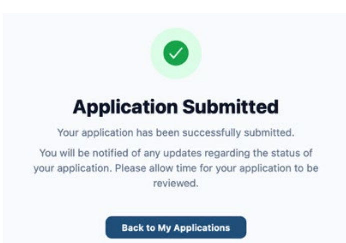
K. Review & Submit Application Submission

Confirm that the organization will comply with all applicable guidelines upon receiving funding and will remain in compliance throughout the grant life cycle.



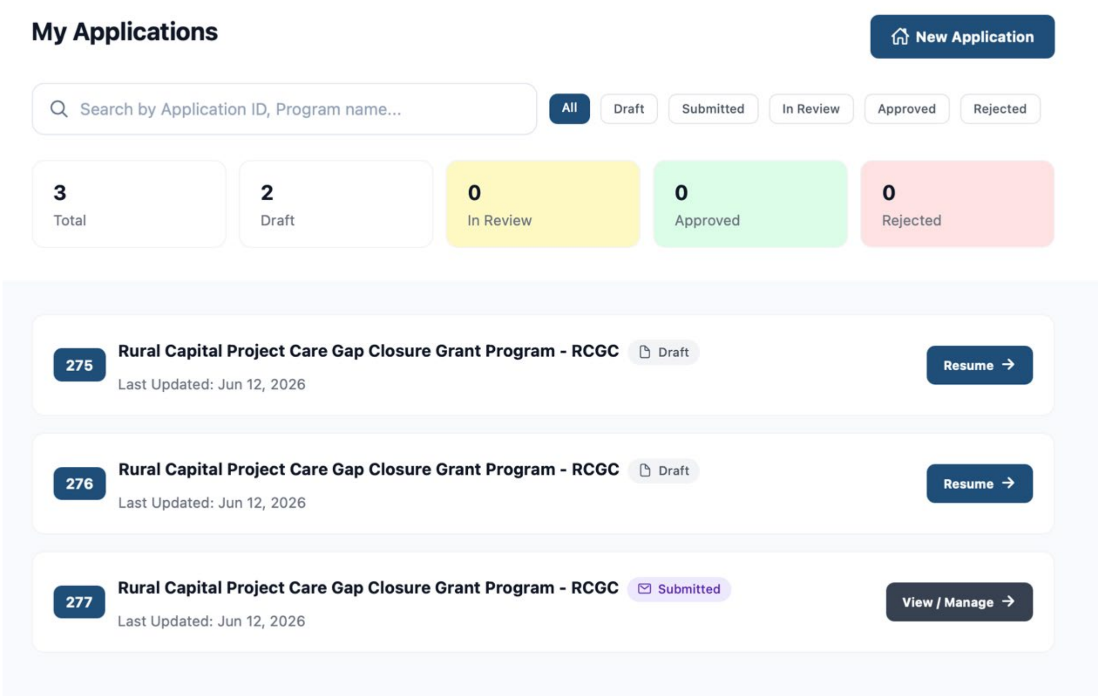
Select **Submit Application** to submit.

Once the application has been submitted, a notification will appear that the application was submitted successfully. Click the *Back to My Applications* to take you back to *My Applications* screen.



7. After Submission

- Monitor the status of the application by clicking My Applications.
- Respond promptly to any request for clarification or corrections.
- Retain copies of all submitted documents.
- Check your emails for any correspondence.



8. Tips for a Strong Application

- Draft narratives in advance to manage character/word limits.
  - Make sure the budget is aligned with the specific project activities, and the cost is reasonable and allowable under the Office of Management and Budget (OMB) Uniform Guidance (2CFR 200).
- Use only the required Excel templates provided in the application.
- Ensure consistency across proposals, budget, and narratives.
- Submit early to avoid technical issues.
- Be sure to check your emails regularly for Application updates to avoid setbacks.
- If you have questions, please ask for assistance.

9. Appendices

A. Budget Template

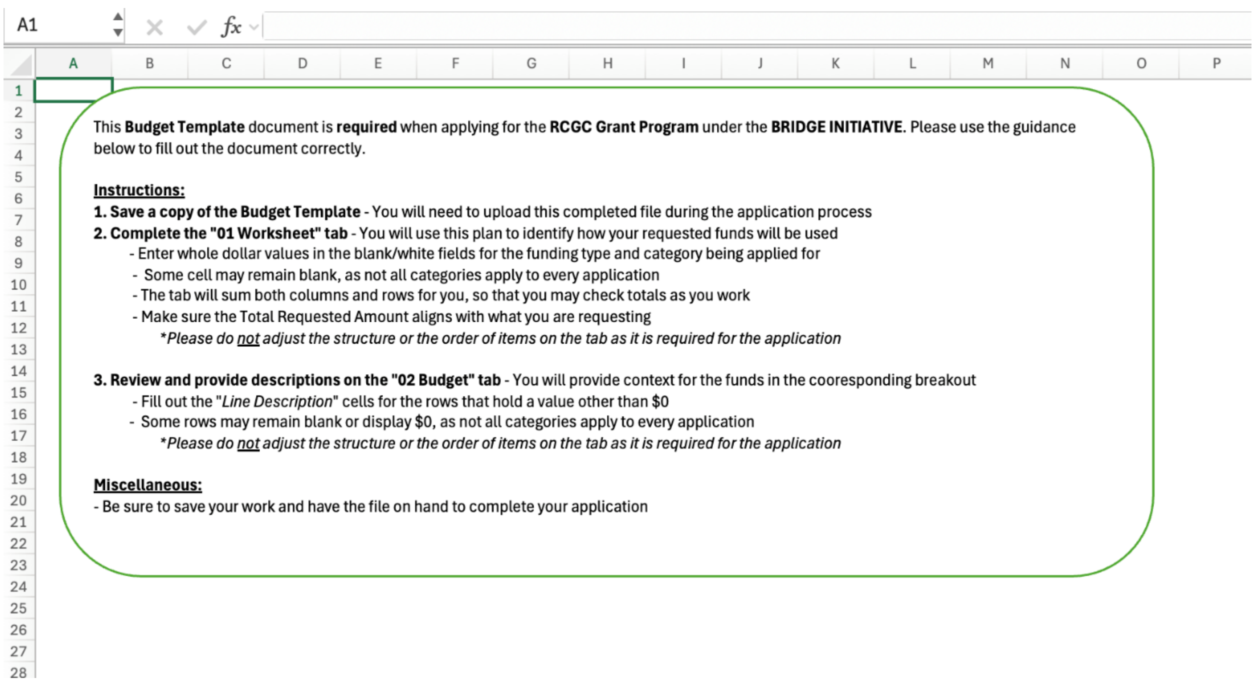
Step 1: Save a Working Copy

1. Download the file **Budget Template** from the Program Information Icon on the application.

2. Rename the file using your organization name and project (example: ABC Health Clinic Budget.xlsx).

Step 2: Review the "00 Instructions" Tab

1. Open the "00 Instructions" tab.
2. Read all instructions carefully before entering data.
3. Important reminders from this tab:
    - Do not modify the structure, order, or labels in any worksheet.
    - Only enter information in white/unlocked cells.
    - Enter whole dollar amounts only (no cents, text, or formulas).


This **Budget Template** document is **required** when applying for the **RCGC Grant Program** under the **BRIDGE INITIATIVE**. Please use the guidance below to fill out the document correctly.

Instructions:
1. Save a copy of the Budget Template - You will need to upload this completed file during the application process
2. Complete the "01 Worksheet" tab - You will use this plan to identify how your requested funds will be used
- Enter whole dollar values in the blank/white fields for the funding type and category being applied for
- Some cell may remain blank, as not all categories apply to every application
- The tab will sum both columns and rows for you, so that you may check totals as you work
- Make sure the Total Requested Amount aligns with what you are requesting

**Please do not adjust the structure or the order of items on the tab as it is required for the application*

3. Review and provide descriptions on the "02 Budget" tab - You will provide context for the funds in the cooresponding breakout
- Fill out the "*Line Description*" cells for the rows that hold a value other than $0
- Some rows may remain blank or display $0, as not all categories apply to every application

**Please do not adjust the structure or the order of items on the tab as it is required for the application*

Miscellaneous:
- Be sure to save your work and have the file on hand to complete your application

Step 3: Complete the "01 Worksheet" Tab (Budget Planning)

This tab is where you plan and total your requested funding.

Budget Category (with Examples)

Personnel - salaries and wages for staff directly working on the project.

Examples: (If a staff member works a percentage of time, identify the percentage (%))

- Project Manager (50% of salary)
- Data Analyst supporting performance tracking (60% of salary)
- Community Health Worker assigned to patient engagement (100% of salary)
- IT staff time for system integration (40% of salary)

Fringe benefits - Employer paid benefits associated with personnel costs.

Examples: (Note: the same time work percentage is allocated under fringe benefits)

- FICA (Social Security and Medicare)
- Health, dental, and vision insurance
- Retirement contributions
- Workers' compensation
- Unemployment insurance

Travel - allowable travel costs necessary for project implementation.

Examples:

- Mileage reimbursement for staff traveling to rural sites
- Lodging and per diem for required training
- Travel/Transportation to required state/federal meetings
- Site visits for equipment installation or partner coordination

Equipment- tangible, non-expendable items with a useful life of more than one year and a high unit cost (per your organization's capitalization policy).

Examples:

- Telehealth carts or diagnostic devices
- EMS vehicles or medical equipment
- Network servers or specialized hardware
- Remote patient monitoring (RPM) devices (if capitalized)

Supplies - consumable items or low-cost equipment used during the project.

Examples:

- Office supplies
- Training materials and manuals
- Medical consumables (cuffs, sensors, test kits)
- Cables, accessories, and minor IT components

Contractual/Subawards - costs for services or work performed by external organizations.

Examples:

- Technology vendors (software licenses, platforms)
- Data analytics or evaluation firms
- Community-based organizations providing services
- Universities or consultants conducting assessments

Construction - costs related to building, renovating, or installing infrastructure.
Examples: (New Construction is not allowed under this program)

- Facility renovations to support telehealth
- Installation of broadband or network infrastructure
- Electrical or structural modifications for equipment
- Construction related to communications systems

Other - allowable costs that do not fit neatly into other categories.
Examples:

- Participant incentives
- Software subscriptions not capitalized as equipment
- Outreach and communication costs
- Insurance or audit costs related to the project

Direct costs - costs that can be specifically and directly attributed to the project.
Examples:

- Personnel and fringe directly supporting the project
- Project-specific equipment and supplies
- Travel required solely for the project
- Contracted services tied to deliverables

Indirect Costs - shared organizational costs that support the project but cannot be directly assigned to a single activity; typically applied using an approved indirect cost rate, if allowed.
Examples:

- Administrative overhead
- Finance and HR support
- Utilities and general office space (specific to program funding activities)
- IT support shared across programs

Step 4: Complete the “02 Budget” Tab (Required Descriptions)

This tab is where you enter the total of your requested funding.

A	B	C	D	E
Line Description*	Funding Type*	Funding Pool Category*	Funding Category*	Requested Amount*
Funding for BRIDGE - Rural Capital Project Care Gap Closure - Personnel of $0	BRIDGE	Rural Capital Project Care Gap Closure	Personnel	$ -
Funding for BRIDGE - Rural Capital Project Care Gap Closure - Fringe Benefits of $0	BRIDGE	Rural Capital Project Care Gap Closure	Fringe Benefits	$ -
Funding for BRIDGE - Rural Capital Project Care Gap Closure - Travel of $0	BRIDGE	Rural Capital Project Care Gap Closure	Travel	$ -
Funding for BRIDGE - Rural Capital Project Care Gap Closure - Equipment of $0	BRIDGE	Rural Capital Project Care Gap Closure	Equipment	$ -
Funding for BRIDGE - Rural Capital Project Care Gap Closure - Supplies of $0	BRIDGE	Rural Capital Project Care Gap Closure	Supplies	$ -
Funding for BRIDGE - Rural Capital Project Care Gap Closure - Contractual/Subawards of $0	BRIDGE	Rural Capital Project Care Gap Closure	Contractual/Subawards	$ -
Funding for BRIDGE - Rural Capital Project Care Gap Closure - Construction of $0	BRIDGE	Rural Capital Project Care Gap Closure	Construction	$ -
Funding for BRIDGE - Rural Capital Project Care Gap Closure - Other of $0	BRIDGE	Rural Capital Project Care Gap Closure	Other	$ -
Funding for BRIDGE - Rural Capital Project Care Gap Closure - Indirect Costs of $0	BRIDGE	Rural Capital Project Care Gap Closure	Indirect Costs	$ -

Enter Line Descriptions

1. For each row with a requested amount:
    - Enter a clear explanation in the Line Description field.

2. Each description should:
    - Explain the purpose and use of the funds
    - Be one sentence up to a short paragraph in length
    - Clearly align with the funding category and project scope

3. Keep all explanation text within the Line Description cell for that row.
    - Use plain, professional language.
    - Be specific (what will be purchased, implemented, or supported).

Please Do Not

- Add descriptions in unused rows.
- Change row order, headers, or formulas.
- Reference costs that do not appear in the worksheet.
- **<u>Do not make any changes</u>** other than what is currently in the worksheet.

B. Facility Information Template

Step 1: Save a Working Copy

- Download the file **Project Plan Template** from the Program Information Icon on the application.

- Rename the file using your organization name and project (example: ABC Health Clinic Budget.xlsx).

Step 2: Review the "Facility Information" Tab

- Read all instructions carefully before entering data.
- Important reminders from this tab:
  - Do not modify the structure, order, or labels in any worksheet.
  - Only enter information in white cells.
  - Save a copy and verify the data entered.

MS - Facility Information

Instructions: Please complete the information requested below. List each facility included in the request on a separate line, corresponding to the locations that will utilize the requested funds.
"$ Funding" is the portion of requested funding going to this facility.
(Optional) Facility Total will turn green once amount matches your Requested Total amount.
Add more rows if needed.

Enter Requested Total $:
Facility Total: $ -

Number	Facility Name	Facility Type	Street Address	City	County	State	Zip	$ Funding
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
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31								
32								

C. Application Chart Template

Step 1: Save a Working Copy

- Download the file **Application Chart Template** from the Program Information Icon on the application.

- Rename the file using your organization name and project (example: ABC Health Clinic Budget.xlsx).

Step 2: Review the "Instructions" Tab

- Read all instructions carefully before entering data.

- There are 10 active tabs in this document all must be completed.
  - Quantified Need Indicators
  - Intended Outcomes
  - How investment addresses need
  - Impact Indicators
  - Challenges, Risks, and Barriers
  - Implementation
  - Planned Obligation
  - Project Management and Readiness
  - Sustainability Plan
  - Measures Table

- Important reminders from this tab:
  - Do not modify the structure, order, or labels in any worksheet.
  - Only enter information in white cells.
  - Save a copy and verify the data entered.

Instructions:

Please carefully review each of the ten tabs and complete all required fields before submitting your application. Providing complete and accurate information across every section is essential, as any unanswered items may delay the review process.

The tabs that require your attention include: Qualified Need Indicators, Intended Outcomes, How the Investment Addresses Need, Impact Indicators, Challenges, Risks, and Barriers, Implementation Workplan and Timeline, Planned Obligation, Project Management and Readiness, Sustainability, and Measures Tables. Each tab is designed to capture specific details needed to thoroughly evaluate your application, so be sure to address all prompts within each section.

If you have any questions or need clarification while completing the tabs, please contact the program team at **info@mississippirhtp.com** for assistance.