AccelerateMS

Mississippi Rural Health Transformation Program

Workforce Expansion Initiative (WEI)

Section I. Prequalifying Questions (1-4)

1. Are you a Mississippi located eligible entity under the Rural Healthcare Transformation Program (RHTP)/WEI Grant* ☐ Yes ☐ No

   ***Note:** Mississippi classifies "rural" as counties with fewer than 50,000 residents, fewer than 500 people per square mile, or municipalities with population 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 -based eligible entities include the following: Rural hospitals and other rural healthcare providers, critical access hospitals (CAHs), nonprofit healthcare organizations, public health agencies, physicians' practices (including solo practitioners), rural health clinics, local health departments, Native American Sovereign Tribe healthcare facilities, certified community behavioral health clinics, substance use disorder facilities, dental care services, licensed long-term care facilities and nursing homes, school districts, community colleges, • Independent universities and educational entities, residency programs, public health organizations, medical clinics and Federally Qualified Health Centers (FQHCs), institutions of higher learning, community-based organizations, workforce development organization, and other organizations located in or serving rural populations.

2. Does the proposed project align with at least one of the four sub-initiatives allowable under the RHTP/WEI program as indicated below? * Select all that apply
   - Workforce Recruitment & Sustainable Ecosystem Development Initiative
   - Secondary Education Medical Career Outreach Initiative
   - Preceptor Expansion Initiative
   - Earn While You Learn Initiative

3. I understand that application can be made for one or more of the sub-initiatives; however, if awarded funding, my organization will provide separate information for each sub-initiative and there shall be no overlapping of funding. Each award will have a separate budget, scope of services, and performance indicators (program deliverables) evaluated at the end of the funding cycle. * ☐ Yes ☐ No

4. I understand that by accepting RHTP/WEI funding from the State of Mississippi, I commit to supporting the Statewide Health Information Exchange (HIE) developed under the RHT Program. * ☐ Yes ☐ No

Yes—to all questions and statements (no. 1-4) will advance to the application.

No—to any of these questions and statements will result in a message stating "Currently, you are not eligible to proceed to the next stage of the application process. Additional funding opportunities are expected to become available soon, and we encourage you to continue checking MississippiRHTP.com for updates and future opportunities. For further inquiries, contact info@mississippirhtp.com"

Section II. Applicant Information

Organizational Information

*Legal Organization Name _____

*Address, City, State, Zip Code _____

Unique Entity Identification Number: _____

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.

*SAM's Number_____

*EIN/Tax ID _____

*Organization Type _____

*Program Contact _____

*Program Contact Email_____

*Program Contact Phone Number_____

*Fiscal Contact_____

*Fiscal Contact Email_____

*Fiscal Contact Phone Number_____

ORGANIZATIONAL BACKGROUND

Organizational Overview*

Describe your organization's experience in managing workforce development, education, healthcare, or other grant-funded programs. Include information on previous workforce initiatives, grant management experience, fiscal management and accounting systems, staffing capacity, and performance management processes used to monitor program outcomes and ensure compliance. Please highlight relevant accomplishments, expertise, and organizational strengths that demonstrate your ability to successfully implement and manage the proposed project. (500-word limit)

Organizational Capacity*

Describe your organization's experience managing workforce development, education, healthcare, or other grant-funded programs. Include relevant workforce initiatives, grant management experience, fiscal management systems, staffing capacity, and performance management processes used to ensure effective program implementation and compliance. (500-word limit)

Organizational Strengths*

Describe why your organization is uniquely positioned to successfully implement this project. (500-word limit)

Yes/No Questions

Does your organization currently provide healthcare services?* ☐ Yes ☐ No

Does your organization currently operate workforce development programs?* ☐ Yes ☐ No

Does your organization have dedicated fiscal management staff?* ☐ Yes ☐ No

Does your organization currently have partnerships with educational institutions?* ☐ Yes ☐ No

If Yes:

List all active educational partners. (500-word limit)

Section III. Facility Information

Describe the facilities where grant funding activities will occur

*Primary Facility Name_____

*Address _____

*County _____

*Description of Service Area (500-word limit)

*Does this application cover projects/expenditures in multiple locations? ☐ Yes ☐ No

If yes, please upload detail of all project locations and associated costs.

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Section IV. Federal Funding Compliance

Debarment/Suspension Certification *

The applicant certifies that the organization is **not currently debarred, suspended, or otherwise excluded from receiving federal funds**. By submitting this application, the organization further certifies that it is not currently excluded or debarred from future contract awards by any political subdivision or agency of any federal, state, county, or local government, and that it is not acting as an agent of any such person or entity.

The organization also certifies that, within the past five years, it has not been convicted of, nor has a civil judgment been rendered against it for fraud or any criminal offense in connection with obtaining, attempting to obtain, or performing a public contract. This includes, but is not limited to, violations of antitrust laws, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property. Furthermore, the organization certifies that it is not presently under criminal or civil indictment or otherwise charged with committing any of the offenses described above.

Finally, the organization certifies that, within the past five years, it has not had a contract with any governmental entity terminated due to its failure to perform, default, or any other action or inaction attributable to the organization.

Federal Funding History

Has your organization received federal funding within the past five (5) years?*
☐ Yes ☐ No

If yes, complete the table below.

Federal Agency	Program	Award Number	Amount	Performance Period

Past Single Audit

Was your organization required to undergo a Single Audit for the most recently completed fiscal year?* ☐ Yes ☐ No

If yes, complete the table below. (Include Fiscal Year and Audit Date)

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Past Single Audit/Audited Financial Statement Findings

Were there any findings in your most recent Single Audit or audited financial statements?*
☐ Yes ☐ No

If yes:
Describe the findings and corrective actions taken.

Financial Statements Section

Please submit audited financial statements if available. If audited financial statements are not available, applicants should submit the most recent internally prepared fiscal year-end financial statements.*

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Financial Management System Certification*

☐ I certify that the organization maintains a financial management system that complies with applicable federal requirements, including 2 CFR Part 200.

Authorized Official Signature_____

Written Policies and Procedures*

Applicants must upload copies of their organization's current written policies and procedures for the following areas, as applicable: procurement, financial management, internal controls, travel, payroll, records retention, and conflicts of interest. These policies will be reviewed to assess the organization's administrative and financial management capacity and compliance with applicable federal and state requirements. If a required policy does not exist, the applicant must provide a brief written explanation.

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Procurement Standards Certification*

☐ I certify that the organization will procurement standards consistent with 2 CFR Part 200.

Compliance with Federal Award Conditions*

☐ I certify that the organization will comply with all applicable federal statutes, regulations, award terms and conditions, and reporting requirements.

Conflict of Interest Certification

In accordance with 2 CFR Part 200, the organization acknowledges that a conflict of interest exists when personal or organizational relationships compromise, or appear to compromise, the impartiality of individuals involved in the selection, award, or administration of federally funded contracts or agreements. The organization certifies that it maintains policies and procedures to identify, prevent, and manage actual or potential conflicts of interest. Should any real or apparent conflict of interest arise, the organization will promptly provide written disclosure to the applicable federal funding agency, as required by federal regulations.

Does your organization have any actual or potential conflicts of interest related to this application?* ☐ Yes ☐ No

If yes, explain: (500-word limit)

Section V. Initiative Application

Select the initiatives below that you are applying for*

Select all that apply:

☐ Workforce Recruitment & Sustainable Ecosystem Development

☐ Secondary Education Medical Career Outreach

☐ Earn While You Learn (EWYL)

☐ Preceptor Expansion

Note: All following questions are required for each initiative selected above. All questions and requirements must be answered per initiative. If any information is missing the application may be deemed ineligible for award.

Note: 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. Therefore, I understand that my entity/organization will ensure that Phase I activities are complete by **July 31, 2027,** and clearly identify how the proposed scope can operate independently or support future expansions if additional funding becomes available.

A. Workforce Retention and Sustainable Ecosystem Development

Project Summary*

Provide a concise overview of the proposed project, including the target rural population(s) to be served, the rural geographic area in which services will be delivered, and the workforce challenge or need to be addressed. (500-word limit)

Prompt Questions

1. Identify the target rural population(s) of healthcare professionals (e.g. physicians, nurses, and behavioral and allied health professions) that your organization intends to recruit and retain through this initiative. (500-word limit)*
2. Describe the activities (e.g. bonuses, stipends) your organization will implement to recruit and retain the target population(s). If utilizing bonuses and stipends please include how the 5-year service commitment will be implemented (500-word limit)*

3. Explain how the proposed incentives and support services will improve recruitment and retention outcomes in the targeted rural area(s). (500-word limit)*

4. Discuss how these activities will address workforce shortages, strengthen healthcare access, and contribute to long-term workforce sustainability in rural areas. (500-word limit)*

5. State the number of healthcare professionals by occupations as identified in your proposed target populations, that will be recruited in a year. (500-word limit)*

B. Secondary Education Medical Career Outreach

Project Summary*

Provide a concise overview of the proposed project, including the target rural population(s) to be served, the geographic area in which services will be delivered, and the workforce challenge or need to be addressed. (500-word limit)*

Prompt Questions

1. Describe the outreach and engagement activities your organization will implement to promote rural healthcare career opportunities. Include the target audience, anticipated number of participants, area outreach (e.g. multiple school districts, counties) and anticipated outcomes. (500-word limit)*

2. Describe the career pathway program(s) that will be offered to support student and workforce entry into rural healthcare careers. (500-word limit)*

3. Identify anticipated partnerships development with community organizations, employers, and other key stakeholders and describe how it will impact or support rural healthcare workforce development. (500-word limit)*

4. Provide a detailed timeline for the proposed initiative, including key activities, milestones, and deliverables from project launch through completion, and describe how the timeline supports successful implementation and achievement of the initiative's goals. (500-word limit)*

5. Clearly state the number of students participating in healthcare career activities and measure of their progress into healthcare education, training or career pathways. (500-word limit)*

C. Earn While You Learn (EWYL)

Project Summary

Provide a concise overview of the proposed project, including the target rural population(s) to be served, the geographic rural area in which services will be delivered, and the workforce challenge or need to be addressed. (500-word limit)*

Prompt Questions

1. Describe the EWYL program to include the target rural healthcare professional population and the strategies your organization will use to support participation and implementation of this initiative. (e.g. stipends, wages). (500-word limit)*

2. Describe the collaborating partners and vendors and their roles needed to successfully implement the EWYL program. (500-word limit)*

3. What percentage of participants will gain credentials leading to employment as a result of the EWYL program? (500-word limit)*

4. Explain how your organization will monitor and track participants compliance with the 5-year service commitment. (500-word limit)*

5. Provide a detailed timeline for the proposed initiative, including key activities, milestones, and deliverables from project launch through completion, and describe how the timeline supports successful implementation and achievement of the initiative's goals. (500-word limit)*

6. State the number of students/trainees that will complete programs and enter the workforce based on target population identified by your organization. (500-word limit)*

D. Preceptor Expansion Project

Project Summary*

Provide a concise overview of the proposed project, including the target rural population(s) to be served, the geographic rural area in which services will be delivered, and the workforce challenge or need to be addressed. (500-word limit)*

Prompt Questions

1. Describe the proposed Preceptor Expansion project. Include the purpose of the project, the healthcare professions and rural communities served, the activities that will be implemented to recruit, train, and support preceptors, and how the project will expand clinical training capacity and strengthen the rural healthcare workforce. (500-word limit)*
2. Describe your organization's current clinical training capacity. Include the current number of qualified preceptors, clinical training sites, and the number of students, residents, fellows, apprentices, or trainees supported annually. (500-word limit)*
3. Describe any existing limitations or challenges that affect your organization's ability to provide clinical training or expand training opportunities. (500-word limit)*
4. Identify the healthcare profession(s) that will directly benefit from the proposed project. (500-word limit)*

7. Which preceptorship activities will be implemented through the proposed project? (500-word limit)*

8. Identify the number of preceptors and mentors that will be actively engaged during the grant period. (500-word limit)*

Complete the following questions for each selected sub-initiative. The questions will repeat based on the number of sub-initiatives chosen. For example, if you select three sub-initiatives, you must provide three sets of responses; one for each sub-initiative.

Section VI. Project Overview & Description

Project Title*_____

Total Amount Requested* $ _____

Project Goals and Objectives

List up to three project goals and identify the measurable objectives associated with each goal. For each objective, provide the current baseline and the target to be achieved during the project period. Goals should describe the broad outcomes the project intends to achieve, while objectives should be specific, measurable, and directly aligned with each goal. Include quantitative baselines and targets whenever possible. *

Goal	Objective	Baseline	Target
Goal 1			
Goal 2			
Goal 3			

Project Design

Describe the proposed program model and service delivery approach, including how participants will be recruited, engaged, and supported throughout the project. Explain the recruitment strategy, participant support services, training activities, and retention strategies that will be implemented to promote successful participation, completion, and workforce outcomes. Include details on how these components work together to achieve the project's goals and objectives.

(500-word limit)*

Scope of Work Overview Provide a detailed description of activities that will occur during the grant period.

Activity Plan

Activity	Description	Lead Organization	Participants Served

Project Personnel and Staffing Plan

Identify all existing and proposed personnel who will support the implementation and management of the proposed project. For each position, describe the individual's role and responsibilities, including contributions to project implementation, participant services, program oversight, data reporting, fiscal management, and other grant-related activities, and indicate the percentage of time dedicated to the project. (500-word limit)*

Partnerships and Collaborative Roles

Identify all partner organizations that will support project implementation and describe their roles and commitments. Explain how each partner will contribute to project success through participant recruitment, training delivery, clinical placements, employment opportunities, supportive services, and other project activities. Additionally, describe how these partnerships will increase healthcare workforce capacity, strengthen workforce development pathways, and support the long-term sustainability of project outcomes beyond the grant period.

Organization	Role	Commitment

Project Timeline, Activities, and Key Milestones

Provide a detailed implementation timeline for the project. For each project quarter, identify the major activities, key milestones, and deliverables. Include target dates for significant milestones such as project launch, participant enrollment, training start, credential attainment, employment placement, and project completion. Instructions: The implementation timeline should demonstrate how project activities will be carried out throughout the grant period and how progress toward key milestones and deliverables will be achieved. Include realistic timelines and measurable outputs for each phase of the project.

Key Milestones	Major Activities	Quarter Anticipated	Deliverables	Target Date
Project Launch Date				
First Participants Enrolled				
Training Begins				
Credential Attainment				
Employment Placement				
Project Completion				

Future Growth and Expansion

If additional funding becomes available, describe how the project could be expanded. Include the potential to serve additional participants, expand into new counties or geographic areas, engage additional employers, and support training or placement in additional healthcare occupations. Explain how this expansion would enhance the project's impact and address workforce needs. (500-word limit)*

VII. Budget

Instructions: Please provide reasonable estimates related to the budget for your proposed project. ***Note: Indirect Costs are not allowed for this funding stream.** Use brief narratives and provide justification per applicable budget category.

Explain how each major budget category supports the proposed scope, implementation tasks, and intended outcomes. **Only direct costs are to be noted.**

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.

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Section VIII. Current Operational Status & Services

Capacity Expansion Question*

Describe the current healthcare workforce capacity within the proposed service area, including existing strengths and resources. Identify workforce gaps or shortages and explain how the proposed project will address these needs and expand workforce capacity. (Maximum: 2,000 characters)

If funded, how will this project increase healthcare workforce capacity within one year?*

Workforce Capacity Measure	Current Capacity	Projected Increase (Year 1)	Total Capacity After Project
New Training Slots Created	_____	_____	_____
New Workers Trained	_____	_____	_____
New Workers Recruited	_____	_____	_____
New Workers Retained	_____	_____	_____
New Clinical Sites Established	_____	_____	_____

Workforce Capacity Measure	Current Capacity	Projected Increase (Year 1)	Total Capacity After Project
New Partnerships Developed	_____	_____	_____

Section IX. Compliance and Monitoring

Performance Monitoring

Describe how project activities, participant progress, and outcomes will be monitored and evaluated throughout the project period. Include the data collection methods, tracking systems, participant monitoring processes, and quality assurance procedures that will be used to ensure data accuracy, program effectiveness, compliance, and continuous improvement. (Maximum: [insert character limit, if applicable]). (500-word limit)*

Data Collection

Data Collection and Reporting:

Describe how participant, workforce, and program outcome data will be collected and verified for reporting purposes. (500-word limit)*

Section X. Outcomes and Sustainability

Outcomes and Impact Measurement

Describe how the success of the proposed project will be measured. Include the short-term, intermediate, and long-term outcomes expected to result from project activities, and explain how progress toward these outcomes will be tracked and evaluated throughout the project period. (500-word limit)*

Organizational and Community Impact

Describe how the proposed project will strengthen your organization and improve healthcare access and outcomes within the communities you serve. Include the anticipated impact on organizational capacity, workforce pipeline development, partnerships, organizational infrastructure, and healthcare service delivery. Additionally, explain how the project will address healthcare access challenges and contribute to improved health outcomes, particularly in rural and underserved areas of Mississippi. (500-word limit)*

Sustainability Plan

Describe how the project will be sustained after grant funding ends. Include anticipated funding sources, organizational commitments, and strategies that will support the continuation of project activities and outcomes. (500-word limit)*

Describe how project activities, partnerships, and systems will be integrated into ongoing operations. Include the role of partners in sustaining project outcomes and identifying which activities, programs, or processes will become permanent components of your organization or service delivery model. (500-word limit)*

Describe the workforce capacity that will remain after the grant period ends. Include permanent training programs, workforce pathways, clinical training sites, recruitment and retention strategies, long-term partnerships, and the anticipated impact on workforce growth over the next three to five years. Explain how workforce gains achieved through the project will be maintained. (500-word limit)*

Section XI. Applicant Certifications and Assurances

By submitting this application, the Authorized Representative certifies, to the best of their knowledge and belief, that all information provided is true, complete, and accurate. The Authorized Representative understands that knowingly providing false, fictitious, or fraudulent information, or omitting any material fact, may result in criminal, civil, or administrative penalties under applicable federal law, including but not limited to 18 U.S.C. §§ 2, 1001, and 1343, and 31 U.S.C. §§ 3729–3730 and 3801–3812.

The Applicant further certifies that any funds awarded under this program will supplement, and not supplant, existing funding, services, activities, or obligations currently supported through federal, state, local, or private funding sources. Program funds will not be used to replace existing budgeted expenditures or ongoing financial commitments and will not duplicate funding received from other federal or state awards.

The Applicant certifies that all awarded funds will be used solely for allowable activities and costs consistent with applicable federal statutes, regulations, program guidance, award conditions, Centers for Medicare & Medicaid Services (CMS) requirements, and the Notice of Funding Application (NOFA). Funds will not be used for any unallowable activities or expenditures identified in the program requirements.

The Applicant acknowledges and agrees to comply with all requirements of the Rural Health Transformation Program (RHTP), including the Notice of Funding Availability (NOFA), the RHTP Terms and Conditions, Frequently Asked Questions (FAQs), and all applicable federal statutes, regulations, and award conditions, including 2 CFR Parts 200 and 300. The Applicant understands that these requirements govern financial management, internal controls, procurement, reporting, performance measurement, cost principles, subrecipient monitoring, and other federal grant administration standards. If selected for funding, the Applicant agrees to maintain the knowledge, systems, and capacity necessary to fulfill all subrecipient responsibilities and to comply with all applicable program guidance throughout the period of performance.

The Applicant further acknowledges that applicable federal and state laws, regulations, reporting requirements, and program guidance may be revised during the award period and agrees to remain in compliance with all current and future requirements, including any updates or modifications issued by CMS or other authorized agencies.

Finally, the Applicant acknowledges its commitment to support the statewide Health Information Exchange (HIE) developed under the Rural Health Transformation Program as required by the program.

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____