



FROM: Mississippi State Department of Health

DATE: October 8, 2026

RE: Project Language Update: Mississippi State
Department of Health – Grant Application –
Innovative Pilot Program

Regarding Mississippi State Department of Health Grant Application – Innovative Pilot Program, under Prequalifying Questions: Eligibility addressed in Question 1 has been updated to include community colleges, colleges, and universities, and other entities engaged in activities or initiatives that address community-level needs and outcomes and applicant location has been clarified; Evaluation: The timing of progress reports has been updated to align with the NOFO.



MISSISSIPPI STATE DEPARTMENT OF HEALTH (MSDH) BUILDING RURAL INFRASTRUCTURE FOR DELIVERY, GROWTH, AND EFFICIENCY (BRIDGE) INNOVATIVE PILOT PROGRAM

Prequalifying Questions

1. Are you an ~~Mississippi-located~~ eligible ~~provider~~ applicant under the Innovative Pilot Program?
* ☐ Yes ☐ No

Note: Mississippi classifies “rural” as 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~~ applicants include the following: rural hospitals and Critical Access Hospitals (CAHs); outpatient clinics, including Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), and community health centers; behavioral health providers; emergency medical services (EMS) agencies and other emergency response partners; nonprofit community-based organizations involved in healthcare access, care delivery, public health, or care coordination; ~~community colleges, colleges, and universities~~; providers serving children, families, and vulnerable populations; organizations furnishing specialty services or care coordination support; ~~and other entities engaged in activities or initiatives that address community-level health needs and outcomes~~. Applicants do not have to be located in Mississippi to apply, however, they must demonstrate they are currently serving Mississippi rural clients and/or patients to be eligible under this program. Additionally, the proposed project must demonstrate an impact on rural patients in Mississippi to be considered eligible for funding under this program.

2. Is this project designed to implement a transformative, innovative approach in a rural community that strengthens health and well-being through cross-sector collaboration while improving outcomes, addressing social determinants of health, and/or supporting sustainable, community-centered systems of care? * ☐ Yes ☐ No

Note: ~~Telehealth costs that simply add telehealth services to an existing practice are not eligible for funding. Telehealth costs, however, that are a component of a larger, innovative pilot program are eligible for consideration under this program.~~ ~~Telehealth~~, Cybersecurity, other technology solutions, electronic health record, broadband infrastructure, new construction or major building expansion, lobbying, provider payments, demolition, and other non-allowable uses identified in the Notice of Funding Opportunity (NOFO) **may not be charged to this award**. Funding for ~~telehealth~~, cybersecurity, other technology solutions, and electronic health records were offered under separate grant programs.

3. Does the proposed project align with at least one Innovative Pilot Program objective?
* ☐ Yes ☐ No

For reference, the Innovative Pilot Program objectives include the following:



- Expand access to healthcare and supportive services for rural residents through innovative service delivery models and community-based partnerships.
 - Strengthen cross-sector collaboration among healthcare providers, public health agencies, educational institutions, employers, social service organizations, community-based organizations, and other local stakeholders to address community health needs.
 - Increase access to preventive, behavioral, maternal, and chronic disease care through integrated, community-centered approaches that reduce barriers to service utilization.
 - Address social determinants of health by implementing collaborative strategies that improve food security, economic stability, access to care, education, and other factors influencing health outcomes.
4. I understand that by accepting Innovative Pilot Program funding from the State of Mississippi, I commit to supporting the Statewide Health Information Exchange (HIE) developed under the RHT Program.

Yes – to all questions (No. 1-4) will advance to the Application

No- to any of these questions 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.”*

Applicant Information

* Applicant Legal Name: _____
Doing Business As (if applicable): _____
* Federal Employer Identification Number (FEIN): _____
Unique Entity Identifier (UEI): _____
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.

National Provider Identifier (NPI #): _____

As an Applicant of the Pilot Program, an NPI # is not required for eligibility.

* CMS Entity Type: _____

Applicant Mailing Information

* Street Address: _____
* City: _____
* State: _____
* Zip Code: _____

Applicant Primary Contact Information

* Name: _____



* Title: _____
* Email Address: _____
* Phone Number: _____

Authorized Grant / Contract Representative

* Name: _____
* Title: _____
* Email Address: _____
* Phone Number: _____

Facility Information

* Is the project being submitted on behalf of a specific facility, campus, department, clinic, or subsidiary? ☐ Yes ☐ No

Facility / Project Site Name: _____

Facility Type: _____

Physical Address: _____

County: _____

Organizational Capacity

Debarment/Suspension Certification *

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

DROPDOWN BOX

Yes - Organization is excluded from receiving federal funds

No - Organization is not excluded from receiving federal funding

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.

Federal Funding History *

Has the organization received federal grant funds before?

DROPDOWN BOX

Yes - Organization has received federal funds in the past.

No - Organization has never received federal funds.

Past Single Audit *

Has the organization been subject to single audit requirements in the past?

DROPDOWN BOX

Yes - Organization has had single audits conducted in the past.

No - Organization has not had past single audits.

Past Single Audit/Audited Financial Statement Findings *

Has the organization received any single audit and/or audited financial statement findings in the past 3 years? If yes, attach a Summary Schedule of Prior Audit Findings.

DROPDOWN BOX

N/A - No past audits.

Yes - Organization has audited findings within the past 3 years.

No - Organization has had no audit findings in the past 3 years.

Financial Statements *

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.

UPLOAD REQUIREMENT

Financial Management System Certification *

Does the organization have financial systems that meet federal standards for internal controls?

DROPDOWN BOX

1 Organization has a financial management system that meets federal standards for internal controls.

2 Organization has a financial management system that does not meet federal standards for internal controls.

3 Organization does not have a financial management system.

NOTE: Applicants selecting options 2 or 3 will be required to participate in additional training or technical assistance prior to award or during the period of performance.

Written Policies and Procedures *

Does the organization maintain written policies and procedures related to the management of federal grant funds and internal financial controls?

DROPDOWN BOX

1 Organization has written policies and procedures related to the management of federal grant funds and internal financial controls.

2 Organization has written policies and procedures that do not cover the management of federal grant funds and internal financial controls.

3 Organization lacks written policies and procedures.

NOTE: Applicants identified as having limited or incomplete written policies and procedures will be required to participate in additional training or technical assistance prior to award or during the period of performance.

Procurement Standards Certification *

Does the organization have written procurement procedures compliant with 2 CFR 200 and can adhere to federal procurement guidelines and contracting standards?

DROPDOWN BOX

- 1 Organization has written procurement procedures that address 2 CFR 200 compliance and has the capacity to meet federal procurement guidelines and contracting standards.
- 2 Organization has written procurement procedures that do not address 2 CFR 200 compliance or does not have the capacity to meet federal procurement guidelines and contracting standards.
- 3 Organization does not have written procurement procedures that address 2 CFR 200 compliance.

NOTE: Applicants identified as having limited or incomplete procurement procedures will be required to participate in additional training or technical assistance prior to award or during the period of performance.

Compliance With Federal Award Conditions *

Does the organization agree to comply with all terms and conditions that flow down under 2 CFR 200 & 300, and program specific guidelines?

DROPDOWN BOX

- 1 Organization currently complies with all terms and conditions that flow down under 2 CFR 200 & 300, and program-specific guidelines.
- 2 Organization agrees to comply with all terms and conditions that flow down under 2 CFR 200 & 300, and program-specific guidelines.
- 3 Organization does not agree to comply with all guidelines.

NOTE: By selecting options 2 or 3, applicants will be required to participate in additional training or technical assistance prior to award or during the period of performance.

Capacity *

Does the organization have the capacity to complete the project and submit progress reports?

DROPDOWN BOX

- 1 Organization has capacity to complete work.
- 2 Organization lacks capacity but is actively seeking resources.
- 3 Organization lacks capacity and has yet to begin seeking resources.

Describe the capacity the organization will utilize to complete the proposed project including: (1) number of personnel to be utilized; (2) titles and tenure of proposed personnel; (3) brief description of the roles and responsibilities of the identified personnel; and (4) whether or not these positions are currently filled or if hiring or contracting will need to take place if the applicant is awarded funding under this program.

--

Conflict of Interest Disclosure *

Are there any actual or potential conflicts of interest related to this award?

DROPDOWN BOX

Yes - Conflicts exist.

No - No conflicts exist.

Under 2 CFR 200, a conflict of interest exists when personal or corporate relationships compromise the impartiality of individuals involved in the selection, award, or administration of federal contracts, necessitating a mandatory written disclosure to the funding agency.

If yes, provide the following information:

Conflicts Explanation

Please describe any conflicts or potential conflicts of interest that exist.

Response: _____

Applicant Questions**Innovative Pilot Program**

Because Innovative Pilot Program funding is currently structured as a one-year award period, applicants should propose phased or scalable projects that can achieve meaningful planning and/or initial implementation milestones within the available funding period. Applicants should ensure that Phase I activities are completed by July 31, 2027, and clearly describe how the proposed scope can function independently or support future, sustainable expansion in subsequent funding years, if additional funding becomes available. See the related NOFO for additional detail.

1. Executive Summary

Purpose: The purpose of Section 1 of the application is to provide the grant evaluation team with a concise overview of the project and reference key values that appear in Sections 2–5.

1.1 Project Snapshot

Project Name: _____

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

\$ _____

Program Objective Alignment (check all that apply):

- ☐ Expand access to healthcare and supportive services for rural residents through innovative service delivery models and community-based partnerships.
- ☐ Strengthen cross-sector collaboration among healthcare providers, public health agencies, educational institutions, employers, social service organizations, community-based organizations, and other local stakeholders to address community health needs.

- ☐ Increase access to preventive, behavioral, maternal, and chronic disease care through integrated, community-centered approaches that reduce barriers to service utilization.
- ☐ Address social determinants of health by implementing collaborative strategies that improve food security, economic stability, access to care, education, and other factors influencing health outcomes.

1.2 Short Executive Narrative (500-word limit)

Summarize the snapshot above and present a clear high-level overview of why the project is needed and how it will advance the goals of the Pilot Program.

2. Project Description

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

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 project.

2A.2 Quantified Need Indicators (provide at least 1)

Instructions: Provide at least one quantified need indicator. Examples of quantified indicators:

- Healthcare access or service utilization rates, including hospitalizations, emergency department utilization, preventable admissions, missed appointments, or unmet healthcare needs;
- Number or percentage of individuals experiencing barriers to preventive, behavioral health, maternal health, chronic disease, or other needed services;
- Provider availability, workforce shortages, wait times, travel distance or time to care, or other measures of healthcare access;
- Referral volume, referral completion rates, care coordination gaps, or other measures demonstrating fragmentation of services;
- Prevalence or outcomes associated with chronic disease, behavioral health conditions, maternal health, or other identified community health needs;
- Measures of food insecurity, economic instability, transportation barriers, educational barriers, or other social determinants of health;
- Number or percentage of individuals currently served compared with the estimated population in need;

- Existing capacity or service gaps among healthcare providers, community-based organizations, social service organizations, or other partners; or
- Other quantitative data demonstrating a documented community health need that the proposed pilot is designed to address.

Need indicator (name)	Baseline Measure	Baseline time period	How this demonstrates the need for the proposed Innovative Pilot Program (1 sentence)	Upload Excel Template
				☐
				☐

2A.3 Intended Outcomes (provide at least 2)

Instructions: Provide at least two intended outcomes.

Outcome (measurable)	Baseline Measure	Target Measure / expected change	Timeframe	How measured (data source)	Upload Excel Template
					☐
					☐

2A.4 Innovative, Transformative, and Collaborative (500-word limit)

How is the intended program innovative and transformative in addressing the local needs and meeting the intended outcomes?

Describe in detail the community partners that are already engaged in collaborations and what sectors do they represent? If these partnerships are not already in place, which entities do you anticipate collaborating with for this project?

2B. How the Investment Addresses the Need

Instructions: List the major components of the Innovative Pilot Program and map each component to the need indicator(s) and intended outcome(s) above.

2B.1 Innovative Pilot Program Components (list all major components)

Component / activity	Existing or planned partnerships	What will be implemented?	Need indicator(s) addressed (from 2A.2)	Outcome(s) supported (from 2A.3)	Deliverable produced
<i>Create collaborative to promote worksite wellness</i>	<i>Chamber of Commerce; local employers</i>	<i>Employer-sponsored worksite wellness education and activities</i>	<i>High staff absences due to excessive sick days</i>	<i>Increased availability of workplace-centered health initiatives; Improved health status among workforce</i>	<i>Partnerships established; Worksite initiatives implemented</i>

2B.2 Connection Between Components and Outcomes (350-word limit)

Explain how the components above produce the outcomes proposed.

2C. Communities/Population Impacted

Instructions: Only list counties/sites you want counted for scoring. Rural confirmation is required for each site counted.

2C.1 Service Area & Sites Impacted

Indicate counties served that will be positively impacted by this program:

2C.2 Populations Served & Estimated Reach

Will your project serve patients and/or clients that reside in rural Mississippi based on the definition provided? *

☐ Yes ☐ No

Provide the number of rural encounters served annually _____

Provide the number of unduplicated rural patients served annually _____

Baseline time period (FFY 2026 preferred):

Estimated reach after project (annual rural patients/encounters served- please specify patient or encounters):

Baseline method/source (example: EHR report, scheduling report):

Upload Supporting Documentation: ☐

2C.3 Impact Indicators (choose at least 2)

Provide at least two impact indicators with baseline and target measures.

Impact type	Indicator (measurable)	Baseline Measure	Source of Baseline Data	Target Measure/ expected change	Upload Excel Template
Increased access to healthcare and supportive services					☐
Strengthened community partnerships to address local healthcare needs					☐
Enhanced care coordination					☐
Increased local capacity to address community health needs through sustainable, cross-sector collaboration					☐
Improved social determinants of health outcomes					☐
Other (specify)					☐

2C.4 Short Narrative (350-word limit)

Summarize C.1–C.3 and explain how the project creates rural impact. Reference the rural encounters and/or patients treated and your indicator targets.

2D. Challenges, Risks, and Barriers

Instructions: Provide at least two challenges, obstacles, or risks that may affect achievement of the intended outcomes. Each risk must include an owner and mitigation steps.

Risk Category	Risk description (1-2 Sentences)	Mitigation (1-2 sentences)	Owner (role/title)	When addressed (phase/date range)

3. 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, and all procurements must be approved before expenses are incurred. Costs incurred prior to subaward execution are not allowed.**)

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 the Innovative Pilot Program funding is currently structured as a one-year award period, Mississippi strongly encourages applicants to propose phased or scalable projects that can achieve meaningful planning and/or initial implementation milestones within the available funding period. Applicants should ensure that Phase I activities are completed by July 31, 2027, and clearly describe how the proposed scope can function independently or support future, sustainable expansion in subsequent funding years, if additional funding becomes available. See the related NOFO for additional detail.

Activity	Milestone / Task	Deliverable	Responsible Party (role/title)	Procurement Size (if applicable)	Procurement Step (if applicable)	Start Date	End Date
<i>Example Procurement</i>	<i>Procure software</i>	<i>Executed contract</i>	<i>Procurement officer</i>	<i>\$ Cost Amount</i>	<i>Formal advertisement bid evaluation, contract execution</i>	<i>02/2027</i>	<i>03/2027</i>

3A.1 Planned Obligation

For each procured component, identify the obligation method and planned obligation timing (date or days post-award). Applicants are not expected to have executed contracts at application time; this is a planning field. Vendors must not be selected prior to award. Vendor selection, as needed, will occur post-award through the appropriate procurement process in accordance with compliance requirements.

Procured Component	Obligation Method (Contract / Purchase Order / Direct Cost / Other)	Planned Obligation Timing (date or days post-award)
<i>Example: Training services</i>	<i>Purchase Order</i>	<i>Within 30 days post award</i>

3B. Project Management and Readiness

Instructions: Assign owners for each management area. If a dedicated project manager will be used (internal or contracted), identify that individual. If external vendors/partners are involved, describe their roles and note 'Vendor TBD'. Vendors must not be selected prior to award. Vendor selection, as needed, will occur post-award through the appropriate procurement process in accordance with compliance requirements.

Management Area	Owner (name or role/title)
Scope	
Schedule	
Budget	
Approvals / Decision Authority	
Risk Mitigation	
Reporting	

3C. Sustainability Plan

Instructions: Address each category below. If a category does not apply, enter N/A.

Topic	Addressed?	Plan (1–2 sentences)
-------	------------	----------------------

How will you ensure completion by July 31, 2027?	Required	
Maintenance (includes factors such as cost to maintain the investment long term and any related costs)	☐ Yes ☐ No	
Staffing	☐ Yes ☐ No	
Operations (includes overall operations as well as patient/client satisfaction and experience)	☐ Yes ☐ No	
Partnerships	☐ Yes ☐ No ☐ N/A	

Sustainability owner (role/title):

4. Budget Narrative

Instructions: 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 will be applied to indirect and/or administrative costs.

Your budget narrative must address these points:

- Explain how each major budget category supports the proposed project scope, implementation tasks, and intended outcomes. Please highlight the amounts that will be applied to indirect and/or administrative costs.
- 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.
- Describe the basis for estimates (quotes, internal estimates, prior purchases, market comparisons). Upload supporting documentation.

5. 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/**quarterly** progress reports and any additional required reporting.

5.1 Measures Table

Measure	Type (Implementation / Outcome)	Data Source	Baseline (or how baseline will be established)	Target / expected change	Responsible Owner (role/title)	Collection frequency

5.2 Methods (500-word limit)

Instructions: Describe how data for the measures listed above will be collected, verified for accuracy, and consistently tracked over time.

Part 6 – Required Documentation and Uploads

Include the following attachments with the application package, consistent with the Request for Application and any final application instructions issued by the Mississippi State Department of Health:

- Completed and signed IRS Form W-9.
- SAM.gov documentation (if available)
- Most recent financial statement audit or internal financial documentation
- Summary of Findings, if applicable
- Written policies and procedures
- Documentation showing proof of rural population served
- Completed budget template (Microsoft Excel/Portal)

Part 7 – Applicant Attestations

By submitting this application, the authorized representative attests to the following statements:

☐ 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.

☐ 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.

☐ 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.

☐ 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.

☐ By submitting this application, the Applicant acknowledges and understands that applicable federal and/or state laws, regulations, reporting requirements, guidance, and program requirements may change over time. The Applicant attests that it will remain in compliance with all current and future applicable requirements, including any updates, modifications, revised reporting obligations, or additional guidance issued by CMS or other authorized entities throughout the period of performance.

☐ By submitting this application, the Applicant acknowledges that they will commit to supporting the Statewide Health Information Exchange (HIE) developed under the RHT Program.

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____