MISSISSIPPI
RURAL HEALTH TRANSFORMATION

# MISSISSIPPI STATE DEPARTMENT OF HEALTH (MSDH)

# WORKFORCE EXPANSION INITIATIVE (WEI) RURAL GRADUATE MEDICAL EDUCATION EXPANSION GRANT

**Note: Asterisks indicate a response is required to that question.**

**Prequalifying Questions**

1. * Are you an eligible applicant under the Workforce Expansion Initiative (WEI) Residency Expansion 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:** Eligible applicants include existing GME training programs or Rural Track Programs within Accreditation Council for Graduate Medical Education (ACGME)-accredited sponsoring institutions and developing or aspiring sponsoring institutions aiming to establish graduate medical education (GME) training programs.

2. * Is the proposed project designed to improve rural health outcomes by supporting the expansion of existing rurally located/serving graduate medical education (GME) training programs or Rural Track Programs or support feasibility studies regarding the establishment of potential new programs for rural Mississippi communities? ☐ Yes ☐ No

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

   For reference, the Residency Expansion Program objectives include the following:
   - Increase recruitment, development, and retention of GME Program Directors, Associate Program Directors, Teaching Faculty, and GME Administrators committed to serving rural Mississippi.
   - Increase the number of residency or fellowship positions available in rural communities.
   - Enhance institutional and clinical site readiness to establish new rurally located/serving GME training programs or Rural Track Programs.
   - Strengthen long-term GME sustainability through strategic academic-rural partnerships.
   - Expand access to primary care, maternal health, behavioral health, surgical, and specialty services in rural Mississippi communities.

I understand that by accepting RHT 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 1-3 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):**_____

*** CMS Entity Type:** _____
(DROPDOWN BOX)

**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:** _____

(DROPDOWN BOX)

**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 do 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 under 2 CFR 200 and 300, and program specific guidelines?

DROPDOWN BOX
1 Organization currently complies with all terms and conditions under 2 CFR 200 and 300, and program-specific guidelines.
2 Organization agrees to comply with all terms and conditions under 2 CFR 200 and 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 has 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**

**Residency Expansion Program**

Because the Residency Expansion Program funding is currently structured as a limited 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 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 details.

**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):

☐ Increase recruitment, development, and retention of GME Program Directors, Associate Program Directors, Teaching Faculty, and GME Administrators committed to serving rural Mississippi.

☐ Increase the number of residency or fellowship positions available in rural communities.

☐ Enhance institutional and clinical site readiness to establish new rurally located/serving GME training programs or Rural Track Programs.

☐ Strengthen long-term GME sustainability through strategic academic-rural partnerships.

☐ Expand access to primary care, maternal health, behavioral health, surgical, and specialty services in rural Mississippi communities.

### 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 Residency Expansion 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 summary describing the specific need(s) to be addressed through the proposed project.

| |
|---|
| |

### 2A.2 Quantified Need Indicators

Instructions: Provide at least one quantified need indicator. Examples of quantified indicators: number and type of accredited residency and fellowship positions available; number of residency and fellowship specialties offered; number of rural training programs established; number of residents and fellows enrolled; number of teaching faculty supporting rural training; number and type of residency and fellowship program staff; number of accreditation milestones remaining; number of participating clinical sites; number of rural partner organizations.

| Need indicator (name) | Baseline value | Baseline time period | How this indicates the expansion of rurally located/serving GME training programs or Rural Track Programs or related feasibility studies to establish potential new programs (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 |
|---|---|---|---|---|---|
| | | | | | ☐ |
| | | | | | ☐ |

### 2B. How the Investment Addresses the Need

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

### 2B.1 Residency Expansion Program Components (list all major components)

| Component / activity | Type (expansion/ feasibility assessment) | What will be purchased / built / implemented? | Need indicator(s) addressed (from 2A.2) | Outcome(s) supported (from 2A.3) | Deliverable produced |
|---|---|---|---|---|---|
| | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| *Faculty recruitment* | *Expansion* | *Recruitment of additional teaching faculty to support resident or fellow education, supervision, curriculum development, and rural clinical training* | *number of teaching faculty supporting rural training* | *Increase in teaching faculty supporting rural GME* | *X new teaching faculty recruited and retained; X faculty FTE dedicated to rural GME; faculty development plan and teaching schedules implemented* |
| | | | | | |

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

Explain how the components above produce the outcomes proposed.

| |
|---|
| |

**2C. Communities/Population Impacted**

**2C.1 Service Area Impacted**

Indicate all counties served that will be positively impacted by this program.
(MS county dropdown list):

_____

**2C.2 Populations Served & Estimated Reach**

*Will your project serve patients 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:

_____

Baseline method/data source:

_____

Upload Supporting Documentation: ☐

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

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

| Impact Indicator | Indicator (measurable) | Baseline Measure | Source of Baseline Data | Target Measure/ expected change | Upload Excel Template |
|---|---|---|---|---|---|
| Increased residents and fellows participation in rural training experiences | | | | | ☐ |
| Increased rural clinical training capacity | | | | | ☐ |
| New or expanded rural clinical training sites | | | | | ☐ |
| Increased patient access to services in rural communities | | | | | ☐ |
| Increased number of graduates practicing in rural areas | | | | | ☐ |
| Improved accreditation readiness and program sustainability | | | | | ☐ |
| Strengthened academic-rural partnerships | | | | | ☐ |
| 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 served 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, 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.1 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.

| Activity | Milestone / Task | Deliverable | Responsible Party (role/title) | Procurement Size (if applicable) | Procurement Step (if applicable) | Start Date | End Date |
|---|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| *Recruit teaching faculty* | *Develop position description, post vacancy, conduct interviews, hire candidate* | *Executed employment agreement* | *Program Director / HR Director* | *N/A* | *Formal advertisement bid evaluation, contract execution* | *03/27* | *04/27* |
| *Conduct GME training program feasibility assessment* | *Complete workforce, financial, and operational analyses* | *Final feasibility study report* | *GME Administrator* | *$ Cost* | *Procurement of consulting services (if applicable)* | *01/27* | *06/27* |
| | | | | | | | |
| | | | | | | | |

**3A.2 Planned Obligation**

For each procured component, identify the obligation method and planned obligation timing (date or days post-award). 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. Subrecipients may not subgrant award funds, but contractual and vendor services are allowed.

| Procured Component | Obligation Method (Contract / Purchase Order / Direct Cost / Other) | Planned Obligation Timing (date or days post-award) |
|---|---|---|
| *Example: Consulting services to conduct a feasibility assessment* | *Contract* | *Within 30 days post award* |
| *Teaching faculty* | *Contract* | *Within 60 days post award* |
| | | |
| | | |

**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. Subrecipients may not subgrant award funds, but contractual and vendor services are allowed.

| 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 | |
| Continuity (including factors such as cost and resources required to sustain the program long term) | ☐ Yes ☐ No | |
| Staffing | ☐ Yes ☐ No | |
| Program Operations | ☐ Yes ☐ No | |
| Other (if applicable) | ☐ 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 Measure (or how baseline will be established) | Target Measure/ expected change | Responsible Owner (role/title) | Collection frequency |
|---|---|---|---|---|---|---|
| | | | | | | |

### 5.2 Methods (600-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 MS RHTP:

- 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 signing this application, the Applicant acknowledges that the Mississippi State Department of Health (MSDH) reserves the right to request documentation or other information necessary to verify eligibility and compliance with program requirements, including ACGME-accreditation status, staffing levels, and facility licensure. Failure to provide requested documentation may result in the application being deemed ineligible or otherwise affect funding consideration.

☐ 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:** _____