MISSISSIPPI STATE DEPARTMENT OF HEALTH
NOTICE OF FUNDING OPPORTUNITY (NOFO)
WORKFORCE EXPANSION INITIATIVE (WEI)
RURAL GRADUATE MEDICAL EDUCATION EXPANSION GRANT

I. Scope of Grant Project

Mississippi's Rural Health Transformation Program (RHTP) Workforce Expansion Initiative (WEI) is designed to address critical healthcare workforce shortages impacting rural communities throughout the state. Rural healthcare providers continue to face significant challenges of recruiting, training, and retaining physicians, behavioral health professionals, dentists, pharmacists, emergency medical personnel, and other essential healthcare workers. Longitudinal workforce evidence demonstrates that clinicians who train in rurally located/serving graduate medical education (GME) training programs or Rural Track Programs are substantially more likely to remain and practice in underserved rural communities.

Rural GME Expansion Grant Goal

The Rural Graduate Medical Education Expansion Grant (Rural GME Expansion Grant) is part of the WEI within the State's Rural Health Transformation Plan and is funded under the Cooperative Agreement with the Federal Rural Health Transformation Program (RHT Program).

The Rural GME Expansion Grant aims to improve rural health outcomes by prioritizing the expansion of existing rurally located/serving GME training programs or Rural Track Programs, while also supporting feasibility studies regarding the establishment of potential new programs in rural Mississippi communities. Together, these efforts help build a sustainable pipeline for healthcare providers in rural areas. The program seeks to increase residency and fellowship training opportunities, enhance program capacity, and advance sustainable workforce development strategies. By training more physicians in rural settings, the Rural GME Expansion Grant aims to improve recruitment and retention in underserved communities and expand access to high-quality healthcare. The initiative supports both program development and long-term sustainability through collaboration among healthcare providers, Sponsoring Institutions, educational partners, and community stakeholders.

The State of Mississippi, through the Mississippi State Department of Health (MSDH), invites the following eligible applicants to apply for funding through the Rural GME Expansion Grant: 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 GME training programs.

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 Centers

for Medicare & Medicaid Services (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.

Potential Uses of Funds Include:

- Conducting an initial feasibility assessment.
- Planning, including faculty and staff salaries for planning time, related to establishing an accredited GME training program or Rural Track Program.
- Obtaining ACGME accreditation.
- Establishing a new rurally located/serving GME training program or Rural Track Program.
- Recruitment or training of faculty and GME administrators, and recruitment of residents and fellows, related to the new GME training program or Rural Track Program, to include recruitment incentives.
- Travel for prospective faculty, GME administrators, residents, and fellows.
- Training site renovations/improvements, fees, equipment, and supplies required for a new or expanding rurally located/serving GME training program or Rural Track Program.
- Administrative costs should not exceed 5% of your total budget.

Funding for provider payments is subject to funding restrictions described on page 9 of this NOFO. Please pay careful attention to the fact that Rural GME Expansion Grant Funds may not be used to supplant or duplicate existing funding sources.

Year 1 funds must be spent or incurred by **July 31, 2027**.

Program Objectives

All grant projects funded under this Notice of Funding Opportunity (NOFO) must align with at least one of the program objectives listed below.

The Rural GME Expansion Grant seeks to:

- 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 and 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.

Program Outcomes

- Expanded access to rurally located/serving GME training programs or Rural Track Programs.
- Increased interest in and successfully recruited medical trainees into rurally located/serving GME programs.

- Increased rural clinical training capacity through expanded GME training programs or Rural Track Programs.
- Increased clinical-community collaborations supporting GME training programs or Rural Track Programs.
- Improved sustainability of rurally located/serving GME training programs or Rural Track Programs through planning, development, and partnership.
- Improved health outcomes through increased workforce capacity

II. Eligibility and Funding

Any Eligible Applicant may apply for Rural GME Expansion Grant funding. Applicants must have a Federal Employer Identification Number (FEIN) and National Provider Identifier (NPI) to apply. If awarded, applicants must possess or obtain a Unique Entity Identifier (UEI) and MAGIC Vendor Number to participate in the program.

Eligible Applicants Include:

- ACGME-accredited Sponsoring Institutions of existing rurally located/serving GME training programs or Rural Track Programs.
- Developing/Aspiring Sponsoring Institutions aiming to establish GME training programs.

Eligible applicants must meet the following criteria:

1. Train, or propose to train, medical residents or fellows in:
   - A new rurally located/serving GME training program or Rural Track Program, or
   - An expanding rurally located/serving GME training program or Rural Track Program within an existing Sponsoring Institution

2. Train, or propose to train, medical residents and fellows with priority in the following specialties:
   - Family Medicine
   - Geriatrics
   - Internal Medicine
   - Obstetrics and Gynecology
   - Pediatrics
   - Preventive Medicine
   - Psychiatry
   - Surgery and Surgical Specialties
   - Subspecialties of the above

Single Lead Applicant & Rural Benefit Requirement

All applications submitted under the Rural GME Expansion Grant must be submitted by a single eligible lead applicant. Applicants are welcome and encouraged to collaborate with partner entities; however, the subaward will be executed with the single eligible lead applicant. Organizations are not required to be physically located in a rural area to serve as the prime applicant, provided they demonstrate that participating clinical training sites serve rural patient populations and that the proposed project will deliver meaningful, measurable benefit to rural Mississippi residents.

Eligible Projects

Applicants are strongly encouraged to propose projects capable of demonstrating measurable outcomes within the performance period.

Applicants with existing rurally located/serving GME training programs or Rural Track Program will be given priority based on their potential to create new GME training programs and expand existing residency and fellowship positions, addressing critical healthcare needs in rural communities. Those looking to establish new GME training programs are strongly encouraged to consider a Feasibility Assessment Project application, as detailed below.

1. Feasibility Assessment Projects:

The purpose of a Feasibility Assessment Project is to support subrecipients in determining the viability of establishing either:

- A new ACGME-accredited rurally located/serving GME training program or Rural Track Program; or
- A new rural GME training program or Rural Track Program within an existing ACGME-accredited program.

Feasibility Assessment Projects are intended to evaluate whether a proposed rurally located/serving GME training program or Rural Track Program can be successfully developed, implemented, and sustained. These projects fund assessment, analysis, and planning activities only and are not intended to support program implementation, accreditation, or resident and fellow training.

At the end of the feasibility phase, subrecipients must demonstrate that they have conducted preliminary assessments of the following components of a rurally located/serving GME training program or Rural Track Program in consultation with the MSDH Office of Mississippi Physician Workforce. The preliminary assessment must entail:

- GME expertise, including ACGME accreditation requirements, and any knowledge gaps
- Roles of the Sponsoring Institution and partners
- Training sites and number of residency and fellowship slots
- Faculty interest and commitment
- Curriculum development
- Capacity to house and train residents and fellows
- Recruitment of residents and fellows
- Financial feasibility, including clinical revenue and sustainability
- Other governance, academic, clinical, and financial considerations as advised by the MSDH Office of Mississippi Physician Workforce

At the end of the feasibility assessment phase, subrecipients must submit a final feasibility assessment report developed in consultation with the MSDH Office of Mississippi Physician Workforce. The report must identify key opportunities, barriers, resource needs, and recommendations regarding the establishment of the proposed rurally located/serving GME training program or Rural Track Program Subrecipients that successfully complete a Feasibility

Assessment Project are encouraged to apply for a Planning and Development Project in a subsequent funding cycle, subject to the availability of federal funds.

2. Planning and Development Projects:

The purpose of a Planning and Development Project is to support subrecipients in:

- Expanding an existing ACGME-accredited rurally located/serving GME training program or Rural Track Program; or
- Establishing and obtaining accreditation for a new rurally located/serving GME training program or Rural Track Program.

Planning and Development Projects are intended to support implementation activities necessary to launch or expand residency and fellowship training opportunities in rural Mississippi. Activities may include accreditation preparation, curriculum development, faculty recruitment and development, partnership formation, resident and fellow recruitment planning, and other activities required to operationalize the GME training program or Rural Track Program.

Programs that receive funding from another source, such as Health Resources and Services Administration (HRSA) Rural Residency Planning and Development funding, to support planning and development must ensure that the Rural GME Expansion Grant budget does not supplant or duplicate other funding sources. The Rural GME Expansion Grant award may be reduced or concluded based on the other funding received.

Within the first year of a Planning and Development Project, subrecipients must demonstrate that they have evaluated the financial feasibility of their proposed program in consultation with the MSDH Office of Mississippi Physician Workforce. Subrecipients must also demonstrate that they have established the partnerships necessary for implementation of the GME training program or Rural Track Program, including partnerships with rural clinical training sites.

Throughout the project period, subrecipients shall work in consultation with the MSDH Office of Mississippi Physician Workforce regarding program development, accreditation readiness, implementation planning, and other governance, academic, clinical, and financial considerations relevant to the proposed GME training program or Rural Track Program.

At the end of a planning and development grant, subrecipients must submit the following:

- Proof of accreditation by the ACGME.
- Documentation of plans to begin training the first rural resident and/or fellowship class no later than the academic year immediately following the end of the grant period.

Upon completion of either project within the Rural GME Expansion Grant, subrecipients must submit the following:

- An attestation of the financial feasibility and long-term viability of the rurally located/serving GME training program or Rural Track Program, including projected revenue, expenses, and sustainability considerations for all participating sites, based on the results of consultation with the MSDH Office of Mississippi Physician Workforce.
- Letters of support or commitment from key implementation partners, as applicable, including rural clinical training sites, Sponsoring Institutions, academic partners, and other entities with a significant role in the GME training program.

Required documentation shall be submitted in the format and manner specified by MSDH, which may include uploading through the designated grants management or reporting system.

Subrecipients that meet all requirements and wish to continue planning and development may apply for future Rural GME Expansion Grant funding, provided federal funds are available in subsequent funding years.

Awardee Classification

Selected applicants chosen to receive funding will be classified as 'subrecipients'. A subrecipient is an entity that receives a subaward from a pass-through entity (MSDH) to carry out part of a federal program and is responsible for programmatic decision-making (not just providing goods/services) and compliance requirements applicable to its portion of the Federal award.

A subrecipient:

- Carries out part of the Federal program
- Uses judgment/discretion in delivering program activities
- Is accountable for program compliance for its portion of the award

Subrecipients are responsible for carrying out the approved work as planned and using grant funds only for allowable, well-documented program costs. They must maintain appropriate financial and internal controls, keep accurate records, and submit complete and timely financial and progress reports to the MSDH.

Per the Stevens Amendment, when issuing statements, press releases, publications, requests for proposals, bid solicitations, and other documents—such as toolkits, resource guides, websites, and presentations—describing the projects or programs funded in whole or in part with HHS funds, the subrecipient shall clearly state: (i) the percentage and dollar amount of the total costs of the program or project funded with federal money; and (ii) the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources. In addition to the above, when issuing a statement subject to this provision, the subrecipient shall include in such statement the acknowledgement of federal assistance prescribed by the Cooperative Agreement. Unless advised to the contrary by MSDH in writing, until one year after completion of the project, the subrecipient shall not release any document subject to this provision to the public without the MSDH's prior written consent. The subrecipient shall not require the approval of the MSDH for internal presentations, information discussions, class lectures, or informal meetings and conversations with community leaders.

They are also required to retain records, comply with monitoring and audit requirements (including Single Audit[1] requirements when applicable), and provide documentation for oversight. When procuring goods or services with grant funds, subrecipients must follow

[1] A Single Audit is an organization-wide audit that includes review of financial statements and compliance with federal award requirements (2 CFR Part 200, Subpart F).

applicable federal procurement standards[2], including maintaining documentation to support purchasing decisions.

All awards are subject to applicable federal and state laws, regulations, and guidance, including 2 CFR Part 200 and 2 CFR Part 300, the terms and conditions of the federal award (including CMS requirements for the RHT Program), state procurement rules, and the subaward agreement issued by MSDH, and any subsequent changes and/or updates to applicable state and federal law, regulations, and guidance. Applicants are responsible for ensuring that all activities, costs, procurement actions, contracts, and project management practices comply with these requirements.

Failure to comply with these requirements may result in disallowed costs or corrective action, including recoupment.

Funding Availability

Program Year	Amount Available	Application Opens	Application Deadline	Anticipated Award Announcements	Performance Period
Year 1	$950,000	November 24, 2026	December 22, 2026	February 2027	Execution Date through July 31, 2027

All awards are subject to the State's receipt of funds under the RHT Program. The State anticipates that additional funding opportunities may be available in future RHT Program years; however, an Eligible Provider's receipt of funding in one Program Year does not guarantee funding in subsequent years. The State will provide additional information regarding the structure and requirements of future-year Rural GME Expansion Grant funding at a later date. Rural GME Expansion Grant proposals should complement, but not duplicate, other programs included in the State's Plan.

For Year 1, the State expects to announce awardees as early as February. The performance period for Year 1 runs from the award through July 31, 2027, meaning all Year 1 funds must be spent or incurred by then. Given the compressed window, the State will provide awardees with a strict deadline for final reimbursement submissions before the end of the Performance Period.

The State is imposing a maximum individual award amount of $95,000 under this funding opportunity. Applicants should request only those funds reasonably necessary to carry out the proposed project during the Performance Period. The State reserves the right to limit award amounts, make awards in an amount less than requested, or otherwise allocate available funding in a manner that best supports program objectives, taking into consideration the number of applications received, applicant demand, available funding, and other programmatic considerations.

[2] Subrecipients are required to comply with Federal procurement requirements in 2 CFR Part 200 when purchasing goods or services under a Federal Award.

Funding Disbursement

Subrecipients will receive funds on a reimbursement basis. MSDH will execute and maintain the subrecipient agreements and the State will draw down funds from CMS for disbursement to subrecipients in accordance with the CMS award terms and applicable requirements (including 2 CFR Part 200). To support the draw down, subrecipients must submit payment requests on an agreed-upon cadence using a prescribed request form, and each request must be based on documented incurrence of cost and expenditure for allowable program purposes (e.g., executed contracts with invoiced goods or services, purchase orders, payroll obligations and subsequent check or ACH) that are within the approved budget, scope of work, and period of performance. MSDH and the State will review requests for allowability and compliance with all applicable procurement requirements and, upon approval and drawdown from CMS, will work with the Mississippi Department of Finance and Administration (MS DFA) to disburse funds through MSDH to the subrecipient. Subrecipients must maintain documentation supporting the obligations and expenditures and provide such records upon request.

Subrecipients may apply for advance funding if they are able to prove the reimbursement model would detrimentally impact their ability to succeed in the timely implementation and completion of their proposed capital project. A separate request form, detailing the evidence necessary for a subrecipient to receive funding in advance, can be provided to awarded subrecipients upon request. If approved, such advanced funding will be capped as a percentage of the subrecipient's total award.

By accepting RHT Program funding from the State of Mississippi, any eligible applicant will commit to supporting the Statewide Health Information Exchange (HIE) developed under the RHT Program.

Funding Allowances and Restrictions

All requested costs must be reasonable, necessary, allocable, and directly related to approved project activities that can be reasonably incurred and expended by the July 31, 2027 deadline.

Allowable Expenses Include:

- Personnel – Personnel costs refer to compensation and fringe benefits paid to employees directly engaged in grant activities. This category includes salaries, wages, and benefits for staff working on the project, proportionate to the time spent on grant-related duties. Compensation for employees engaged in grant activities must be consistent with that for similar roles within the institution. Examples: Project Director, Program Coordinator, GME Training Program or Residency Track Program Director, Resident and Fellow Physicians, Faculty.
- Travel – Travel expenses are permitted for personnel engaged in activities directly related to the grant project, including travel for training, meetings, fieldwork, and conferences essential for achieving project goals. These expenses will be reimbursed at the institutional rate, following the specific rates and policies established by the institution managing the grant. Examples: mileage, flight, accommodation, meals.

- Equipment – Equipment costs involve the purchase of nonexpendable tangible property with a useful life of more than two years and an acquisition cost of $10,000 or more per unit. Examples: training and simulation equipment.
- Supplies – Supplies are items that are consumed or used during the project, typically costing less than $10,000 per unit. Examples: office supplies, training materials, computing devices.
- Contractual – Contractual costs include fees and expenses for services provided by external consultants or contractors hired to assist with specific project activities. Example(s): Consultant fees for services directly related to project goals, may include, but not be limited to activities such as feasibility studies, strategy development, affiliation agreements, and faculty engagement, consultant travel expenses, rented or leased equipment costs.
- Other Direct Costs – Miscellaneous expenses that can be directly attributed to the project. Examples: Conference/training tickets/fees, subscriptions to relevant periodicals, membership dues, recruiting costs (not bonuses).

Rural GME Expansion Grant funds cannot be used for any purpose for which the CMS prohibits the use of RHT Program funds.

Funding restrictions include, but are not limited to:

- Total indirect and administrative costs may not exceed 5% of the award amount.
- Funds may not duplicate or supplant existing funding and must support new or expanded activities.
- Salaries charged to the award must not exceed the federal executive salary cap ($225,700 per employee).
- Clinician salaries or wage support for clinicians are subject to non-compete contractual limitations.
- Funds may not support ongoing costs without a sustainability plan.
- Provider payments[3] for reimbursable clinical services are disallowed.
- New construction or major building expansion is disallowed.
- Demolition of buildings
- Telehealth systems, broadband infrastructure, and cybersecurity.
- Subrecipients may not subgrant award funds, but contractual and vendor services are allowed.
- Student loan repayment programs.
- Purchase of new or lease of vehicles for staff or program operations.
- Entertainment expenses, lobbying, advocacy, or profit-generating investment vehicles/endowments.
- Costs incurred before subaward execution or after July 31, 2027.
- Activities unrelated to approved GME development project objectives.

[3] Please note that CMS' final definition of provider payments includes (1) payments to providers for performance in alternative payment models tied to outcomes, and (2) payments to providers for services that are not paid by insurers but support the strategic goals of the RHTP and tie to a specific initiative.

Please refer to the National RHT Program Notice of Funding Opportunity released by CMS and CMS' Frequently Asked Questions regarding the RHT Program for detailed information regarding federal funding restrictions imposed by CMS on the RHT Program.

III. Reporting Requirements

The State will monitor subrecipients' performance, including, but not limited to, through review of financial and programmatic reports and performance measures, under any Grant Agreement awarded as a result of this NOFO.

The State is required to submit detailed reports to CMS regarding activities and expenditures under the RHT Program. The State will require each subrecipient to submit monthly/quarterly progress reports and a final evaluation report to permit the State to fulfill its RHT Program requirements. Subrecipients may be required to respond to questions from or submit additional reporting to the State's RHT Program team as deemed necessary by the State.

Monthly Progress Reports

- Expenditures to date, reported by approved budget category and performance period, with explanations for any material variances.
- Progress against approved workplan milestones, including identification of delays, risks, or implementation challenges.
- Preliminary performance or outcome metrics, as applicable, aligned with approved project objectives.

Details regarding due dates for progress reports will be provided upon award.

Annual Evaluation and Final Reporting

To support the State's required annual CMS progress report due August 30 of each year, subrecipients will be required to submit:

- A cumulative evaluation report summarizing activities, expenditures, and progress toward intended outcomes for the reporting year.
- Updated outcome and performance data, including both quantitative measures and qualitative findings.
- An assessment of implementation challenges, lessons learned, and implications for sustainability.

Subrecipients shall provide all applicable reports in the format specified by the State in an accurate, complete, and timely manner and shall maintain appropriate supporting documentation. Failure to meet submission deadlines for required reports or other requested information may result in the State, in its sole discretion, placing the Subrecipient on financial hold without first requiring a corrective action plan, in addition to pursuing any other corrective or remedial actions under the Grant Agreement.

IV. Application Information

Application Instructions

- Applications must be submitted through the online portal. Required attachments must be uploaded as PDF files and Microsoft Excel budget template. Please ensure that all required documentation is included at the time of submission.
- **Submission Deadline: 5PM CT on December 22, 2026.**

Application Review

- Each application received by the deadline will be reviewed for completeness and responsiveness. Incomplete or unresponsive submissions will not be moved to the merit review phase.
- For the merit review phase, a review panel will employ grant-specific criteria and scoring, considering program objectives and readiness factors, as explained below under Application Criteria. As noted above, the review panel also will consider how to best distribute Rural GME Expansion Grant funds to ensure statewide impact and to avoid duplication with other plan programs. Based on the merit review, the review panel will make Rural GME Expansion Grant award decisions.

Application Criteria

Section	Description	Points
Project description	**Overview of the proposed project**	**45**
2A. Needs and intended outcomes	Identify a quantifiable need or problem that is being addressed. What are the intended outcomes to be achieved by this project? What partners are, or will be, engaged in the project?	15
2B. How the investment addresses the needs	What investments are to be made and how will they relate to the needs and outcomes identified above?	10
2C. Communities and populations impacted	Describe the rural population that will benefit and what indicators will the project rely upon to demonstrate impact? Validation of rural population will be required.	5
2D. Challenges, risks, and barriers	Does the project address mitigation of challenges, obstacles, or risks that may affect the project, along with mitigation steps?	15
Project Implementation	**How will the project be carried out, including timeline, key activities, readiness to execute, and a sustainability plan outlining how activities and outcomes will be sustained beyond the grant period?**	**30**
Implementation of workplan and timeline	Can the project provide a detailed workplan with tasks, milestone steps, procurement considerations, approvals, and anticipated dates?	15
Project management and readiness	Does the project have a designated owner for major areas of project management? Are the roles of team members clearly defined? If external party involvement is anticipated, are their roles clearly defined?	8
Sustainability	How are major points of sustainability addressed? Does the project have a designated sustainability owner?	7

Budget	**Are proposed costs allowable, reasonable, non-duplicative, and clearly aligned to project scope and activities? Is the budget complete, compliant, and properly obligated?**	**15**
Evaluation	**What key performance metrics will be used to measure success and how will you track and report results to MSDH?**	**10**
Total		**100**

V. Questions

Applicant Questions and Requests for Clarification

- Questions about this Grant Application, including requests for clarification or additional information, must be made in writing and submitted via email to info@mississippirhtp.com no later than **5:00 PM CT on Friday, December 4**.

The recording of the Rural GME Expansion Grant NOFO webinar is available on the state website.

Potential applicants should not communicate in any other manner with State officials or State agents regarding the Rural GME Expansion Grant. Any attempts by a potential applicant – either directly or indirectly - to influence or otherwise impact the outcome of the Rural GME Expansion Grant application process will disqualify such potential applicant from any Rural GME Expansion Grant

We encourage applicants to review the State's RHT Program FAQs before submitting your application. The FAQs provide further guidance and clarification on program requirements, eligibility, application expectations, and other common questions. As we continue to receive stakeholder questions and feedback, MS RHTP will publish updated FAQs.