Virginia Foundation for Community College Education (VFCCE)

REQUEST FOR APPLICATIONS

Virginia Rural Health Transformation Program (RHTP)

Rural Health Transformation – Homegrown Health Heroes: Allied Health Degrees

Issuing Agency/Organization:	Virginia Foundation for Community College Education (VFCCE), in partnership with the Virginia Community College System (VCCS)
Program Name:	Rural Health Transformation Program (RHTP)
CFDA / Assistance Listing:	93.798 - Rural Health Transformation Program
Federal Award Identification Number (FAIN):	RHTCMS332088
Federal Award Date:	December 29, 2025
Awarding Agency:	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), Office of Acquisitions and Grants Management
Statutory Authority:	Section 71401 of Public Law 119-21
Primary Recipient:	Virginia Department of Medical Assistance Services (DMAS); 600 E Broad St, Suite 1300, Richmond, VA 23219-1856
Federal Funds Expiration Date:	October 30, 2030
RFA Reference Number:	RFA-RHTP-2026-02 (RFA #2)
Initiative:	Rural Health Transformation – Homegrown Health Heroes
Sub-initiative:	Allied Health Degrees
RFA Issue Date:	August 14, 2026
Q&A Period/Response Schedule:	August 14, 2026- August 20, 2026. All questions must be submitted in writing by email to preid@vccs.edu during the Q&A period. Written responses will be distributed to all eligible colleges.
Pre-application Conference Info:	Not applicable.
Application Deadline:	Monday, September 14, 2026 5:00 PM ET
Decision Timeline:	Panel review: September 21-25, 2026. Award recommendations due to the Governor's Office: October 1, 2026. Award notifications: October 15, 2026.
Submission Method:	Applications must be submitted by email to Ms. Philmika Reid at preid@vccs.edu
File Format and Naming Convention Requirements:	Submit the complete application as a single PDF file named: "[College Name] _RHTP RFA #2 Application.pdf". Required budget forms may additionally be submitted in their native Excel format.
Estimated Award Range:	$50,000 – $2,500,000 per award

Subaward Period of Performance:	February 10, 2026- September 30, 2027. Up to four additional one-year renewal periods anticipated through October 30, 2030, contingent on satisfactory performance and continued availability of federal funds.
Geographic Scope (counties / FIPS codes or rural definition):	Open to the 18 VCCS institutions serving communities within the Rural Virginia Horseshoe (listed in Section 1.4). Eligible applicants must be physically located in, or provide direct services to, rural Virginia communities as defined under Virginia's Rural Health Transformation Program. The Program's baseline definition of rurality is based on the federally required Federal Office of Rural Health Policy (FORHP) definition. Over the course of the Program, Virginia may build upon the FORHP baseline definition to better reflect the Commonwealth's unique rural landscape and the needs of rural communities. Applicants should refer to the RHT Program website for the most up-to-date rural definition and eligibility requirements. https://www.hrsa.gov/rural-health/about-us/what-is-rural/data-files
Agency Program Contact:	Ms. Philmika Reid, Director of Healthcare Workforce Education and Community Engagement; Program Director, Rural Health Transformation Initiative; preid@vccs.edu; (804) 819-1689

For questions about required components, file formats, or submission procedures, contact Ms. Philmika Reid, Director of Healthcare Workforce Education and Community Engagement, preid@vccs.edu, (804) 819-1689. All questions must be submitted in writing during the Q&A period.

APPLICATION COVER PAGE

Submit this required form as the first page of your completed application package. Applications must be submitted following the submission method listed on the cover page of this RFA.

Applicant Organization and Project Information

Project Title	
Total Funding Requested (USD)	
Legal Name of Organization	
DBA / Trade Name (if applicable)	
Organization Type	Institution of higher education (VCCS member college)
Year Established	
Number of Employees	
Organization Website	
EIN (Federal Tax ID, 9 digits)	
Unique Entity Identifier (UEI)	
SAM.gov Registration Active (Y/N)	
Mailing Address (Street)	
City, State, ZIP	
Healthcare Program(s) Proposed for Expansion	
Projected Additional Students (by Fall 2027)	
Amount Requested	

Authorized Organizational Representative (AOR) Certification

By signing below, the Authorized Organizational Representative certifies that all information in this application is true, accurate, and complete; that the organization accepts all conditions of a Virginia RHTP subrecipient award; and that the organization will comply with 2 CFR Part 200, CMS RHTP Program Terms and Conditions, and all applicable federal and state requirements.

Full Name	
Title	
Email	
Direct Phone	
Date	
AOR Signature:	

PART I: PROGRAM BACKGROUND AND CONTEXT

1.1 Homegrown Health Heroes – Allied Health Degrees Context

Persistent healthcare workforce shortages threaten rural Virginia communities. Rural areas have roughly 30 fewer registered nurses per 10,000 people than urban and suburban areas, with similar gaps across allied health professions. These shortages limit access to care, lengthen wait times, and force residents to travel long distances for treatment. When local hospitals cannot fully staff their facilities, patient care and the local economy both suffer. Access to healthcare in rural Virginia is closely tied to economic vitality and quality of life, and for nearly 60 years the VCCS has worked to give every Virginian the opportunity to build the skills that strengthen lives and communities.

The Rural Health Transformation Program (RHTP) was established under Section 71401 of Public Law 119-21 and is administered by the Centers for Medicare & Medicaid Services (CMS). The RHTP provides funding over five budget periods (Federal Fiscal Years 2026–2030) to States for investments that structurally transform healthcare delivery in rural communities. The RHTP is a $50 billion federal initiative; nationally, $10 billion is available each fiscal year from 2026 through 2030, and the Commonwealth of Virginia received a Year 1 allocation of approximately $189.5 million. CMS awarded the Commonwealth of Virginia a Cooperative Agreement designating the Virginia Department of Medical Assistance Services ("DMAS") as the primary recipient. DMAS administers RHTP funds and issues subrecipient awards to qualified organizations to implement approved program initiatives. The Virginia Foundation for Community College Education ("VFCCE") is a subrecipient of DMAS under Subrecipient Agreement #RHT26-003-VFCCE, with a Year 1 subaward of $5,934,931, and will be carrying out the Rural Health Transformation – Homegrown Health Heroes initiative, Allied Health Degrees sub-initiative, in partnership with the VCCS.

Through this RFA, VFCCE will fund rural-serving community colleges to expand the enrollment capacity of existing high-demand healthcare programs so they can train and graduate more qualified providers close to home. Funded activity types include hub-and-spoke instructional partnerships, dual-funded instructor positions shared with hospital partners, a shared mobile training lab, stand-alone equipment, technology upgrades, and additional technology implementations supporting synchronous distance learning, hub and spoke model, and dedicated rural marketing and recruitment. The target population is students in rural Virginia communities preparing for high-demand allied health careers, and the rural residents whose access to care depends on a fully staffed local healthcare workforce. The Allied Health Degrees sub-initiative is designed to add approximately 1,200 health graduates by 2031 and create lasting capacity for expanded enrollment through upfront investment in equipment and partnerships. All funded activities align with Virginia's approved RHTP cooperative agreement and CMS strategic goals.

1.2 Program & RFA Purpose

This Request for Applications is a solicitation for services related to Allied Health Degrees as part of the Rural Health Transformation – Homegrown Health Heroes initiative, which seeks to address the core challenge of rural healthcare workforce shortages that limit access to care across rural Virginia.

Through this RFA (RFA #2), VFCCE and VCCS seek to fund rural-serving Virginia community colleges to expand enrollment capacity in six high-demand healthcare programs through innovation — hub-and-spoke partnerships, dual-funded instructors, a shared mobile training lab,

equipment, technology upgrades, and rural recruitment — for programs that train and graduate healthcare providers for rural Virginia communities within the Rural Virginia Horseshoe.

1.3 Program Objectives for this RFA

The objectives below reflect the RFI, the Year 1 Part 1 RFA, and the Allied Health Degrees sub-initiative description. Each objective maps to a CMS strategic goal and to the allowable Use of Funds categories, of which this RFA primarily advances Workforce Development/Recruitment and Rural Provider Partnerships.

#	Description	CMS Strategic Goal Alignment
1	Expand enrollment capacity in the six eligible high-demand healthcare programs at rural-serving colleges, with additional students seated per program and new students enrolled by Fall 2027.	Workforce
2	Establish hub-and-spoke instructional partnerships that centralize high-cost faculty, curricula, and specialized labs and distribute hands-on learning to spoke sites, measured by partnerships executed and spoke sites receiving synchronous instruction.	Workforce and Fostering collaborations
3	Deploy dual-funded instructor positions cost-shared with hospital partners or other funding sources to address faculty shortages, measured by positions filled (up to 5 positions in Year 1).	Workforce and Fostering Collaboration
4	Bring high-fidelity simulation and hands-on training directly to rural localities through a shared mobile training lab, measured by acquisition, deployment, and rural sites and students served.	Workforce
5	Increase the pipeline of healthcare graduates entering the rural workforce, contributing to the sub-initiative goal of approximately 1200 additional health graduates by 2031 and reducing regional healthcare vacancies.	Workforce

1.4 Eligible Applicants

To be eligible for an award under this RFA, applicants must:

- Be a legally organized entity in good standing capable of receiving federal subaward funding;
- Hold an active SAM.gov registration with a current Unique Entity Identifier (UEI) and no active exclusions, debarments, or suspensions;
- Demonstrate organizational capacity to manage federal funds in compliance with federal grant requirements (contained in 2 CFR Part 200);
- Operate in or provide direct services to rural Virginia communities defined under the Federal Office of Rural Health Policy (FORHP);
- Be one of the 18 VCCS institutions serving communities within the Rural Virginia Horseshoe, listed below; and
- Currently offer, or be positioned to expand, one or more of the six eligible healthcare programs listed in Section 2.4, holding all licensure, approval, and programmatic accreditation required to enroll the additional students.

Community Colleges within the Rural Virginia Horseshoe

College	College
Blue Ridge Community College	New River Community College
Camp Community College	Patrick & Henry Community College
Central Virginia Community College	Piedmont Virginia Community College
Danville Community College	Rappahannock Community College
Eastern Shore Community College	Southside Virginia Community College
Germanna Community College	Southwest Virginia Community College
Laurel Ridge Community College	Virginia Highlands Community College
Mountain Empire Community College	Wytheville Community College
Mountain Gateway Community College	Virginia Western Community College

Rural Eligibility

All 18 listed colleges are confirmed eligible for this funding. A college does not need to be physically headquartered in a federally designated rural area to qualify. Eligibility is based on the college's service to students, hospitals, and healthcare providers in CMS-designated rural regions. Rural designation is determined by the Health Resources and Services Administration (HRSA); the HRSA rural definition, searchable database, and data files are available at https://www.hrsa.gov/rural-health/about-us/what-is-rural/data-files.

This RFA funds the expansion of existing, accredited programs; expansion may include adding cohorts, sections, or seats, or extending an existing accredited program into a new modality, satellite location, or spoke site. Funds may not be used to launch new, unaccredited programs.

1.5 Available Funding & Award Structure

A total of $4,400,000 is available under this RFA. VFCCE anticipates funding multiple awards, with award amounts ranging from $50,000 to $2,500,000. Awards will be issued for the Year 1 subaward period of performance (December 29, 2025- October 30, 2026) and may be renewed for up to four additional budget periods subject to satisfactory performance and continued availability of federal funds. All applicants are competing for the same pool of Year 1 funds; the strongest proposals demonstrating the clearest path to measurable student impact will receive priority. Receiving an award under the Year 1 Part 1 RFA does not guarantee or preclude a college from receiving funding under this RFA.

Budget Category	Total Available	Est. Unit Cost	Description
Additional FTE Instructors	$650,000	$130,000 / position	5 dual-funded instructor positions to address core instructional needs. Fully funded in Year 1 (February 10, 26-September 30, 2027) 50% funded beginning Year 2 (Oct 1. 2027) dependent upon availability of funding

Budget Category	Total Available	Est. Unit Cost	Description
Mobile Training Lab	$1,200,000	$1,200,000 / unit	Brings high-fidelity simulation directly to rural areas. An additional $300,000 annually is provided in future years for drivers, maintenance, insurance, generator fuel, and all maintenance and logistic, as required.
Equipment	$2,000,000	Varies	State-of-the-art stand-alone equipment.
College Tech Upgrades	$350,000	Varies	Ensures seamless synchronous distance learning across spoke sites.
Rural Marketing & Recruitment	$200,000	Varies	Dedicated recruitment efforts in targeted rural regions.
TOTAL FUNDS	**$4,400,000**		

Regardless of award amount, the following conditions apply to all awards under this RFA:

- No cost sharing or matching is required. The federal share of this funding is 100%.
- Subrecipients must demonstrate satisfactory performance to receive renewal funding in each subsequent budget period.
- Pre-award costs are not allowable.

Renewal Conditions. The RHTP is anticipated as a five-year initiative (FY2026 through FY2030). Colleges should plan with the expectation, though not the guarantee, of up to five years of funding. CMS awards funds to states one year at a time, and continuation in future years is contingent on (i) issuance by CMS to DMAS of a Non-Competing Continuation award for the applicable Budget Period, (ii) continued availability of appropriated federal and state funds, and (iii) satisfactory subrecipient performance and compliance as determined by VFCCE and DMAS.

Disbursement. VFCCE will disburse funds to each awarded college on a monthly basis, subject to compliance with reporting requirements and continued progress toward approved project milestones. Detailed disbursement schedules will be outlined in the award agreement.

1.6 Timeline and Key Dates

Milestone	Date
RFA Issue Date (Distributed to Colleges)	Friday, August 14, 2026
Question & Answer Period	August 14, 2026- August 20, 2026
Application Deadline (RFA Close Date)	Monday, September 14, 2026 5:00 PM ET
Application Review Period	September 21-25, 2026
Award Recommendations Due to the Governor’s Office	October 1, 2026

Milestone	Date
Award Notifications	October 15, 2026
Award Agreements Executed	October – November 2026
Subaward Period of Performance Begins; First Monthly Disbursement	November 2026
Additional Students Enrolled	Fall 2027 Semester
Year 1 Period of Performance Ends	September 30, 2027

PART II: REQUIRED SCOPE OF WORK

2.1 Scope of Work Overview

Subrecipients funded under this RFA will expand enrollment capacity in existing, accredited high-demand healthcare programs under the Rural Health Transformation – Homegrown Health Heroes initiative, Allied Health Degrees sub-initiative (Uses of Funds: Workforce Development/Recruitment; Rural Provider Partnerships). Core activity types are hub-and-spoke instructional partnerships, dual-funded instructors, a shared mobile training lab, stand-alone equipment, college technology upgrades for synchronous distance learning, and rural marketing and recruitment. All funded expansions must result in additional students enrolled no later than the Fall 2027 semester.

2.2 Required Activities

Applicants must propose one or more of the following components. For each component proposed, the application must include the specific activities, deliverables, and timeline. Required activities become the binding scope of work in the executed subrecipient agreement.

2.2A Hub-and-Spoke Model

Centralize high-cost faculty, curricula, and specialized labs at a hub institution and distribute hands-on learning to partner spoke sites through synchronous technology. Applicants may propose to serve as a hub, a spoke, or both, and must identify partner institutions.

Required activities:

- Execute hub/spoke partnership agreement(s), filed with VFCCE, including deliverance and acceptance of agreements by participating community colleges (deliverable; acceptance: agreement(s) executed and on file).
- Establish and operate a synchronous instruction schedule between hub and spoke site(s) (deliverable; acceptance: synchronous instruction delivered to spoke site(s)).
- Enroll spoke-site students in the expanded program(s) (acceptance: spoke-site students seated by Fall 2027).

2.2B Dual-Funded Instructors

Execute cost-sharing agreements with hospital partners under which practicing clinicians, funded jointly by the hospital and the college, serve as faculty. This approach addresses faculty shortages, keeps curriculum aligned with industry practice, and creates clear pathways to employment for students.

Required activities:

- Execute a cost-sharing agreement with the hospital partner for each position, documenting the hospital share (deliverable; acceptance: agreement documents the cost share).
- Hire a qualified clinician-instructor for each funded position (acceptance: position filled and supporting instruction in an eligible program).
- Positions are fully funded in Year 1 and 50% funded beginning Year 2 September 30, 2027 dependent upon availability of funding

2.2C Mobile Training Lab

Acquire and operate a shared mobile training lab bringing high-fidelity simulation and hands-on training directly to rural localities, reducing the upfront equipment cost any single college would otherwise carry.

Required activities:

- Complete procurement in accordance with 2 CFR 200.317–200.327 within the approved budget (deliverable; acceptance: unit procured within budget).
- Establish and execute a deployment schedule across participating rural sites (deliverable; acceptance: schedule serving identified rural localities).
- Document utilization (site visits, sessions delivered, students served) in progress reports.

2.2D Equipment

Purchase state-of-the-art stand-alone equipment required for program expansion.

Required activities:

- Procure equipment per the approved itemized budget with vendor invoices retained (deliverable).
- Record equipment in property records per 2 CFR 200.313(d) (acceptance: property records complete).
- Place equipment in instructional service for the eligible program(s) (acceptance: equipment in instructional use; costs allocable to the approved project).

2.2E College Tech Upgrades

Implement technology upgrades that ensure seamless synchronous distance learning across spoke sites.

Required activities:

- Install and test the funded technology (deliverable).
- Verify connectivity and functionality between hub and spoke sites prior to the start of the applicable term (acceptance: synchronous instruction functioning across all participating sites).

2.2F Rural Marketing & Recruitment

Conduct dedicated recruitment efforts in targeted rural regions to reach prospective rural students.

Required activities:

- Develop and execute a recruitment plan with itemized costs, rural strategy, personnel, and goals (deliverable).
- Document outreach activities and enrollment yield in progress reports (acceptance: activities executed per plan and yield documented).

2.3 Required Partnerships and Coordination

Hospital or health system partnerships are central to this sub-initiative. Applicants must identify their committed or interested hospital and health system partners and each partner's role: clinical placements, dual-funded faculty, equipment, and/or financial contribution. Where applicable, applications must state the estimated value of in-kind or financial support and whether a Memorandum of Understanding (MOU) exists or is expected; MOUs and letters of commitment must be submitted with the application where they exist. Applications proposing dual-funded instructor positions must identify the hospital partner for each position.

Priority: Applications that include hub-and-spoke partnerships will be given priority in funding decisions and receive a five (5) point scoring bonus (see Part V). Colleges are strongly encouraged to identify hub and spoke arrangements and their partner institutions.

2.4 Eligible Healthcare Programs and Geographic Scope

Proposed expansion must be in one or more of the following six high-demand healthcare programs:

#	Program	Examples of Credentials / Degrees
1	Behavioral Health	AAS in Human Services, AAS in Substance Abuse, AS in Social Sciences (Substance Abuse), pre-social work pathway, Certificate in Substance Abuse Counseling, Certificate in Substance Abuse Rehabilitation Counselor, Community Health Worker Career Studies Certificate, Behavioral Health Technician credential
2	Dental Hygiene	Associate of Applied Science in Dental Hygiene
3	Diagnostic Medical Sonography	Associate of Applied Science in Diagnostic Medical Sonography
4	Nursing	Practical Nursing Certificate, Associate Degree in Nursing (ADN)
5	Physical Therapy Assistant	Associate of Applied Science in Physical Therapy Assistant
6	Radiology Technology	Associate of Applied Science in Radiologic Technology

Geographic Scope. This RFA is open to the 18 VCCS institutions serving communities within the Rural Virginia Horseshoe, listed in Section 1.4. Rural designation is determined by HRSA (https://www.hrsa.gov/rural-health/about-us/what-is-rural/data-files). Applicants are not required to cover all rural regions of the Commonwealth; each applicant should propose the service area appropriate to its programs and partnerships and identify the rural localities served.

PART III: REQUIRED PERFORMANCE METRICS AND MILESTONES

3.1 Required Initiative-Specific Metrics

Applicants will be expected to provide the listed data elements for each allied health degree program pre- and post-award and implementation. Each awarded college will be expected to demonstrate measurable progress toward the following outcomes; these metrics will serve as the basis for continued funding recommendations and program evaluation. Applicants must propose specific numeric targets for each applicable metric in their application.

#	Metric	Target / Milestone	Reporting/Collection Methodology
1	Student Enrollment — increase in students enrolled in the expanded program compared to the prior academic year	Per approved application; additional students enrolled no later than the beginning Fall 2027	Census-date SIS enrollment counts each term, pre- and post-award; quarterly progress reports and annual performance report
2	Student Retention — semester-to-semester retention rate for the expanded cohort	Maintain or exceed the program's historical retention rate	Term-to-term SIS cohort tracking; quarterly progress reports and annual performance report
3	Number of incremental accredited 2-year allied health graduates per year percentage and number of expanded-cohort students completing within the expected timeframe	Per approved application	Demonstrate at least a 1–3% increase in accredited 2-year allied health graduates within each of the six rural health regions.
4	Employment Placement — percentage and number of graduates employed in their field within six months of completion	Per approved application; priority given to placement in rural Virginia healthcare settings	Graduate placement surveys and employer verification within six months of completion; annual performance report
5	Certification/Licensure Pass Rate — first-time pass rates on applicable national or state examinations	Per approved application, benchmarked to prior two academic years	Program records and examination bodies; annual performance report
6	Faculty Capacity — number of new full-time, adjunct, and dual-appointment faculty hired or engaged as a direct result of grant funding	Per approved application (up to 5 dual-funded positions initiative-wide)	College HR records and executed hospital cost-sharing agreements; quarterly progress reports
7	Allied health professional-to-population ratio in rural localities	Demonstrate at least a 1–3% increase in accredited 2-year allied health graduates within each of the six rural health regions	Virginia Healthcare Workforce Data Center annual data; annual performance report
8	Faculty-to-student ratio per allied health degree program	Per approved application	Virginia Healthcare Workforce Data Center annual data; annual performance report

#	Metric	Target / Milestone	Reporting/Collection Methodology
9	Clinical placement slots secured with hospital partners	Per approved application	Executed MOUs and clinical affiliation agreements; quarterly progress reports and upon execution of new agreements
10	Mobile training lab utilization (if applicable)	Per approved deployment schedule	Deployment logs and site usage records; quarterly progress reports

3.2 Required Program Milestones

The following milestones apply to all subrecipients under this RFA. All milestones will be incorporated into the executed subrecipient agreement.

Milestone	Description	Required By
Award agreement executed (Initiative-Specific)	Subrecipient agreement executed with VFCCE following award notification	October – November 2026
Partnership agreements executed (Initiative-Specific)	Hub-and-spoke agreements, dual-funded instructor cost-sharing agreements, and clinical placement MOUs executed	Per approved work plan
Faculty hired; equipment and technology in place (Initiative-Specific)	Faculty hiring and preparation complete; equipment and technology procured, installed, and tested	Per approved work plan, in time for Fall 2027 enrollment
Additional students enrolled (Initiative-Specific)	Additional students seated in the expanded program(s)	Beginning Fall 2027 semester
Year 1 closeout (Initiative-Specific)	Year 1 period of performance ends; final Year 1 reconciliation submitted	September 30, 2027; reconciliation within 45 days

Enrollment Timing Requirement: All funded expansions must result in additional students being enrolled no later than the Fall 2027 semester. Proposals that cannot demonstrate readiness to seat additional students by Fall 2027 will not be considered under this RFA.

3.3 Remedies for Noncompliance

If a subrecipient materially fails to comply with the federal statutes, regulations, or terms and conditions of the federal award, including the performance and reporting milestones set forth in this RFA and the executed subrecipient agreement, VFCCE, after providing written notice and a reasonable opportunity to cure where appropriate, may impose one or more of the following remedies in accordance with 2 CFR 200.339 and 2 CFR 200.340:

Remedies for noncompliance with federal rules and program requirements:

- Temporarily withholding cash payments pending correction of the deficiency;
- Disallowing all or part of the cost of the activity or action not in compliance;
- Wholly or partly suspending or terminating the subaward;
- Initiating suspension or debarment proceedings under 2 CFR Part 180;
- Withholding further awards for the project or program;
- Requiring repayment of funds expended in violation of the terms and conditions;
- Other legally available remedies.

Remedies for noncompliance with performance and reporting timelines:

- Requiring submission of a corrective action plan within 30 days of written notice;
- Imposing heightened monitoring, including increased reporting frequency and required site visits;
- Designating the subrecipient as “high risk” under 2 CFR 200.208, with associated specific conditions;
- Reducing future budget periods or declining to renew the subaward;
- Termination of the subaward for cause.

A subrecipient may contest any adverse action through the dispute process set forth in the executed subrecipient agreement and applicable Code of Virginia provisions.

PART IV: APPLICATION REQUIREMENTS AND INSTRUCTIONS

4.1 Required Application Components

A complete, responsive application must include all of the following components. Applications missing any required component will be deemed non-responsive and will not proceed to merit review.

Component	Page Limit
Application Cover Page (form provided at the front of this RFA)	1 page
Project Narrative (Sections A–E, detailed in 4.2)	Not to exceed 15 pages
Program Data Sheet — applicants, seats, waitlist, and graduates for AY 2023–24 and AY 2024–25; certification/licensure pass rates; healthcare partner commitments	N/A (form)
Budget and Budget Justification (by the Section 1.5 budget categories)	N/A (form + narrative)
Organizational Capacity Statement	2 pages
Key Personnel Resumes or Biosketches	2 pages each
Required Certifications and Assurances (including prohibited-cost certification and debarment certification)	N/A
Letters of Support / MOUs from hospital, health system, and hub/spoke partners (where they exist)	N/A

Component	Page Limit
Most Recent Audited Financials or Single Audit (if applicable)	N/A
Active SAM.gov Registration Confirmation and Debarment Certification	N/A

4.2 Project Approach Narrative - Required Sections (A–E)

The Project Narrative must address each section in order. Do not omit or combine sections. Pages exceeding the limit will not be reviewed.

Section A: Program Design and Student Demand

Describe the proposed expansion and the evidence supporting it. **Your response must be a minimum of 200 words** and must address the following elements: The specific eligible healthcare program(s) to be expanded and the components proposed (hub-and-spoke role and partner institutions; dual-funded instructor positions; mobile training lab use; equipment; technology upgrades; marketing and recruitment), matching the scope in Part II of this RFA;

- The CMS Use of Funds categories to which each proposed activity aligns;
- Evidence of unmet student demand: number of applicants, seats, applicant-to-seat ratios for AY 2023–24 and AY 2024–25, and current waitlist (using the Program Data Sheet);
- The number of additional student seats planned and the semester in which additional students will first be enrolled (no later than Fall 2027);
- Explanation of how the expansion is transformative relative to the college's current baseline capacity.

Section B: Stakeholder Engagement and Healthcare Partnerships

Demonstrate community and partner involvement. This section must describe:

- Each hospital or health system partner and its specific, confirmed role (clinical placements, dual-funded faculty, equipment, financial contribution), with the estimated value of in-kind or financial support and MOU status;
- Hub and spoke partner colleges and their roles, where applicable;
- The number of additional clinical placement slots committed and supporting documentation;
- How rural communities and stakeholders will be engaged throughout implementation, including student recruitment channels (waitlists, K–12 partnerships, Career Coaches, G3/FastForward pathways).

Section C: Performance Metrics and Evaluation Plan

Present a rigorous performance measurement framework. This section must include:

- All required metrics specified in Section 3.1, plus any applicant-proposed additional metrics;
- Data sources, collection methods, and reporting timelines for each metric;
- Numeric targets, including additional students enrolled by Fall 2027 and projected graduates entering the rural workforce;
- Alignment to the Reporting Schedule (Section 6.2) and explicit commitment to cooperate with all monitoring and evaluation.

C.1 Applicant and Enrollment Data

Metric	AY 2023–24	AY 2024–25
Number of Applicants		
Number of Students Accepted		
Student Waitlist		
Number of Graduates		

C.2 Certification/Licensure Pass Rates (if applicable)

Examination	AY 2023–24	AY 2024–25
First-Time Pass Rate (%)		
Name of Exam:		

C.3 Healthcare Partner Commitments

Employer / Partner	Role in Project	Clinical Slots Committed	Est. $ Value of Support

Attach letters of support, MOUs, or other documentation of partner commitments.

Section D: Work Plan and Project Timeline

Present a feasible, detailed implementation plan. This section must include:

- A project work plan and timeline addressing all milestones in Section 3.2, including Fall 2027 enrollment readiness;
- A staffing plan with roles, responsibilities, FTE allocations, hiring timelines, and projected start dates;
- Facilities, equipment, and clinical placement readiness, including any minor modifications needed;
- Student retention and completion supports (tutoring, advising, early-alert systems, mentoring, peer support);
- Risk identification and mitigation strategies and oversight and governance mechanisms.

Section E: Sustainability Plan

Demonstrate a credible post-program sustainability strategy. This section must:

- Describe how expanded capacity will continue after RHTP funding ends;
- Identify specific future funding sources (e.g., state per-student FTE funding, tuition revenue, hospital cost-sharing agreements, institutional budget realignment);
- Describe the transition plan for moving from grant-funded faculty positions to a sustainable funding model, including the 50% dual-funded instructor cost share beginning Year 2;
- Explain how new infrastructure, partnerships, and equipment will be self-sustaining.

4.3 Budget Requirements

Applicants must submit a budget breakdown. The following requirements apply to all awards under this RFA:

- Budget must justify each line item, show method of calculation, and link costs to proposed activities. Lump-sum line items will not be accepted.
- Direct administrative costs may be included only when they are necessary for the approved project, are expressly identified within an allowable budget category, and are supported by the application's budget justification. Applicants must minimize direct administrative costs to maximize funding available for program delivery. Approval of any direct administrative costs is subject to VFCCE review and the availability of administrative-cost capacity under the RHTP's cumulative statewide 10% administrative-cost cap. The statewide cap does not establish an individual applicant entitlement or automatic 10% administrative-cost allowance. Indirect costs: No indirect costs will be allowed for subrecipients for this award. Any planned subawards or subcontracts must include a narrative rationale, estimated cost, scope description, and selection methodology, with classification justified consistent with 2 CFR 200.331. No portion of the work may be subcontracted or sub-awarded without prior authorization.
- Applicants must certify that no pre-award costs, construction costs, lobbying costs, or other prohibited expenditures (Section 6.5) are included in the budget.
- No funds may be used to pay the direct salary of an individual at a rate in excess of the federal Executive Level II pay scale.
- Awards are cost-reimbursement. Funds may not supplant existing state, local, tribal, or private funding, meet matching requirements of any other federal funds, or finance the non-federal share of any other program.

4.4 Key Personnel & Staffing

Applicants must identify the Key Personnel who will lead and carry out the proposed work, including the project director and lead faculty or program heads for each program proposed for expansion. Include a Staffing Plan listing all named and to-be-hired project staff, including roles, responsibilities, FTE allocations, reporting relationships, and projected start dates, and provide resumes or biosketches for each named Key Personnel role (maximum 2 pages each).

4.5 Past Performance

A. Required Past Project Submissions. Applicants must submit information on up to three comparable projects active within the past five (5) years, including federal subawards (such as awards under the Year 1 Part 1 RFA), state grants, and other relevant funded work. Each past

project submission must include scope of work, period of performance, total funding amount, funding source (federal/state/local/private), the applicant's role (prime, subrecipient, or subcontractor), and a summary of measurable outcomes achieved.

B. References. Applicants must provide a minimum of two client / funder references, each including: reference name, title, and organization; email and phone; the reference's relationship to the past project; and the past project to which the reference relates. VFCCE may contact references directly without further notice to the applicant. Reference responses will inform scoring of the Past Performance consideration and may inform any specific conditions imposed under 2 CFR 200.208.

C. Adverse Action Disclosures. Applicants must disclose, within the past five (5) years, any of the following: terminations for default, convenience following non-performance, or non-renewal due to performance concerns on any federal- or state-funded award; active or resolved suspensions or debarments under 2 CFR Part 180 or any other federal or state regulation; material findings, questioned costs, or unresolved Single Audit findings under 2 CFR Part 200, Subpart F; and adverse audit findings. Failure to disclose any of the above will be grounds for rejection of the application or termination of any resulting subaward. Disclosure is not an automatic bar to award; it informs VFCCE's risk evaluation under 2 CFR 200.206 and the imposition, if any, of specific award conditions under 2 CFR 200.208.

PART V: REVIEW CRITERIA AND SCORING

5.1 Review Process

Applications meeting all completeness and eligibility requirements will proceed to merit review. A review panel consisting of the following members will assess all eligible applications according to the criteria below:

- Steven Jones, Chief Development Officer
- Maurice Jones, Senior Vice Chancellor, Strategic Partnerships
- Dr. Felicia Ganther, Senior Vice Chancellor, Academic and Workforce Programs
- Randy Stamper, Associate Vice Chancellor, Workforce
- Dr. Micol Hutchison, Interim Assistant Vice Chancellor for Policy and Instructional Support Services
- Philmika Reid, Director of Health Care Workforce and Community Engagement
- Dr. Bill Hazel, VFCCE Board Chair, Former Secretary of Health and Human Resources
- Dawn Pullin, Program Manager, Healthcare Program Innovation
- Rural Health Transformation Initiative Staff Member: [To be named]

Applications will be ranked by total score, and VFCCE will make final funding decisions based on review scores, funding availability, geographic distribution, and program priorities. VFCCE reserves the right to fund applications in whole or in part, at amounts lower than requested, or to decline to fund any application. Applications will receive a response by October 15, 2026; applicants may contest determinations through the process described below.

Reviewer Conflict of Interest. Before reviewing any application, each reviewer must complete and sign a Conflict of Interest Disclosure form identifying any financial, employment, familial, or organizational relationship with any applicant or its key personnel within the past 24 months. Any reviewer with a conflict will be recused from scoring or discussing the affected application.

VFCCE will document all disclosures and recusals as part of the official procurement file. Applicants who believe a conflict exists may submit a written request for review to the Director, Rural Health Transformation within five (5) business days of the application deadline.

5.2 Scoring Rubric

Applications will be scored against the following criteria (100-point base scale).

Review Criterion	What Reviewers Assess	Maximum Points
Demonstrated Student Demand	Strength of evidence that qualified applicants are being turned away. Waitlist data and applicant-to-seat ratios.	20
Readiness to Enroll by Fall 2027	Ability to hire faculty, secure clinical placements, and seat additional students by Fall 2027.	25
Healthcare Partner Commitment	Depth and specificity of commitments from hospital systems, including clinical slots, MOUs, and cost-sharing.	20
Projected Impact	Number of additional graduates projected to enter the rural workforce and the potential for reducing regional healthcare vacancies.	20
Sustainability	Credibility of the plan to maintain expanded capacity beyond the grant period.	10
Budget Reasonableness	Cost efficiency and alignment of the budget with proposed activities.	5
TOTAL (base score)		**100**
Hub-and-Spoke Partnership Bonus	Applications that include hub-and-spoke partnerships receive five (5) bonus points in addition to the base score.	**+5**

Priority Consideration: Applications that include hub-and-spoke partnerships will be given priority in funding decisions and receive a five (5) point bonus as shown above. The maximum possible score is 105 points (100-point base plus bonus).

PART VI: AWARD TERMS, REPORTING, AND COMPLIANCE REQUIREMENTS

6.1 Federal Regulatory Framework

All awards under this RFA are federal subawards. Subrecipients must comply with:

- 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance);
- **2 CFR Part 300:** *Department of Health and Human Services Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (HHS adoption/additions to Uniform Guidance).*
- Code of Virginia and applicable VFCCE and VCCS procurement and fiscal policies;

- CMS RHTP Program Terms and Conditions;
- Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.);
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794);
- Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.);
- Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. 18116);
- Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) where applicable;
- Anti-Lobbying Act and Byrd Amendment (31 U.S.C. 1352) for awards over $100,000;
- Drug-Free Workplace Act;
- SAM.gov registration and UEI requirements (2 CFR Part 25, Appendix A).

Awards under this RFA are lower-tier subawards of federal financial assistance passed through DMAS (prime recipient) and VFCCE (subrecipient) under FAIN RHTCMS332088. Applicable terms of Subrecipient Agreement #RHT26-003-VFCCE flow down to awardees, including whistleblower protections under 41 U.S.C. § 4712, prohibitions on forced or indentured child labor, the Pro-Children Act of 1994 (smoke-free environment), and Commonwealth of Virginia anti-discrimination and civility requirements.

The Federal budget period for year one is December 29, 2026-October 30, 2026.

6.2 Reporting Schedule

Subrecipients must submit reports to VFCCE on the following schedule. Late, incomplete, or inaccurate reports may result in withholding payments, corrective action, or termination of the award. Awardee deadlines are set ahead of the official DMAS/CMS reporting calendar to allow VFCCE sufficient time to aggregate, review, and submit its required reports. This RFA's subaward period of performance (November 1, 2026 – September 30, 2027) falls within RHTP Budget Period 2 (October 1, 2026 – September 30, 2027); the corresponding DMAS/CMS reports are Quarterly Reports #2–#4 and Annual Report #2.

Report Type	Reporting Period Covered	Due to VFCCE
Monthly Expenditure Report — itemized documentation of how grant funds were spent during each disbursement period, by approved budget category, with supporting documentation	Each calendar month	Within five (5) days following the end of each calendar month (VFCCE invoices are due to DMAS within 7 days after month end)
Quarterly Progress Report #1 — spending by activity, milestone progress, enrollment numbers, faculty hiring status, clinical placement utilization, technical assistance needs, emerging compliance issues	October 31, 2026 – January 30, 2027	February 5, 2027 (DMAS/CMS Quarterly Report #2 due March 1, 2027)

Report Type	Reporting Period Covered	Due to VFCCE
Quarterly Progress Report #2 — same contents as above	January 31, 2027 – April 30, 2027	May 5, 2027 (DMAS/CMS Quarterly Report #3 due May 30, 2027)
Annual Performance Report — cumulative qualitative and quantitative progress; all metric data (enrollment, retention, graduation, employment placement, certification/licensure pass rates); expenditure by activity; updated workplan	August 1, 2026 – July 31, 2027	August 5, 2027 (DMAS/CMS Annual Report #2 due August 30, 2027). Latest available data also submitted to the RHT Evaluation HUB by mid-June.
Quarterly Progress Report #3 — same contents as above, plus year-end closeout data	August 1, 2027 – October 30, 2027	November 5, 2027 (DMAS/CMS Quarterly Report #4 due November 29, 2027)
Annual Financial Report (FFR / SF-425) — actual expenditures by budget category, unliquidated obligations, unobligated balance	Subaward year	Within thirty (30) days following the end of the subaward year (Budget Period reconciliation is due to DMAS within 45 days after the Budget Period ends)
Single Audit report (if applicable) — per 2 CFR Part 200 Subpart F if $1,000,000 or more in federal funds expended in a year, including Schedule of Expenditures of Federal Awards and any corrective action plan	Awardee fiscal year	Within the timeframes prescribed by 2 CFR 200.512 and upon request

6.3 Subrecipient Monitoring

VFCCE will conduct ongoing monitoring of all subrecipients in accordance with 2 CFR Part 200. Monitoring activities will include:

- Desk reviews of financial reports, progress reports, invoices, and supporting documentation;
- Risk assessments at onboarding and annually to calibrate monitoring intensity;
- Site visits (announced and/or unannounced) to assess program operations, records, and internal controls;
- Follow-up on audit findings, corrective action plans, and identified compliance deficiencies.

Subrecipients must cooperate fully with all monitoring activities and provide requested documentation within timeframes specified by VFCCE. Failure to cooperate constitutes non-compliance and may result in corrective action. If an audit by an authorized state or federal

official results in disallowance of amounts previously paid, the subrecipient shall reimburse such amounts upon demand.

6.4 Stevens Amendment Acknowledgement Requirements

The Stevens Amendment (Section 507 of P.L. 104-208, as continued in subsequent appropriations acts) requires that any document, statement, press release, or other publication describing a project or program funded in whole or in part with RHTP funds clearly state both the dollar amount and the percentage of total program costs financed with federal money. All awardees must include the following acknowledgement verbatim in any such publications, including websites, reports, press releases, and presentations:

"This subaward [is/was] supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $5,934,931 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government."

Of the total $5,934,931 Year 1 subaward to VFCCE, $4,400,000 is available for award under this RFA (RFA #2). Awardees must update both the dollar amount and the percentage figures whenever the funding mix changes during the period of performance.

6.5 Prohibited Uses of Funds

The following expenditures are expressly prohibited and may not be charged to this award under any circumstances:

- Pre-award costs.
- Meeting matching requirements for any other federal funds or local entities.
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or tribal law such as vocational rehabilitation or education services. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- Goods or services not allocable to the approved project.
- Supplanting existing state, local, tribal, or private funding of infrastructure or services, such as staff salaries.
- Construction.
- Capital expenditures for improvements to land, buildings, or equipment that materially increase their value or useful life as a direct cost except with the prior written approval.
- The cost of independent research and development, including their proportionate share of indirect costs in accordance with 2 CFR 300.477.
- Profit to any recipient even if the recipient is a for-profit organization. Profit is any amount in excess of allowable direct and indirect costs.
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body. See also 45 CFR part 93, 2 CFR 200.450, Lobbying, and applicable Appropriations Law.
- Paying the salary or expenses of any grant recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations,

regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature, or local legislature or legislative body.

- Lobbying, but recipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.
- Certain telecommunications and video surveillance equipment. See 2 CFR 200.216.
- Costs of promotional items and memorabilia, including models, gifts, and souvenirs.
- Costs of advertising and public relations designed solely to promote the non-Federal entity.
- Meals, except in limited circumstances such as: (i) subjects and patients under study; (ii) where specifically approved as part of the project or program activity (not subrecipient-specific), e.g., children's services programs; or (iii) as part of a per diem or subsistence allowance provided in conjunction with allowable travel.

6.6 Record Retention and Audit Requirements

Subrecipients must retain all grant-related records (financial, programmatic, procurement) for a minimum of five (5) years following submission of the final expenditure report, or longer if required by a federal audit or litigation hold. If federal expenditures equal or exceed $1,000,000 in any fiscal year, subrecipients are subject to the Single Audit requirements of 2 CFR Part 200, Subpart F. VFCCE must receive copies of all Single Audit reports pertaining to the subaward.

6.7 Data Integrity and Intellectual Property

Subrecipients must protect the confidentiality of all project-related data that includes personally identifiable information (PII) or protected health information (PHI), safeguarding such information in accordance with the HIPAA Privacy, Security, and Breach Notification regulations (45 CFR Parts 160, 162, and 164, as applicable) and other applicable law, and must immediately report any actual or suspected breach or unauthorized use, access, or disclosure. Recipients must assume full responsibility for the accuracy of all data and reports submitted to VFCCE. CMS holds a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or use materials, systems, and items developed or refined under the award for federal government purposes per 2 CFR 200.315(b).

6.8 Prior-Approval Triggers

Subrecipients must obtain written prior approval from VFCCE before taking any of the following actions. Subrecipients should submit prior-approval requests at least thirty (30) days in advance of the proposed action, with sufficient supporting documentation.

Prior-approval requests are required for:

- Any change in scope, objectives, or key personnel identified in the approved application;
- Disengagement of the Project Director or Principal Investigator from the project for more than three (3) consecutive months, or a 25% or greater reduction in their level of effort;
- Any rebudgeting that cumulatively shifts more than 10% of the total approved budget across direct cost categories within a budget period;
- Carryover of unobligated balances from one budget period to the next;
- Subaward, transfer, or contracting out of any work under the federal award not previously identified in the approved application;

- Pre-award costs (which are otherwise prohibited under this RFA);
- No-cost extensions of the period of performance;
- Changes to the approved indirect cost rate or methodology;
- Acquisition of equipment with a unit cost of $10,000 or more not specifically itemized in the approved budget;
- Changes in the approved cost-sharing or matching arrangement, if any;
- Termination of the subaward by the subrecipient.

The list above reflects the prior-approval requirements set forth in 2 CFR 200.308 and applicable CMS RHTP Program Terms and Conditions, as in effect on the date of this RFA. VFCCE may impose additional prior-approval requirements based on the subrecipient's risk assessment.

This RFA does not commit VFCCE, VCCS, or DMAS to make any award. All awards are contingent on the continued availability of federal funds under FAIN RHTCMS332088 and required approvals. Subrecipients are responsible for verifying all requirements against the most current federal statutes, regulations, program guidance, and awarding agency instructions; CMS may issue amendments, updates, or clarifications during the period of performance that supersede or modify information in this RFA.