



VIRGINIA DEPARTMENT OF HEALTH (VDH)

REQUEST FOR APPLICATIONS

Virginia Rural Health Transformation Program (RHTP) Innovative Maternal Care

Issuing Agency/Organization:	Virginia Department of Health (VDH)
Program Name:	Innovative Maternal Care
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:	VDH-26-705-0387
Initiative:	Connected to Care, Closer to Home
Sub-initiative:	Innovative Maternal Care
RFA Issue Date:	September 4, 2026
Q&A Period/Response Schedule (If applicable):	Questions must be submitted no later than September 25, 2026, at 5:00 PM ET. Responses to questions received during the Q&A period will be compiled and posted as an addendum in eVA following the close of the Q&A period.
Pre-application Conference Info (If applicable):	September 16, 2026 at 2:00 PM EST Conference Link: https://vdhoep.webex.com/vdhoep/j.php?MTID=m5fb0d18c5b3d6bec13f5788533dd3299
Application Deadline:	October 6, 2026 at 5:00 PM EST
Decision Timeline (If desired to disclose):	VDH anticipates issuing award notifications on or around November 13, 2026. This date is subject to change based on the application review and award process.
Submission Method:	Please submit applications via the eVA procurement portal.
Estimated Award Range:	VDH anticipates awarding approximately \$11.6 million over the initial performance period. Individual award amounts will range from \$50,000 to \$1,000,000, reflecting the scope and scale of the applicant's proposed project.

Subaward Period of Performance:	Date of execution – September 30, 2027 (Initial Budget Within five (5) business days following the end of each reporting period, according to the reporting schedule provided by VDH. Period). Subject to the availability of funding, satisfactory performance, and continued programmatic alignment, awards may be eligible for continuation funding through September 30, 2030.
Geographic Scope:	Eligible applicants must be physically located in, or provide direct services to, rural Virginia communities as defined under Virginia's RHTP. The Program's baseline definition of rurality is based on the 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 RHTP website for the most up-to-date rural definition and eligibility requirements. The current list of FORHP-designated localities is available in Appendix A .
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PART I: PROGRAM BACKGROUND

1.1 Innovative Maternal Care Initiative Background

The Innovative Maternal Care sub-initiative is part of the Virginia Rural Health Transformation Program (RHTP), established under Section 71401 of Public Law 11921 and administered by The Centers for Medicare & Medicaid Services (CMS). Virginia's rural communities experience persistent gaps in access to maternal healthcare, including limited clinical availability, workforce shortages, care coordination challenges, behavioral health disparities, and long travel distances for prenatal and postpartum care.

The Innovative Maternal Care Initiative addresses these rural health challenges by supporting investments that expand maternal healthcare access, strengthen regional maternal health infrastructure, and improve care coordination for pregnant and postpartum individuals residing in rural communities. Program activities align with the Commonwealth's 2025 approved Rural Health Transformation application and CMS strategic goals by supporting care delivery transformation, maternal/infant health improvements, and evidence informed models that improve maternal outcomes.

As a designated RHTP subrecipient, the Virginia Department of Health (VDH) will carry out the Innovative Maternal Care Initiative through the issuance of this Request for Applications (RFA).

Rather than funding isolated projects, the Innovative Maternal Care Initiative is intended to support sustainable, community-driven approaches that strengthen local systems of care, improve coordination across clinical and community partners, and increase access to comprehensive maternal health services in rural Virginia. VDH seeks projects that create lasting improvements in how care is delivered, coordinated, and sustained beyond the five-year period of this federal funding.

1.2 Program & RFA Purpose

The purpose of this RFA is to solicit applications for funding under the Innovative Maternal Care sub-initiative of the Connected to Care, Closer to Home initiative. This RFA seeks to support rural maternal health projects that expand access to comprehensive prenatal, perinatal, postpartum, and maternal behavioral health services within Federal Office of Rural Health Policy (FORHP) designated rural communities.

Program Vision and Funding Priorities

VDH's vision for the Innovative Maternal Care Initiative is to support community-driven, evidence-informed projects that produce meaningful and sustainable improvements in access to maternal healthcare for individuals residing in rural Virginia. Through this RFA, VDH seeks to strengthen local and regional maternal health systems by supporting partnerships, service delivery models, and infrastructure that address identified gaps in prenatal, perinatal, postpartum, and maternal behavioral healthcare.

Applicants are encouraged to propose projects that respond to locally identified maternal health needs and demonstrate meaningful collaboration among healthcare providers, community-based organizations, public health agencies, and other partners. VDH recognizes that rural communities differ significantly across Virginia, and innovative solutions may vary based on community context, available resources, and identified gaps.

Projects should demonstrate the potential for sustainability, scalability, or replication in other rural Virginia communities and address one or more of the following:

- Expand timely access to prenatal and postpartum care;
- Strengthen maternal care coordination, navigation, and referral pathways;
- Develop or expand regional maternal health hubs and coordinated networks of care;
- Integrate maternal behavioral health and substance use disorder services;

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- Address transportation, language, workforce, technology, and other barriers affecting rural access to maternal health and related services;
- Expand community-based supports, including community health workers, doulas, peer support, home visiting programs, and other trusted community partners;
- Leverage telehealth, mobile healthcare delivery, digital health technologies, and other technology-enabled approaches, where appropriate, to improve access to prenatal, postpartum, behavioral health, specialty, and supportive maternal healthcare services, particularly in geographically isolated or underserved rural communities.
- Establish collaborative partnerships to improve rural maternal health services among healthcare providers, hospitals, rural health clinics, federally qualified health centers, local health departments, behavioral health providers, community-based organizations, and other regional partners

For purposes of this RFA, innovation does not require development of an entirely new model of care. Innovation may include implementing an evidence-informed practice in a rural community where it has not previously existed, adapting an existing model to better meet local needs, creating new partnerships between organizations, integrating services across sectors, leveraging technology to improve access, or redesigning workflows to improve maternal health outcomes.

VDH intends to support a geographically diverse portfolio of high-quality projects across Virginia's Rural Health Transformation Program regions. VDH's goal is to make at least one award supporting eligible rural communities within each region, subject to the quality of applications received, availability of funding, and the results of the competitive review process. Geographic distribution will not supersede application quality, programmatic alignment, organizational capacity, or responsible stewardship of federal funds. VDH reserves the right not to make an award within a region if no application serving that region meets the minimum standards for funding. This approach is intended to promote equitable access to Rural Health Transformation Program investments across Virginia while ensuring that awards are made based on merit and the potential for meaningful impact.

VDH anticipates serving as an active implementation partner throughout the period of performance by providing technical assistance, learning collaborative opportunities, performance improvement support, and other resources designed to assist awardees in successfully implementing their projects and advancing rural maternal health outcomes.

1.3 Program Objectives for this RFA

The objectives of this RFA are to support applicants in advancing the following initiative specific goals aligned to CMS strategic priorities:

Objective	Description	CMS Strategic Goal Alignment
1	Expand access to high quality prenatal and postpartum care in rural communities through evidence informed service delivery models.	Maternal/Infant Health; Sustainable Access
2	Strengthen maternal care coordination and navigation, including referral pathways between community-based organizations and clinical providers.	Rural Provider Partnerships; Care Coordination
3	Enhance maternal behavioral health supports, including perinatal mental health infrastructure.	Behavioral Health Integration
4	Improve maternal health equity by reducing disparities in rural access to care, strengthening language services, and supporting culturally informed care.	Rural Health Infrastructure; Health Equity
5	Strengthen sustainable rural maternal health infrastructure through regional partnerships, innovative care models, and community-based collaboration.	Rural Health Infrastructure; Sustainability

1.4 Eligible Applicants

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

- Be a legally organized entity in good standing that is capable of receiving and administering federal subaward funding. Eligible applicants include, but are not limited to:
 - Licensed Emergency Medical Services (EMS) agencies;
 - Nonprofit organizations;
 - State, local, or Tribal governmental entities;
 - Hospitals and health systems;
 - Federally Qualified Health Centers (FQHCs);
 - Primary Care Clinics;
 - Rural Health Clinics (RHCs); and
 - Institutions of higher education
- Hold an active SAM.gov registration with a current Unique Entity Identifier (UEI) and have no active exclusions, debarments, or suspensions.
- Demonstrate organizational capacity to manage federal funds in accordance with the requirements of 2 CFR Part 200, including financial management, procurement, reporting, and grant administration.
- Operate in, or demonstrate the capacity to provide direct services benefiting, one or more Federal Office of Rural Health Policy (FORHP)-designated rural Virginia localities identified in **Appendix A**.

Collaborative applications involving multiple organizations are strongly encouraged. When multiple organizations participate, one eligible entity must serve as the lead applicant and assume responsibility for all programmatic, financial, contractual, and reporting requirements associated with the subaward.

Applicants proposing collaborative projects should clearly describe the roles and responsibilities of each partner, including governance, service delivery, data sharing, and performance monitoring.

1.5 Available Funding & Award Structure

Funding available under this RFA includes:

- Up to \$1,000,000 annually for competitive organizational awards supporting community-driven maternal health models;
 - Applicants should request funding that is reasonable, proportional to the proposed scope of work, and supported by a detailed budget justification. VDH anticipates funding a mix of smaller, targeted projects and larger regional initiatives based on the quality, scope, and anticipated impact of applications received.

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

- Initial subaward period: From execution of the subaward agreement through September 30, 2027.
- **VDH anticipates that there will be minimal funding availability for direct administrative costs and no availability for indirect costs. Applicants should attempt to minimize administrative expenses in their application's budget proposal to align to RHTP program requirements.**
- No cost sharing or matching is required.
- Sub-awardees must demonstrate satisfactory performance to receive renewal funding in each subsequent budget period.
- Pre-award costs are not allowable.
- Applicants and funded partners that operate a labor and delivery unit must maintain that unit throughout the applicable award period when the unit is material to the approved project. Closure or suspension of the unit may constitute a material failure to perform and may result in termination of the award, disallowance of costs, and repayment of grant funds, subject to the terms of the executed subaward agreement and applicable federal and state requirements.

1.6 Project Duration and Continuation Opportunities

The Virginia Department of Health (VDH) recognizes that innovative maternal health projects may vary considerably in scope, complexity, and implementation timeline. The initial subaward period of performance for projects funded under this RFA will begin upon execution of the subaward agreement and extend through **September 30, 2027**. Applicants are encouraged to propose projects with a duration that is appropriate for the proposed activities and expected outcomes. Some projects may focus on planning, capacity building, or pilot implementation, while others may support expansion, refinement, or broader implementation of established models. Applicants should clearly describe the anticipated project timeline and identify the activities expected to be completed during the initial award period.

VDH anticipates that the Innovative Maternal Care Initiative will support a balanced portfolio of both new and expanded projects throughout the Rural Health Transformation Program (RHTP) period of performance. Subject to continued funding from the Centers for Medicare & Medicaid Services (CMS), allocations from the Department of Medical Assistance Services (DMAS), satisfactory project performance, compliance with award requirements, and continued alignment with program priorities, VDH may offer continuation funding for selected projects funded under this RFA.

Continuation funding is **not guaranteed** and will be contingent upon the availability of funding, satisfactory project performance, achievement of required milestones, compliance with reporting requirements, and VDH's programmatic priorities. Future funding opportunities may include a combination of continuation awards for existing projects and competitive funding opportunities for new projects to support continued innovation and address emerging maternal health priorities in rural Virginia.

PART II: REQUIRED SCOPE OF WORK

2.1 Scope of Work Overview

The Virginia Department of Health (VDH) seeks to fund innovative, community-driven projects that improve access to comprehensive maternal healthcare services for individuals residing in Virginia's federally designated rural communities. Through the Innovative Maternal Care Initiative, funded under the Virginia Rural Health Transformation Program (RHTP), VDH will support projects that strengthen local and regional systems of care, improve coordination across healthcare and community partners, and expand sustainable models that address the unique maternal health needs of rural populations.

Applicants are encouraged to develop proposals that respond to identified community needs while leveraging existing resources, partnerships, and evidence-informed practices. Recognizing that maternal health challenges differ across rural Virginia, VDH seeks projects that are tailored to local circumstances while aligning with the overarching goals of the Rural Health Transformation Program.

Successful projects should demonstrate measurable improvements in access to care, care coordination, patient experience, and health outcomes while creating sustainable infrastructure that can continue beyond the period of grant funding.

Projects funded under this initiative must support one or more of the following overarching goals:

- Improve timely access to prenatal, delivery, and postpartum care.
- Strengthen coordination among clinical providers, public health, behavioral health, and community-based organizations to improve access to and continuity of maternal care.
- Address barriers to maternal healthcare through innovative service delivery models.
- Improve maternal health outcomes through evidence-informed practices.
- Develop sustainable systems capable of supporting long-term improvements in rural maternal health.

Applicants may propose projects of varying duration and scope based on the needs of the target population and the complexity of the proposed intervention. VDH recognizes that some innovative maternal health projects may focus on planning, capacity building, or pilot implementation, while others may support expansion, refinement, or broader implementation of established models. Applicants should propose a realistic implementation timeline that reflects the scope of the proposed project and clearly identify the activities expected to be completed during the initial award period.

2.2 Required Activities

All funded projects shall implement activities necessary to successfully administer and operate the proposed initiative. At a minimum, awardees will be expected to complete the following requirements throughout the project period.

A. Project Administration

Awardees shall:

- Designate a project lead who will serve as the primary individual responsible for overall project implementation, coordination, and oversight
 - The Project Lead may be an existing or newly designated staff member and is not required to hold a specific organizational title, provided the individual has sufficient authority and responsibility to coordinate project activities and ensure compliance with award requirements.
- Maintain appropriate fiscal oversight and grant management practices
- Participate in all VDH technical assistance, meetings, and learning collaborative activities
- Submit all required programmatic and financial reports according to established reporting schedules
- Maintain documentation demonstrating progress toward project objectives

B. Community Assessment and Planning

During the planning phase, awardees shall:

- Assess maternal health needs within the proposed service area
- Identify existing assets, gaps, and barriers affecting maternal health services
- Engage community stakeholders in project planning and implementation
- Develop workflows that support coordinated maternal healthcare delivery
- Establish partnerships necessary to implement proposed activities
- Develop implementation and sustainability planning

C. Project Implementation

Awardees shall implement evidence-informed strategies designed to improve maternal healthcare access and outcomes within their proposed service area.

Projects may include one or more of the following activities, as appropriate to community need:

Clinical Care Delivery

- Examples include:
 - Expanding prenatal and postpartum care access
 - Telehealth or virtual maternal health services
 - Mobile maternal health
 - Technology-enabled maternal care
 - Lactation support services
 - Integrated behavioral health services
 - Substance use disorder treatment integration

Care Coordination and Patient Navigation

- Examples include:
 - Community health worker programs supporting prenatal, postpartum, and maternal healthcare access
 - Doula integration into prenatal, delivery, and postpartum care
 - Maternal health care coordination and case management

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- Patient navigation across prenatal, delivery, postpartum, behavioral health, and specialty care services
- Referral management and closed-loop referral process for maternal health services
- Connection to community resources and social supports that address barriers to maternal healthcare
- Cross-sector coordination among maternal healthcare providers, behavioral health providers, public health, and community-based organizations

Workforce Development

- Examples include:
 - Recruitment and retention strategies for maternal healthcare professionals serving rural communities
 - Cross-training of healthcare providers to strengthen the delivery of prenatal, postpartum, and maternal behavioral health, and related services
 - Continuing education and professional development focused on rural maternal healthcare needs
 - Development or expansion of interdisciplinary maternal care teams
 - Training and workforce development for community health workers, doulas, peer support specialists, and other community-based maternal health workers
 - Development of innovative staffing or workforce models that expand access to maternal healthcare services in rural communities

Community-Based Supports

- Examples include:
 - Transportation assistance designed to improve access to prenatal, postpartum, behavioral health, specialty, and other maternal healthcare services
 - Maternal health education, including prenatal and postpartum education and support
 - Community outreach and engagement to connect pregnant and postpartum individuals with maternal health services
 - Interventions addressing health-related social needs that create barriers to accessing or completing maternal healthcare
 - Partnerships with community-based organizations to strengthen maternal health referral pathways, navigation, and supportive services
 - Culturally and linguistically responsive maternal health programming designed to meet the needs of rural populations
 - Peer support, home visiting, and other community-based services supporting pregnant and postpartum individuals

2.3 Innovation Expectations

Innovation within this initiative does not require creation of an entirely new model of care. Rather, innovation may include implementing evidence-informed practices in rural communities where they do not currently exist, expanding successful models to underserved populations, strengthening collaboration among organizations, redesigning care delivery workflows, integrating technology, or developing new approaches that improve maternal health outcomes.

Applicants should clearly describe:

- What makes the proposed project innovative within the proposed community.
- How the project differs from existing services.
- Why Rural Health Transformation Program funding is necessary to implement the proposed approach.
- How the project will improve access, coordination, quality, or maternal health outcomes.

2.4 Required Partnerships and Coordination

Sub-awardees are strongly encouraged to develop partnerships with rural healthcare providers, community organizations, local health districts, behavioral health providers, home visiting programs, regional referral

networks, and other entities that support maternal health access. Applicants must describe how these partnerships will contribute to program implementation, service delivery, care coordination, and sustainability.

If formal Memorandums of Understanding (MOUs) or partnership agreements are required for the proposed project, applicants must submit these documents with their application. If no specific partnership documents are required, applicants must still demonstrate meaningful collaboration with key maternal health stakeholders.

2.5 Geographic Scope

Applicants must provide services that benefit individuals residing in Federal Office of Rural Health Policy-designated rural communities in Virginia. A complete list of eligible Virginia localities, corresponding FIPS codes, and Rural Health Transformation Program regions is provided in **Appendix A**.

Applicants must identify each eligible locality proposed to be served and provide the corresponding FIPS code and Rural Health Transformation Program region. Applicants may propose to serve one locality, multiple localities, or a regional service area, provided that the application clearly describes the target population, demonstrated need, service delivery approach, and anticipated reach within the identified rural communities.

Projects may include partners or service providers located outside an eligible rural locality when their participation is necessary to deliver services to eligible rural residents. However, applicants must clearly demonstrate that RHTP-funded services and benefits will primarily support eligible rural Virginia communities.

2.6 Expected Project Deliverables

All awardees will be expected to produce, at a minimum:

- A finalized implementation plan
- A project work plan with milestones
- Quarterly programmatic reports
- Performance measure reporting
- Required financial reports
- Participation in VDH technical assistance and learning collaborative activities
- A sustainability plan
- A final project report summarizing accomplishments, outcomes, lessons learned, and recommendations

PART III: REQUIRED PERFORMANCE METRICS AND MILESTONES

3.1 Required Program Metrics

Performance measurement is a critical component of the Innovative Maternal Care Initiative and the Virginia Rural Health Transformation Program (RHTP). Performance monitoring will include both statewide/locality-level measures generated by VDH and project-specific performance data collected and reported by subrecipients. Together, these measures will support program accountability, continuous quality improvement, statewide evaluation, and assessment of the Initiative's impact on maternal health in Virginia's rural communities.

VDH-Generated Required Metrics

VDH will be responsible for generating and monitoring the following three CMS-required performance metrics for the Innovative Maternal Care Initiative. These measures will be calculated for the rural localities targeted by

funded projects using Virginia’s All-Payer Claims Database (APCD) and other appropriate statewide data sources. Subrecipients will not be responsible for independently calculating or reporting these three measures.

- Metric 1a: HEDIS Measure PPC- Timeliness of prenatal care in rural localities targeted by the sub-initiative
- Metric 1b: HEDIS Measure PPC- Completion of postpartum care in rural localities targeted by the sub-initiative
- Metric 2: Rate of postpartum hospital readmissions in rural localities targeted by the sub-initiative

Applicants should consider how their proposed activities may contribute to the broader aims reflected in these required metrics, including improving timely access to prenatal care, increasing completion of postpartum care, and reducing avoidable postpartum hospital readmissions. VDH will work collaboratively with selected subrecipients and the statewide evaluation partner to assess how individual project activities and project-specific measures contribute to the broader evaluation of the Innovative Maternal Care Initiative.

Required Subrecipient Measure: Individuals Served

All subrecipients will be required to report the number of unique individuals served or directly reached through the funded project, including the number residing within FORHP-designated rural localities identified in Appendix A. VDH will provide additional definitions, reporting specifications, and templates following award to promote consistency across funded projects.

3.2 Additional Project-Specific Performance Measures

In addition to the VDH-generated required metrics and required subrecipient measure identified in Section 3.1, applicants are encouraged to propose project-specific performance measures that reflect the unique goals, activities, and anticipated outcomes of their proposed project. These measures should demonstrate project implementation, progress, and impact within the proposed service area while supporting the broader goals and intended outcomes of the Innovative Maternal Care Initiative.

Recognizing that funded projects may vary in scope, target population, and implementation strategy, project-specific performance measures are intended to provide applicants with flexibility to evaluate the effectiveness of their individual interventions while contributing to the broader goals of the Innovative Maternal Care Initiative.

Applicants should identify performance measures that are:

- Directly aligned with the proposed project activities and objectives;
- Measurable using available data sources;
- Appropriate for the target population and proposed service area;
- Capable of demonstrating meaningful progress throughout the project period; and
- Aligned with the goals and intended outcomes of the Innovative Maternal Care Initiative and, where applicable, supportive of the VDH-generated measures identified in Section 3.1.

Project-specific performance measures may include process measures, output measures, and outcome measures, as appropriate to the proposed project.

Examples of project-specific performance measures include, but are not limited to:

Activity Type	Example Measures
Access to Maternal Care	Number of prenatal visits completed; postpartum visits completed; new patients served; reduced wait times for appointments; telehealth encounters

Activity Type	Example Measures
Care Coordination	Care coordination encounters; referrals completed; closed-loop referrals; patient navigation services provided; care plans developed
Behavioral Health Integration	Maternal depression screenings completed; behavioral health referrals; integrated behavioral health visits; substance use disorder screening and referral
Community Partnerships	New partnerships established; community outreach events conducted; referral agreements executed; collaborative meetings held
Patient Engagement and Experience	Patient satisfaction; participation in education programs; barriers to care reduced; patient retention in care
Workforce and Capacity Building	Providers trained; workforce recruitment or retention; implementation of new clinical workflows; adoption of evidence-informed practices

Applicants are encouraged to describe how their proposed project-specific performance measures align with the broader goals and intended outcomes of the Innovative Maternal Care Initiative and, where applicable, support the VDH-generated measures identified in Section 3.1.

VDH may work collaboratively with awardees following award to refine project-specific performance measures and reporting expectations to ensure consistency with statewide evaluation activities and alignment with the Virginia Rural Health Transformation Program.

3.3 Required Program Milestones

Awardees are expected to achieve measurable implementation milestones throughout the project period that demonstrate progress toward successful implementation, effective project management, and long-term sustainability. While individual projects may vary in scope and approach, all awardees should incorporate milestones that reflect the planning, implementation, evaluation, and sustainability activities necessary to achieve the goals of the Innovative Maternal Care Initiative.

Applicants shall identify project-specific milestones within the required Work Plan and describe their overall implementation and project management approach in Section D of the Project Narrative. Project milestones should be realistic, measurable, and aligned with the proposed activities, deliverables, and performance measures described in Sections 3.1 and 3.2.

The following milestones represent the anticipated phases of project implementation and are intended to provide general guidance for applicants. VDH recognizes that individual project timelines may vary and may work collaboratively with awardees following award to refine project milestones and implementation schedules, as appropriate.

Milestone	Activities Completed	Required By
Project Planning and Start-Up	Staffing completed, partnerships established, implementation planning completed, baseline data collection	Within 60 days of award

Milestone	Activities Completed	Required By
Project Implementation	Service delivery, care coordination, community engagement, performance monitoring	Throughout project period
Project Closeout	Evaluation, sustainability planning, final reporting, dissemination of lessons learned	September 30, 2027
Performance Monitoring and Quality Improvement	Monitor project performance, participate in required reporting and evaluation activities, and use data to inform continuous quality improvement and project refinement.	Throughout project period

Sub-awardees must document milestone completion through required reporting deliverables. If a milestone is not met, the sub-awardee must notify the issuing agency immediately and propose corrective action in accordance with Part VI.

PART IV: APPLICATION REQUIREMENTS

A complete and responsive application must include all components identified in this section. Applications that are submitted after the deadline, omit a required component, or do not comply with the submission, formatting, or page-limit requirements of this RFA may be deemed nonresponsive and may not advance to merit review.

Applicants should present information clearly and concisely and ensure consistency across the Executive Summary, Project Narrative, work plan, performance measures, staffing information, and budget. Each application must provide sufficient detail for reviewers to evaluate the proposed project using the review criteria described in Part V.

Formatting Requirements:

Unless otherwise specified, all application materials must comply with the following requirements:

- Font: Arial
- Font Size: 12-point for all narrative text; 10-point minimum may be used within tables, charts, figures, and graphics
- Margins: 1-inch on all sides
- Spacing: Single-spaced
- Page Size: 8.5" x 11"
- Page Numbering: Consecutively number all pages of the application package
- File Format: PDF (unless otherwise specified)
- Page Limits: Page limits apply only to the sections identified in the RFA. Content exceeding the stated page limits will not be reviewed.

Component	Page Limit
Application Cover Page	1 Page
Executive Summary	2 Pages
Project Narrative (as described in Section 4.3)	8 Pages
Budget and Budget Narrative (Please use attached budget template)	2 Pages for narrative N/A for Budget sheet (use template)
Organizational Capacity Statement	1 Page
Key Personnel Resumes or Bio-sketches	No page limit

Component	Page Limit
Letters of Support / MOUs (if applicable)	As applicable
Active SAM.gov Registration Confirmation and Debarment Certification	No page limit
Work Plan	No page limit; submitted as appendix

Applicants must submit all required components through eVA in accordance with the submission instructions provided on the cover page of this RFA.

4.1 Cover Page

Applicants shall complete and submit the **Application Cover Page** using the form provided below as part of this Request for Applications (RFA). The Application Cover Page serves as the official application transmittal and provides key organizational and contact information for the applicant.

APPLICANT ORGANIZATION AND PROJECT INFORMATION

Project Title	
Total Funding Requested (USD)	
Legal Name of Organization	
DBA / Trade Name (if applicable)	
Organization Type	☐ State agency ☐ Local government ☐ Tribal entity ☐ Nonprofit 501(c)(3) ☐ For-profit entity ☐ Institution of higher education ☐ Hospital / Health System ☐ Other (specify): Click or tap here to enter text.
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	

AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (AOR) CERTIFICATION

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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:	

Applicants are responsible for ensuring that all information provided on the Application Cover Page is complete and accurate. The Authorized Organizational Representative must have the legal authority to submit the application and enter into a subaward agreement on behalf of the applicant organization.

Required Submission:

- Completed **Application Cover Page** (1 page)

4.2 Executive Summary

Applicants shall submit an **Executive Summary** that provides a concise overview of the proposed project. The Executive Summary should summarize the key elements of the application and provide reviewers with a clear understanding of the proposed project, the need it addresses, the applicant's approach, and the anticipated impact on maternal health services within the proposed rural service area.

The Executive Summary should be written as a stand-alone summary of the proposed project and should accurately reflect the information presented throughout the remainder of the application.

At a minimum, the Executive Summary shall include:

- A brief description of the applicant organization and its role in the proposed project.
- The proposed project title and a concise overview of the proposed project.
- A description of the rural community (or communities) and target population to be served.
- A summary of the maternal health needs, service gaps, or barriers that the proposed project is intended to address.
- A high-level overview of the proposed activities, implementation approach, and anticipated partnerships.
- A summary of the expected project outcomes and how the proposed project aligns with the goals of the Innovative Maternal Care Initiative and the Virginia Rural Health Transformation Program (RHTP).
- The total amount of funding requested.

The Executive Summary should not introduce new information that is not otherwise addressed within the Project Narrative.

Required Submission:

- **Executive Summary** (maximum **2 pages**)

4.3 Project Narrative

The Project Narrative is the primary component of the application and should clearly describe the proposed project, the applicant's capacity to successfully implement the proposed activities, and how the project will advance the goals of the Innovative Maternal Care Initiative. Applicants should respond to each section below in the order presented and provide sufficient detail to enable reviewers to fully evaluate the proposed project using the evaluation criteria outlined in Part V of this RFA.

Do not omit or combine sections. Narrative responses should be concise, well organized, and supported by relevant data or examples where appropriate. Pages exceeding the stated page limits will not be reviewed.

Section A: Program Design

Describe the proposed maternal health project and how it will advance the goals of the Virginia Rural Health Transformation Program (RHTP) and the Innovative Maternal Care Initiative. Applicants should clearly explain the proposed model of care, the need for the project, and how the proposed activities will improve access to maternal healthcare services within the proposed rural service area.

At a minimum, applicants shall address the following:

- Identify the applicable Rural Health Transformation Program initiative (**Connected Care Closer to Home**) and sub-initiative (**Innovative Maternal Care**).
- Describe the proposed project, including the target population, geographic service area, and primary activities to be implemented.
- Describe the evidence-informed practices, models of care, or best practices that support the proposed approach and explain why they are appropriate for the identified community.
- Explain how the proposed project addresses identified maternal health needs, service gaps, and barriers to care within the proposed rural community or region.
- Describe the anticipated impact of the proposed activities on maternal health access, care coordination, quality, and outcomes.
- Present a clear theory of change or project logic that connects project activities to anticipated outputs, outcomes, and long-term impact.
- Explain how the proposed project represents an innovative or transformational approach that builds upon or enhances existing maternal health services rather than simply maintaining current operations.

Page Limit: 2.5 pages

Section B: Stakeholder Engagement

Applicants shall describe how key stakeholders will be engaged in the planning, implementation, and ongoing oversight of the proposed project. Successful projects should demonstrate meaningful collaboration among healthcare providers, public health agencies, community-based organizations, and other partners that contribute to improving maternal health services within the proposed rural service area.

At a minimum, applicants shall address the following:

- Identify the organizations and stakeholders that will participate in the proposed project and describe each partner's role and responsibilities.

- Describe how partnerships were established and how stakeholders contributed to the development of the proposed project.
- Explain how communication, decision-making, and project oversight will be coordinated among participating organizations.
- Describe how the proposed project will leverage existing community resources, programs, and initiatives to avoid duplication and strengthen local maternal health infrastructure.
- Explain how individuals with lived experience, patients, families, or community representatives will be engaged in project planning, implementation, and evaluation, where appropriate.
- Describe any existing or anticipated partnerships with hospitals, Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), Local Health Districts, behavioral health providers, community-based organizations, Medicaid Managed Care Organizations, or other organizations that support the proposed project.

Page Limit: 1 page

Section C: Performance Metrics and Evaluation Plan

Applicants shall describe how they will measure project implementation and success throughout the period of performance. The evaluation plan should focus primarily on project-specific performance measures that are appropriate to the proposed intervention while describing, where applicable, how the project may contribute to the broader Initiative outcomes identified in Section 3.1.

At a minimum, applicants shall address the following:

- Describe how the proposed project aligns with the broader maternal health outcomes reflected in Section 3.1, as applicable
- Identify proposed project-specific performance measures in accordance with Section 3.2 and explain how they will demonstrate project implementation, progress, and success;
- Describe proposed data sources, data collection methods, and reporting processes for **project-specific measures**;
- Explain how performance data will be used for continuous quality improvement and project management;
- Identify anticipated data collection or reporting challenges; and
- Identify staff or partners responsible for project-level performance measurement and reporting.

Page Limit: 1.5 pages

Section D: Implementation Approach and Project Management

Applicants shall describe the overall approach that will be used to implement and manage the proposed project during the initial award period. This section should explain the applicant's implementation strategy, how project activities will be coordinated and monitored, and how the applicant will address potential challenges to successful implementation.

At a minimum, applicants shall address the following:

- Describe the major phases of project implementation and how activities will be sequenced and coordinated.
- Describe the approach for managing and overseeing project implementation, including coordination among key personnel and partner organizations.
- Explain how project progress will be monitored to ensure activities, milestones, and deliverables remain on schedule.
- Describe potential implementation risks, barriers, or dependencies and the strategies that will be used to mitigate or address them.

- Explain how implementation activities will support the broader goals and intended outcomes of the Innovative Maternal Care Initiative and achievement of applicable project-specific performance measures, including alignment with the VDH-generated measures identified in Section 3.1, where applicable.
- For projects involving multiple phases or activities extending beyond the initial award period, describe how activities proposed during the initial award period contribute to the project's broader implementation strategy. Continuation funding is not guaranteed.

Required Work Plan: In addition to the narrative above, applicants are required to complete and submit a Work Plan as an appendix to the application. Applicants may use the VDH-provided Work Plan Template or submit a comparable format that includes the same required information. The Work Plan should translate the implementation approach described in the Project Narrative into a structured project management tool identifying major activities, milestones, timelines, responsible parties, anticipated deliverables, and associated performance measures for the initial award period. The Work Plan will not count toward the Project Narrative page limit.

Page Limit: 2 pages

Section E: Sustainability Plan

Applicants shall describe their strategy for sustaining successful project activities beyond the period of grant funding. Sustainability planning should consider how effective practices, partnerships, and infrastructure developed through the Innovative Maternal Care Initiative will continue to improve maternal health services within the proposed service area.

At a minimum, applicants shall address the following:

- Describe how successful project activities will be integrated into ongoing organizational operations, where appropriate.
- Identify potential long-term funding sources, reimbursement strategies, or organizational resources that may support continuation of project activities.
- Describe how partnerships established through the project will be maintained beyond the grant period.
- Explain how workforce capacity, organizational infrastructure, and community engagement efforts will support long-term sustainability.
- Describe how project outcomes and lessons learned will be used to inform future maternal health initiatives within the community or region.

Applicants are not required to demonstrate that all project activities will continue indefinitely; however, they should present a realistic strategy for maintaining the project's most impactful components beyond the period of RHTP funding.

Page Limit: 1 page

4.4 Budget Requirements

Applicants shall submit a complete project budget using the **VDH Budget Template (Microsoft Excel)** provided as part of this Request for Applications (RFA). The completed budget template must include all anticipated project costs associated with implementation of the proposed project and must be submitted in its original Excel format.

In addition to the completed budget template, applicants shall submit a **Budget Narrative** that provides sufficient detail to explain and justify the proposed budget. The Budget Narrative must not exceed **two (2) pages** and should clearly describe how the requested resources support the proposed project activities, work plan, performance measures, and anticipated outcomes.

At a minimum, the Budget Narrative should address the following, as applicable:

- Personnel positions, including each position's role, responsibilities, and level of effort.
- Fringe benefits and the basis for calculating fringe benefit costs.
- Contractual or consultant services, including the scope of work and purpose of each contract.
- Equipment purchases and their relationship to project implementation.
- Supplies, travel, and other direct costs necessary to implement the proposed project.
- Indirect costs, if applicable, including the applicant's approved indirect cost rate or other allowable methodology.

Applicants should ensure that all proposed costs are **allowable, reasonable, necessary, and directly related** to the activities described in the Project Narrative and Work Plan. Budget requests should demonstrate prudent stewardship of public funds and clearly support successful implementation of the proposed project.

VDH anticipates that there will be minimal funding availability for direct administrative costs and no availability for indirect costs. Applicants should attempt to minimize administrative expenses in their application's budget proposal to align to RHTP program requirements.

VDH reserves the right to request clarification or additional justification for any proposed budget item during the application review process or prior to award.

Required Submission:

- Completed VDH Budget Template (Excel workbook)
- Budget Narrative (maximum 2 pages)

4.5 Organizational Capacity

Applicants shall submit an **Organizational Capacity Statement** that demonstrates the organization's ability to successfully implement, administer, and sustain the proposed project. The statement should describe the applicant's organizational experience, administrative infrastructure, financial management capacity, and partnerships that position the organization to successfully achieve the goals of the Innovative Maternal Care Initiative.

The Organizational Capacity Statement should provide reviewers with a clear understanding of the applicant's ability to manage grant funding, implement project activities, monitor performance, and comply with all applicable programmatic and financial requirements.

At a minimum, applicants shall address the following:

- Provide a brief overview of the organization, including its mission, history, and role within the proposed service area.
- Describe the organization's experience implementing programs or projects of similar size, scope, or complexity, particularly those related to maternal health, rural health, public health, healthcare delivery, or community-based initiatives, as applicable.
- Describe the organization's administrative, financial, and operational capacity to successfully manage state and federal grant funding, including systems for fiscal oversight, contract management, reporting, and compliance.
- Describe the organization's experience collaborating with healthcare providers, public health agencies, community-based organizations, or other partners to implement cross-sector initiatives.
- Describe the organizational resources, infrastructure, and internal processes that will support successful implementation of the proposed project.

Applicants are encouraged to highlight organizational strengths, existing community relationships, and previous experience that demonstrate readiness to implement the proposed project and achieve meaningful improvements in maternal health outcomes.

Required Submission:

- **Organizational Capacity Statement** (maximum 1 page)

4.6 Key Personnel & Staffing

Applicants shall submit a resume or biographical sketch (bio-sketch) for each individual identified as key personnel responsible for the implementation, oversight, and management of the proposed project. These materials should demonstrate that the proposed project team possesses the qualifications, experience, and expertise necessary to successfully implement the proposed project and achieve the objectives of the Innovative Maternal Care Initiative.

At a minimum, applicants should include resumes or bio-sketches for the Project Director and any other key personnel with primary responsibility for project leadership, programmatic oversight, financial management, clinical leadership, evaluation, or other essential project functions.

Each resume or bio-sketch should clearly identify:

- The individual's current position and organizational affiliation.
- Relevant education, professional credentials, certifications, or licensure, as applicable.
- Relevant experience and expertise related to maternal health, rural health, public health, healthcare delivery, grant administration, program management, evaluation, or other areas applicable to the proposed project.
- Experience managing or implementing projects of similar size, scope, or complexity.
- The individual's anticipated role and responsibilities within the proposed project.

If key personnel have not yet been identified at the time of application, applicants should provide a position description outlining the anticipated qualifications, responsibilities, and proposed timeline for recruitment and onboarding.

VDH recognizes that staffing may evolve throughout the project period. Any changes to key personnel following award shall be communicated to VDH in accordance with the terms and conditions of the subaward agreement.

Required Submission:

- Resume or Bio-sketch for the Project Director
- Resume or Bio-sketch for each additional Key Personnel identified in the application
- Position Description(s), if applicable, for vacant key personnel positions

4.7 Letters of Support and Memoranda of Understanding (if applicable)

Applicants are encouraged to demonstrate meaningful collaboration through the submission of Letters of Support, Letters of Commitment, Memoranda of Understanding (MOUs), or other documentation that confirms participation by key project partners.

When collaborative partnerships are essential to successful implementation of the proposed project, applicants should include documentation that clearly identifies each partner's anticipated role and level of commitment.

Letters of Support or MOUs should, as applicable:

- Identify the partnering organization;
- Describe the organization's role in the proposed project;
- Confirm the organization's commitment to participate in project implementation; and
- Be signed by an individual authorized to represent the partnering organization.

Applicants are not required to submit Letters of Support or MOUs unless partnerships are identified as part of the proposed project. However, applicants are encouraged to provide documentation that strengthens the proposed collaboration and demonstrates organizational commitment.

Required Submission:

- Letters of Support, Letters of Commitment, Memoranda of Understanding, or other partnership documentation (if applicable)

4.8 Active SAM.gov Registration Confirmation and Debarment Certification

Applicants shall maintain an active registration in the **System for Award Management (SAM.gov)** throughout the application process and, if awarded funding, for the duration of the period of performance.

Applicants shall submit documentation confirming their active SAM.gov registration and certify that neither the applicant organization nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federally funded programs.

Failure to maintain an active SAM.gov registration or the submission of inaccurate certification information may affect an applicant's eligibility for funding.

Required Submission:

- Documentation confirming active SAM.gov registration
- Debarment Certification

PART V: REVIEW CRITERIA AND SCORING

5.1 Review Process

Applications that meet the eligibility, completeness, and submission requirements described in this Request for Applications (RFA) will advance to merit review. Responsive applications will be evaluated by a review panel consisting of Virginia Department of Health (VDH), Department of Medical Assistance Services (DMAS), and other designated subject matter experts, as appropriate.

Applications will be evaluated using the review criteria and scoring rubric outlined in this section. Each application will receive a score based on the quality, completeness, feasibility, and responsiveness of the proposed project. Applications will be ranked according to their total score and considered alongside program priorities, geographic distribution, available funding, and alignment with the goals and objectives of the Innovative Maternal Care Initiative and the Virginia Rural Health Transformation Program (RHTP).

Applicants should ensure that each component of the application clearly addresses the corresponding evaluation criterion. Applications demonstrating a strong understanding of rural maternal health needs, meaningful community partnerships, realistic implementation plans, measurable outcomes, organizational capacity, and long-term sustainability are expected to be the most competitive.

Applications will be funded in rank order to the extent practicable; however, VDH reserves the right to consider programmatic priorities, geographic distribution, organizational capacity, available funding, and overall merit when making final funding decisions. Applications determined by VDH to lack sufficient technical merit or organizational capacity may not be funded regardless of score or geographic considerations.

Geographic Distribution

VDH seeks to develop a balanced portfolio of high-quality projects that collectively improve maternal health services across RHTP-eligible rural regions and localities throughout Virginia. Geographic distribution across eligible regions will be considered as part of the overall funding portfolio to promote statewide access to innovative maternal health services.

Geographic representation is a portfolio consideration and does not guarantee an award within every eligible region of the Commonwealth. Applications must demonstrate sufficient merit, feasibility, organizational capacity, alignment with the objectives of this RFA, and the potential to meaningfully improve maternal health access, care delivery, or outcomes in eligible rural communities to be considered for funding. VDH may elect not to make an award serving a particular region if no application demonstrates sufficient quality to justify an award.

Reservation of Rights

The Virginia Department of Health (VDH) reserves the right to:

- Fund applications in whole or in part;
- Negotiate project scope, work plans, budgets, or performance measures prior to award;
- Adjust award amounts below those requested;
- Decline to fund any application;
- Consider geographic distribution, priority population needs, available funding, and alignment with program priorities when making final award decisions; and
- Make no awards under this RFA if it is determined to be in the best interest of the Commonwealth.

Applicants will be notified of award decisions according to the timeline identified in this RFA. Procedures for requesting reconsideration or otherwise contesting award determinations, if applicable, will be provided in the award notification.

Reviewer Conflict of Interest

To ensure a fair and impartial review process, all reviewers will complete and sign a Conflict of Interest Disclosure prior to evaluating applications. Reviewers must disclose any financial, employment, familial, professional, or organizational relationships with an applicant organization or its key personnel that could create an actual or perceived conflict of interest.

Any reviewer with a conflict of interest will be recused from reviewing, discussing, or scoring the affected application(s). VDH will document all conflict disclosures and recusals as part of the official procurement record. Applicants who believe a conflict of interest exists may submit a written request for review to the RHTP Program Officer within five (5) business days following the application deadline.

5.1 Review Criteria and Scoring Rubric

Responsive applications will be evaluated using the criteria below. Reviewers will assess each application based on the quality, feasibility, responsiveness, and overall merit of the proposed project. The maximum possible score is **100 points**.

Review Criterion	What Reviewers Assess	Maximum Points
Technical Approach	Demonstrated understanding of the goals and objectives of the Innovative Maternal Care Initiative; responsiveness to the requirements of this RFA; appropriateness of the proposed methodology; degree of innovation; and overall technical quality of the proposed approach.	8
Program Design	Quality, feasibility, and completeness of the proposed project design; alignment with the Rural Health Transformation Program and the Innovative Maternal Care Initiative; use of evidence-informed practices; clearly articulated theory of change; and likelihood of improving maternal health access, care coordination, and outcomes.	16
Stakeholder Engagement	Strength of partnerships; meaningful engagement of rural communities, healthcare providers, public health agencies, and community-based organizations; clearly defined partner roles and responsibilities; and plans for ongoing stakeholder engagement throughout project implementation.	16
Performance Metrics and Evaluation Plan	Quality and appropriateness of the proposed evaluation approach; alignment with the goals and intended outcomes of the Innovative Maternal Care Initiative; appropriateness of project-specific performance measures; measurable outcomes; feasibility of proposed data collection methods; reporting approach; and plans for continuous quality improvement.	16
Work Plan and Project Timeline	Completeness and feasibility of the implementation plan; appropriateness of the project timeline; clearly defined milestones and deliverables; staffing approach; project management strategy; and identification of implementation risks and mitigation strategies.	16
Sustainability	Credibility and feasibility of the sustainability plan; identification of future funding or reimbursement opportunities; integration into ongoing organizational operations; continuation of partnerships; and long-term impact beyond the grant period	10
Key Personnel & Staffing	Qualifications, experience, and expertise of the proposed Project Director and key personnel; demonstrated ability to successfully implement projects of similar size and complexity; and availability to carry out the proposed project.	8
Budget	Alignment of the proposed budget with the Project Narrative, Work Plan, and proposed activities; reasonableness, allowability, and cost effectiveness of proposed expenditures; adequacy of the Budget Narrative; and overall stewardship of public funds.	10
TOTAL		
100 Points Maximum		100

PART VI: AWARD TERMS, REPORTING, AND COMPLIANCE REQUIREMENTS

6.1 Federal Regulatory Framework

All awards under this RFA are federal subawards. Sub-awardees must comply with:

- 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance);
- Applicable provisions of 2 CFR Part 300;
- Code of Virginia and applicable procurement policies;
- 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).
- Federal Funding Accountability and Transparency Act (FFATA)

6.2 Reporting Schedule

Subrecipients will be required to submit timely programmatic and financial reports to VDH throughout the period of performance. Reporting requirements are intended to support ongoing project monitoring, assess progress toward approved activities and milestones, monitor expenditures, support continuous quality improvement, and provide VDH with the information necessary to meet applicable Virginia Rural Health Transformation Program (RHTP), Department of Medical Assistance Services (DMAS), and federal reporting requirements.

Subrecipients should anticipate participating in the following reporting activities:

Report Type	Frequency	Description	Reporting Period	Due Date
Quarterly Progress Report	Quarterly	Project implementation and milestone progress; spending by activity; required subawardee and project-specific performance measures; accomplishments and challenges; technical assistance needs; and planned activities.	• Q1: 10/31/26-1/30/27 • Q2: 1/31/27-4/30/27 • Q3: 5/1/27-7/31/27 • Q4: 8/1/27-9/30/27	• Q1: 2/5/27 • Q2: 5/5/27 • Q3: 8/5/27 • Q4: 10/5/27
Annual Progress Report	Annually	Cumulative qualitative and quantitative project progress; required subawardee and project-specific performance data; progress toward project objectives and milestones; updated Work Plan; project outcomes, lessons learned; and sustainability activities.	• 10/31/26-9/30/27	• 10/5/27
Annual Financial Report	Annually	Actual expenditures by approved budget category and activity; budget-to-actuals; unliquidated obligations, if applicable; and unobligated balance	• 10/31/26-9/30/27	• 10/5/27

***Reporting requirements under this section are separate from reimbursement requests and supporting financial documentation required under Section 6.12.**

VDH will provide reporting templates, measure definitions, and detailed submission instructions following award. Subrecipients shall maintain documentation sufficient to support all reported programmatic and financial information, including performance measures, expenditures, project activities, and achievement of applicable milestones.

Reporting requirements, reporting periods, and due dates may be modified by VDH as necessary to maintain alignment with DMAS, CMS, statewide evaluation, or other applicable RHTP requirements. VDH will provide subrecipients with notice of any changes to reporting requirements or deadlines.

Reports must be complete, accurate, and submitted in accordance with the established reporting schedule. VDH may request clarification, corrections, additional documentation, or other information necessary to validate reported programmatic or financial information. **Timely and satisfactory submission of required reports will be considered as part of ongoing subrecipient monitoring and may affect payment, continuation funding, or other award actions, as applicable.**

6.3 Sub-awardee Monitoring

The Virginia Department of Health will conduct ongoing monitoring of all sub-awardees. 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.

Sub-awardees must cooperate fully with all monitoring activities and provide requested documentation within timeframes specified by VDH. Failure to cooperate constitutes non-compliance and may result in corrective action.

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. Sub-awardees must include the applicable acknowledgement language below in any publication, website, report, press release, presentation, or other communication describing a project or program funded in whole or in part with RHTP funds.

If the subaward is funded entirely with federal funds (no non-federal sources):

"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 \$[XX] 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."

If the subaward is partially funded with non-governmental sources:

"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 \$[XX] with [XX] percent funded by CMS/HHS and \$[XX amount] and [XX] percent funded by non-government source(s). 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."

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.
- Subjects and patients under study; Where specifically approved as part of the project or program activity (not recipient specific), e.g., in programs providing children's services; and As part of a per diem or subsistence allowance provided in conjunction with allowable travel.
- 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

Sub-awardees 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, sub-awardees are subject to the Single Audit requirements of 2 CFR Part 200, Subpart F. VDH must receive copies of all Single Audit reports pertaining to the subaward.

6.7 Data Integrity and Intellectual Property

Sub-awardees must protect the confidentiality of all project-related data that includes personally identifiable information (PII) or protected health information (PHI). Recipients must assume full responsibility for the accuracy of all data and reports submitted to VDH. 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

Sub-awardees must obtain written prior approval from VDH before taking any of the following actions. Sub-awardees should submit prior-approval requests at least **45** 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. VDH may impose additional prior-approval requirements based on the sub-awardee's risk assessment.

VDH recognizes that project implementation may require adjustments over time. Material changes to the approved scope of work, budget, or project activities require prior written approval from VDH.

6.9 Remedies for non-compliance

If a sub-awardee fails to comply with performance, reporting, financial, or administrative requirements, including failure to achieve required milestones.

Remedies for noncompliance:

- Temporarily withholding cash payments pending correction;
- Disallowing unallowable or unsubstantiated costs;
- Imposing additional conditions under 2 CFR 200.208;
- Requiring submission of a corrective action plan;
- Increasing monitoring intensity;
- Reducing subsequent budget period funding;
- Declining to renew the subaward;
- Suspending or terminating the award for cause;
- Other legally available remedies, as appropriate.

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

6.10 Required Certifications and Assurances Prior to Award

Prior to execution of a subaward agreement, selected applicants may be required to complete and submit certifications, assurances, and other administrative documentation required by federal law, the Commonwealth of

Virginia, the Virginia Department of Health (VDH), the Department of Medical Assistance Services (DMAS), or the Centers for Medicare & Medicaid Services (CMS).

Required certifications and assurances may include, but are not limited to:

- Certification regarding lobbying activities;
- Drug-Free Workplace Certification;
- Non-discrimination and Equal Employment Opportunity assurances;
- Civil Rights compliance assurances;
- Debarment and suspension certifications; and
- Other certifications or assurances required as a condition of award.

VDH will provide all required forms and instructions to selected applicants during the pre-award process. Failure to submit required certifications or assurances within the timeframe established by VDH may result in withdrawal of the award offer.

6.11 Pre-Award Financial Documentation and Risk Assessment

Applicants selected for funding will be required to provide documentation sufficient for the Virginia Department of Health (VDH) to assess the organization's financial management capacity, fiscal stability, and compliance with applicable federal requirements prior to execution of a subaward agreement.

Selected applicants that are subject to the Single Audit requirements under 2 CFR Part 200, Subpart F shall provide their most recent Single Audit report or documentation demonstrating that the report is publicly available through the Federal Audit Clearinghouse.

Selected applicants that are not subject to the Single Audit requirements should provide their most recent audited financial statements, if available. If the organization does not obtain an independent financial audit, VDH may request alternative documentation sufficient to assess the organization's financial management capacity and internal controls.

Applicants that are part of a larger parent organization, health system, governmental entity, or university may provide the applicable audit documentation of the parent organization, provided the applicant is included within the audited entity.

VDH may request additional financial or organizational documentation as necessary to complete its pre-award risk assessment. Selection for funding does not constitute final approval of an award, and execution of a subaward agreement will be contingent upon satisfactory completion of all applicable pre-award requirements.

6.12 Payment and Reimbursement

Funding awarded under this RFA will be provided on a **cost-reimbursement basis for actual, allowable expenditures incurred in accordance with the approved project budget and subaward agreement.** Subrecipients may submit requests for reimbursement in accordance with invoicing procedures established by VDH.

Requests for reimbursement shall identify expenditures by the applicable approved budget category and include any required certifications. VDH may require supporting documentation for claimed expenditures, including, but not limited to, payroll or time-and-effort documentation, invoices, receipts, proof of payment, travel documentation, contractual expenditures, or other records necessary to substantiate costs.

Subrecipients shall maintain complete and accurate financial records supporting all expenditures charged to the award. Such records shall be made available to VDH upon request and will be subject to applicable fiscal and subrecipient monitoring requirements.

Additional invoicing procedures, required documentation, submission timelines, and payment requirements will be established in the final subaward agreement and related VDH guidance.

6.13 Continuation Funding

Subject to the availability of funding, VDH may, at its sole discretion, offer continuation funding to selected awardees for subsequent budget periods. Continuation funding decisions will consider project performance, achievement of required milestones, compliance with reporting and financial requirements, continued alignment with program priorities, and the availability of funding from CMS and DMAS.

Awardees selected for continuation funding may be required to submit additional documentation, including updated work plans, budgets, performance reports, or other materials requested by VDH. Continuation funding is not automatic and is subject to written approval by VDH.

Appendix A

FIPS	Locality	Rural Health Region
51001	Accomack County	Eastern Shore & Northern Neck
51005	Alleghany County	Roanoke/Alleghany
51007	Amelia County	Southside
51011	Appomattox County	Southside
51017	Bath County	Shenandoah Valley
51021	Bland County	Southwest
51025	Brunswick County	Southside
51027	Buchanan County	Southwest
51029	Buckingham County	Southside
51033	Caroline County	Eastern Shore & Northern Neck
51035	Carroll County	Southwest
51036	Charles City County	Eastern Shore & Northern Neck
51037	Charlotte County	Southside
51043	Clarke County	Shenandoah Valley
51045	Craig County	Roanoke/Alleghany
51047	Culpeper County	Northern Piedmont
51049	Cumberland County	Southside
51051	Dickenson County	Southwest
51057	Essex County	Eastern Shore & Northern Neck
51061	Fauquier County	Northern Piedmont
51063	Floyd County	Roanoke/Alleghany
51065	Fluvanna County	Northern Piedmont
51067	Franklin County	Roanoke/Alleghany
51071	Giles County	Southwest
51077	Grayson County	Southwest
51079	Greene County	Northern Piedmont
51081	Greensville County	Southside
51083	Halifax County	Southside
51089	Henry County	Southside
51091	Highland County	Shenandoah Valley
51097	King and Queen County	Eastern Shore & Northern Neck
51099	King George County	Eastern Shore & Northern Neck
51101	King William County	Eastern Shore & Northern Neck
51103	Lancaster County	Eastern Shore & Northern Neck
51105	Lee County	Southwest
51109	Louisa County	Northern Piedmont
51111	Lunenburg County	Southside
51113	Madison County	Northern Piedmont
51115	Mathews County	Eastern Shore & Northern Neck
51117	Mecklenburg County	Southside
51119	Middlesex County	Eastern Shore & Northern Neck

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51125	Nelson County	Northern Piedmont
51127	New Kent County	Eastern Shore & Northern Neck
51131	Northampton County	Eastern Shore & Northern Neck
51133	Northumberland County	Eastern Shore & Northern Neck
51135	Nottoway County	Southside
51137	Orange County	Northern Piedmont
51139	Page County	Shenandoah Valley
51141	Patrick County	Southside
51143	Pittsylvania County	Southside
51147	Prince Edward County	Southside
51155	Pulaski County	Southwest
51157	Rappahannock County	Northern Piedmont
51159	Richmond County	Eastern Shore & Northern Neck
51163	Rockbridge County	Shenandoah Valley
51167	Russell County	Southwest
51171	Shenandoah County	Shenandoah Valley
51173	Smyth County	Southwest
51175	Southampton County	Southside
51181	Surry County	Southside
51183	Sussex County	Southside
51185	Tazewell County	Southwest
51187	Warren County	Shenandoah Valley
51193	Westmoreland County	Eastern Shore & Northern Neck
51195	Wise County	Southwest
51197	Wythe County	Southwest
51530	Buena Vista City	Shenandoah Valley
51580	Covington City	Roanoke/Alleghany
51590	Danville City	Southside
51595	Emporia City	Southside
51620	Franklin City	Southside
51640	Galax City	Southwest
51678	Lexington City	Shenandoah Valley
51690	Martinsville City	Southside
51720	Norton City	Southwest
51750	Radford City	Roanoke/Alleghany