

Rural Health Transformation (RHT) Program 2026

Advancing Technology, Prevention, and Workforce Capacity in Rural New Jersey

Issued by the New Jersey Department of Health, Office of Primary Care & Rural Health

Technical Assistance Questions & Answers

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The responses provided in this Q&A are for informational purposes only and do not alter or replace the official guidance in the Request for Applications (RFA) for Rural Health Transformation Program-Advancing Technology, Prevention, and Workforce Capacity 2026. Applicants are responsible for reviewing and following the official RFA documents. Future versions of the Q&A may be released if additional questions are asked or if revisions are made to this document. Applicants should always refer to the most current RFA and contact the designated program staff for official guidance.

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ACTIVITIES

Activity D – Healthcare Provider Incentive Payments

Q: What types of healthcare provider incentive payments are allowable under Activity D, and are there limits on the amount of incentive payments that may be provided to individual providers?

A: Applicants are expected to propose a standardized application outlining the financial incentive(s) offered through a tiered approach addressing all the required activities as described on pages 15-16 of the RFA.

Q: What is the definition of “incentive fees” under Activity D, and does the \$10 million in available funding include wages or salary paid to providers for their employment, or is it limited to incentive payments separate from regular compensation?

A: Activity D incentives are financial payments to clinical staff that are approved for the program. This incentive payment is separate from their salary.

Q: Is Activity D funding intended to support the development of a recruitment and retention program, or may funds be used to implement an existing structured recruitment and retention incentive program?

A: Activity D funding is intended to support the development of a new recruitment and retention program. Grant funds may not be used to supplant existing funding by implementing an existing structured recruitment and retention incentive program.

Q: Can Activity D funds be used to recruit providers and offer incentives through a structured recruitment and retention program developed by the applicant that includes a five (5) year employment commitment?

A: Providing funding to recruiting agencies is a non-allowable use of funds. Providing funding to clinical providers as a recruitment incentive is an allowable use of funds. Advertising the recruitment program is an allowable use of funds.

Q: The Activity D information indicates that only one proposal will be funded. Does this imply that applicants are expected to propose a project that may benefit entities beyond the applicant organization?

A: The selected applicant is expected to develop and administer a structured recruitment and retention incentive program to fund clinical providers in various settings across New Jersey.

Categorization of Activities

Q: Can a proposed program meet the criteria for more than one activity? If a proposed project meets the criteria for multiple activities or has overlap between activities, should the requests be separated or remain within the main activity?

A: Applicants may apply to one or more activities (Activity A, Activity B, Activity C, and/or Activity D) under a single grant application. However, for each activity, applicants must create separate Schedule A and Schedule B forms in SAGE and upload separate Project and Budget Submission forms. Applicants must also upload a signed certification confirming that grant funds will not be used to supplant existing funding from any source. For additional details, please refer to the RFA.

Q: Under which activity would telehealth for mental health services fall?

A: Applicants are encouraged to select the activity that most closely aligns with their proposal. Programs that span multiple activities may be reclassified, as appropriate, during review.

Q: Which activity would a rural preventive health initiative that uses technology-based solutions fall under?

A: Applicants are encouraged to select the activity that most closely aligns with their proposal. Programs that span multiple activities may be reclassified, as appropriate, during review.

Implementation

Q: If a vendor applies independently, how will residents of the target area be informed about the available services?

A: The applicant must be a health care provider and have a plan for how they will provide services to the target populations. Although NJDOH will offer support and assistance to its grantees, applicants cannot rely solely on NJDOH.

Q: Can proposed technology activities include development and pilot phases, or should they focus solely on dissemination and implementation?

A: While limited piloting or testing may occur to ensure proper installation and functionality, the primary focus is on implementation and dissemination/use of the

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technology to improve access, efficiency, and outcomes in rural NJ communities within the project period.

Q: Are there specific targets for deliverables that applicants are expected to meet (i.e., patients served)?

A: There are no predefined targets or deliverables for this grant, but applicants are required to propose their grant project using SMART objectives. If offered an award, a meeting will be scheduled to establish a set of deliverables that must be agreed upon in order for an applicant to accept the grant award.

Multiple Activities

Q: Can an organization submit multiple sub-activities for a single activity?

A: Yes.

Q: If applying for multiple activities, is a separate application required for each activity, or may a single combined application be submitted?

A: Applicants must create separate Schedule A and Schedule B forms in SAGE and upload separate Project and Budget Submission forms. Applicants must also upload a signed certification confirming that grant funds will not be used to supplant existing funding from any source. For additional details, please refer to the RFA.

Q: When applying for multiple activities, may an organization designate separate program coordinators for each activity?

A: Each activity may have its own Program Coordinator, who should be directly involved in the implementation of the project.

ALLOWABLE COSTS

Administrative & Indirect

Q: Are there specific categories of direct costs that are excluded from facilities and administrative (F&A) cost application?

A: Applicants should refer to the RFA for a complete list of allowable, restricted, and prohibited uses of funds, including specific limitations on administrative and indirect costs.

Q: *What is the allowable indirect cost rate?*

A: Administrative and indirect costs are restricted. Applicants requesting administrative and/or indirect costs must include them in the appropriate section of the Project and Budget Submission Form. Inclusion of these costs does not guarantee approval.

Q: *Is there clarification on the distinction between staff costs for programmatic activities and administrative costs?*

A: Staff salary that is tied to direct services are considered programmatic. Staff salary that is tied to supervision or other indirect roles are considered administrative. Applicants should refer to the RFA for detailed guidance on allowable, restricted, and prohibited staff costs, including distinctions between programmatic and administrative roles.

Q: *Would personnel costs for the required Program Coordinator be considered an administrative cost?*

A: If the Program Coordinator will serve as supervisory only, then it will be an administrative cost, but if the role will consist of direct service, then it would be considered administrative. Staff may have separate FTE time dedicated to both programmatic and administrative as long as it does not exceed 100% FTE.

Q: *If indirect costs are to be requested, is this completed through a separate submission?*

A: Administrative and indirect costs are restricted. Applicants requesting administrative and/or indirect costs must include them in the appropriate section of the Project and Budget Submission Form. Inclusion of these costs does not guarantee approval.

Q: *Is there documentation available that confirms the allowable indirect cost for the Rural Health Transformation Program is 10% of the total funding, including all awards collectively, as mentioned in the webinar?*

A: Language outlining the administrative cap can be found within the CMS Notice of Funding Opportunity (NOFO) and the Frequently Asked Questions (FAQs). Both can be found on the CMS Rural Health Transformation (RHT) Program website: www.cms.gov/priorities/rural-health-transformation-rht-program/overview.

Facility and Property Acquisition

Q: Is facility or property acquisition an allowable use of funding under this grant?

A: Facility and land procurement are non-allowable expenses under this grant. Property that includes vehicles, equipment, supplies, etc. are considered allowable uses of grant funds.

Food and Direct Benefits/Incentives

Q: Are there any exceptions to the non-allowable food costs, such as fresh produce for a produce prescription program or a manufactured food product (e.g., specialty flour blend), intended to support health management for individuals with chronic conditions?

A: Food and beverage costs, including fresh produce and manufactured or specialty food products, are non-allowable expenses under this grant.

Q: Are direct benefits to individuals, such as providing a device to enable internet access, allowable under the grant?

A: Providing devices to enable internet access (e.g., Mi-Fi or hotspots) is allowable under the grant but must remain the property of the awarded organization. Funding may not be used to cover broadband service or connectivity costs.

Q: Are small participant incentives, such as gift cards, allowable under this grant?

A: Incentives may be permitted if they align with project goals and program criteria. Incentives cannot be cash or for food/drink; only program-related or merchandise gift cards are allowed. Allowable incentives include pharmacy, supermarket, and generic merchandise gift cards; brand-specific cards are not permitted.

Mobile Units and Transportation

Q: May funding be used to support mobile units?

A: Vehicle purchase and lease are allowable expenses under the grant; however, all requests must be reviewed and approved by NJDOH.

Q: Can funding be used to purchase a vehicle that will be retrofitted into a mobile clinic?

A: Yes, this is an allowable use of grant funds subject to the review and approval of NJDOH.

Q: Is patient transportation an allowable use of funding under this grant?

A: Transportation assistance may be an allowable use of funds when it is directly tied to improving access to care for eligible populations.

Q: Is a grant that focuses on transportation and telehealth eligible to provide patient shuttle services within rural communities as needed?

A: Transportation assistance may be an allowable use of funds when it is directly tied to improving access to care for eligible populations.

Q: Must the purchase of a vehicle intended for program use receive approval prior to the submission of the application, or can it be approved post-award?

A: Vehicle purchases are an allowable use of grant funds, and the cost should be included in your application (Schedule B), which will be subject to review and approval by NJDOH.

Q: For programs serving rural communities, are there restrictions on travel to and within these communities?

A: Travel costs are subject to review and approval by NJDOH due to administrative and indirect cost restrictions.

Services

Q: Would a service that involves reimbursing providers for preventive services (screenings, dental cleanings, etc.) provided to uninsured patients be allowable under the grant?

A: The use of grant funds to replace, reduce, or offset existing or anticipated funding from other sources (including federal, state, local, private, or third-party reimbursement) is not allowable.

Q: Does this grant provide a pathway to coverage or services for individuals who are undocumented?

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A: This grant does not provide a pathway to or funding for health coverage for undocumented individuals. Eligible activities may include funding to support staff that provide health care services to uninsured individuals.

Q: How does the grant address individuals who are uninsured? For example, would programs that provide access to medications be allowable under this funding?

A: Eligible activities may include funding to directly purchase medications for uninsured individuals. Funds may not be used to supplant existing funding from any other source.

Q: Can grant funds be used to support components of an existing program that are not covered by Medicaid or Medicare, even if other parts of the program receive reimbursement? For example, technology or services that are not otherwise reimbursed.

A: Grant funds may be used to supplement existing programs by supporting components that are not reimbursed by insurance. Funds may not be used to supplant existing funding from any funding source or to cover services that are billable to Medicaid, Medicare, or other insurance programs.

Q: Are there restrictions to vaccines acquired through this grant?

A: Vaccines acquired through this grant are exclusively intended for the adult uninsured population. Reimbursement is based on the model proposed in the application. Projects that include clinical staff time for vaccine administration cannot also seek reimbursement from the individual. If clinical staff time is not included in the project, then the individual may be charged reimbursement in line with the allowable administration rates within the Adult 317 program.

Q: Is the translation of educational materials an allowable cost?

A: Yes, translation of educational materials and program resources for individuals falls within the allowable costs.

APPLICATION SUBMISSION IN SAGE

Application Content

Q: How should applicants identify a completion date if the service is ongoing throughout the grant and does not have a specific end date?

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A: Applicants must propose projects with a completion date aligned with the grant period, ending on October 30, 2026. The application may include a plan for continuing a project for subsequent years, but there is no guarantee of continued funding for an awardee.

Q: Is there a formal "Duplication of Effort" form required for submission, or should applicants create their own documentation?

A: There is no formal "Duplication of Effort" form. Applicants should provide their own documentation as part of the submission.

Q: Are there any additional application attachments that applicants must complete in order to submit a complete application package?

A: Required attachments include the Project and Budget Submission Form(s) and the signed certification confirming that grant funds will not be used to supplant existing funding from any source.

Q: If an organization provides training to health-based organizations, can the associated costs be listed under Schedule B - Other Direct Costs rather than personnel?

A: Staff time spent directly implementing training should be included under Schedule A - Personnel Costs. Costs related to the training itself, such as materials, participant resources, or other associated expenses, may be included under Schedule B - Other Direct Costs. If the training is outsourced to an external organization, those costs should be included under Schedule B.

Q: What level of detail is required when listing equipment or supplies in the project budget Schedule B??

A: Clinical services are only allowable for uninsured or underinsured individuals. Items in Schedule B may be listed individually or grouped. If items are grouped, applicants must provide a cost breakdown in the justification/basis for the cost estimate or attach it in the supporting documents section of Schedule B. It is essential to ensure that the cost of each item is clearly presented for the reviewer.

Q: How do the SAGE grant application sections - Service Area, Needs & Objectives, and Methods & Evaluation differ from the project and budget submission forms included in the RFA appendices?

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A: The questions in SAGE are generic. The Project and Budget Submission Form prompts the applicant to address very specific questions.

Q: When submitting an application in SAGE, should applicants include a separate narrative document as an attachment, or are they limited to completing on the fields provided in SAGE (e.g., Needs, Methods, Evaluation) with their character limits?

A: While a formal project proposal is not required, applicants may upload a project proposal into SAGE to supplement their submission, particularly due to character limitations in SAGE fields.

Q: Are there character or word limits within the SAGE application?

A: Yes, the SAGE application includes character limits that vary by section, ranging from approximately 1,500 to 25,000 characters maximum. If additional information is needed, applicants may upload supporting materials in the attachments section of the application.

Q: Can applicants write "refer to attachments" in SAGE application boxes?

A: No. SAGE application boxes should contain the requested information directly. Applicants may upload supporting documents in the designated attachments section if additional information is needed.

Q: What documentation is required if an audit is not available?

A: Audit reports are generally required for potential grantees. However, if your organization is not required to undergo an annual audit, please provide a letter on official letterhead explaining why the audit requirement should be waived. In addition, a copy of your most recent filed tax return must be submitted.

Q: Is there guidance on how NJDOH expects applicants to sequence Rural Health Transformation Program-funded transformation activities with eventual Medicare billing to ensure non-duplication and compliance?

A: Grant funds may be used to expand existing programs by supporting components that are not reimbursed by insurance or other existing funding. Funds may not be used to supplant existing funding from any other source.

Q: Will applicants be required to specify the technology or digital solution vendors they intend to work with to accomplish the program's outcome objectives?

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A: It is not required to name the vendor at the time of application, but priority will be given to applicants who have draft contracts or invoices from known vendors to represent the timely implementation of the activity. Contracts are subject to NJDOH review and approval prior to execution.

Q: *Can we provide letters of support from some areas, or are letters of support required from all rural counties?*

A: Letters of Collaboration do not need to come from every individual program or agency serving the rural counties. A letter from the overarching agency is sufficient, as long as it specifies the service area and the services relevant to the collaboration.

Q: *Can applicants propose different service areas for different activities within a single application? If so, should each service area have the specific needs addressed as it relates to the activity?*

A: When completing the Service Area form in SAGE for multiple activities, select the option that best aligns with your project. The Needs Assessment Form should clearly address the needs for each proposed project. Please upload any additional information as attachments, ensuring they are labeled with the corresponding SAGE form.

Budget

Q: *If submitting a proposal for Year 1 only, should the budget and activities be based on a 9-month period?*

A: Year 1 runs from February 1, 2026, to October 30, 2026; therefore, proposals and budgets for Year 1 should be developed to reflect this 9-month period.

Q: *If a staff member (e.g., a clinician) will only devote time to the project if and when they are serving rural clients, and the number of clients and hours dedicated are unknown? How should this be documented and how should the budget be requested.*

A: Applicants should plan the project and prepare budget requests based on realistic estimates derived from available data. If awarded, expenditure reports that include the exact amount of staff time will be required.

Q: *Is it possible to submit an alternative budget structure other than the format provided on the SAGE form?*

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A: The budget must follow the structure provided on the SAGE form; however, a separate budget narrative may be attached to provide additional explanations or justifications for the listed costs.

Q: Would current salaries impact the salary section, or would that only include new salaries?

A: Existing staff transitioning into a role within this grant and new staff would be included in Schedule A for direct service roles and be included in the Project and Budget Submission Form for an administrative role.

Key Dates

Q: Is there any possibility that the RFA deadline of January 20, 2026, will be extended, given the short turnaround time for the initial submission?

A: The application is scheduled to close on January 20, 2026. Although NJDOH reserves the right to extend the application deadline, applicants are encouraged to submit a complete application in SAGE by 11:59 pm on January 20, 2026.

Staffing

Q: Is it permissible to have more than one Project Director assigned to a single activity?

A: More than one Project Director may be assigned to a single activity, but administrative costs are restricted, and the Project and Budget Submission Form must be completed.

Q: Does the Program Coordinator listed in each application need to be physically located in New Jersey?

A: No, the Program Coordinator does not need to be physically located in New Jersey.

Q: Are applicants required to pre-identify specific clinicians or staff that will be included in Schedule A?

A: Applicants may use a placeholder line item in Schedule A to budget for clinician services by physician type (e.g., primary care, behavioral health) and should provide a budget narrative justification explaining what and how services will be delivered

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through the clinician network. If awarded, the staff names funded through the grant for eligible services must be included in the expenditure report.

SAGE Set-Up/Registration

Q: How can an applicant register for the submission portal?

A: NJDOH requires all grant applications to be submitted electronically through SAGE at Login (intelligrants.com). Organizations without an existing SAGE account must create one to apply for this grant. For more information refer to page 29 in the RFA.

Q: How long does it typically take to obtain a Unique Entity Identifier (UEI) from SAM.gov?

A: A Unique Entity Identifier (UEI) can be obtained through following the application process on SAM.gov. UEI numbers are required for an entity to create an account with the NJDOH's award management system, SAGE. Please note obtaining a UEI occurs outside the purview of the NJDOH and the timeline to obtain one may vary. There should not be a cost associated with obtaining the UEI.

Q: Can an organization submit an application while awaiting its Tax Clearance Certificate?

A: An organization may submit an application while awaiting its Tax Clearance Certificate but must upload a document in its place explaining the reason for the inability to submit the document and timeframe to resolving the issue. Awards cannot be made without this information. NJDOH is not obligated to reserve an award for applicants who do not submit all required documents.

Q: What are the Tax Clearance Certificate requirements for an out of state applicant?

A: A Tax Clearance registration is statutorily required for all applicants, in-state or out-of-state.

AWARD DETAILS

Awards

Q: Are there a minimum number of awards anticipated for each activity under this grant?

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A: The funding scope for each activity is outlined in the RFA; however, these are estimates, and NJDOH reserves the right to amend the number of awardees.

Q: Will NJDOH approve applications for full funding amounts, or is partial funding a possibility in some cases?

A: NJDOH may approve applications for less than the full requested amount depending on the availability of funding and program priorities.

Q: Is Activity D - Clinical Workforce Recruitment and Retention Incentive limited to funding only one organization?

A: Funding for Activity D is limited to one (1) awarded organization.

Q: Is there a minimum funding requirement, or may applicants request any amount under this grant?

A: There is no minimum funding requirement. Please refer to page 9 of the RFA for details regarding suggested award amounts & maximums.

Q: When will the RFA for Year 2 be announced?

A: Interested applicants are encouraged to monitor communications from NJDOH (www.nj.gov/health/grants) and NJDHS (www.nj.gov/humanservices/providers/grants) for updates and additional details as they become available.

Q: Can applicants apply to more than one funding opportunity, including this RFA and other forthcoming RFAs mentioned?

A: Applicants may apply to more than one RFA; however, they must ensure there is no duplication of effort, that staff effort does not exceed 100% of their available time, and that grant funds are not used to supplant existing funding. Please refer to the RFA for more information.

Funding Allocation

Q: Where is the remainder of the Rural Health Transformation (RHT) funding being allocated within New Jersey?

A: The Rural Health Transformation funding in New Jersey is being managed jointly by New Jersey Department of Human Services and New Jersey Department of Health.

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Applicants are encouraged to refer to their websites for additional information and communications regarding funding opportunities.

Q: Has CMS provided any guidance or insight regarding funding levels for Years 2 through 5 of the program?

A: No specific guidance on funding levels for Years 2 through 5 has been provided by CMS at this time. Applicants should base their proposals on the funding and guidance outlined in the current RFA.

ELIGIBILITY

Applicant Eligibility

Q: How can applicants determine eligibility for this grant based on the Road Ruggedness Scale (RRS) described in Appendix C? Are there resources or guidance provided to support this determination?

A: Applicants should refer to Appendix C in the RFA to determine whether a Rural Census Tract (RCT) is eligible based on the Road Ruggedness Scale (RRS).

Q: Would an applicant providing Pre-Hospital Emergency Care (EMS) services be eligible to apply for this grant?

A: This would not be an eligible activity under this RFA. Please visit the NJDOH grants directory for future funding opportunities that may align with this project.

Q: Can a for-profit organization apply for this grant independently, or must it partner with an eligible applicant, such as a health system?

A: Yes. Eligible applicants include organizations that operate programs or propose activities that are located within, or adjacent to, federal or state designated rural areas, serve uninsured or underinsured residents, or serve populations identified in the RFA.

Q: Are there any specific requirements that a for-profit organization must meet in order to apply for this grant?

A: There are no additional requirements that for-profit organizations must adhere to.

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Q: Can organizations not physically located in rural counties apply if they plan to provide mobile medical services in those areas, or is this opportunity limited to organizations based in these counties?

A: Yes.

Q: Do you anticipate that for-profit organizations will be eligible to apply directly for future Rural Health Transformation (RHT) RFAs?

A: Each RFA will have its own set of eligibility requirements that must be reviewed by the interested organization.

Q: What is the eligibility for organizations located in an urban center with many uninsured patients, but not near rural areas?

A: Eligible applicants include organizations that operate programs or propose activities that are located within, or adjacent to, federal or state designated rural areas, serve uninsured or underinsured residents, or serve populations identified in the RFA.

Q: Does the applicant organization need to be located in or adjacent to the area it plans to serve?

A: Applicants do not need to be physically located within an eligible rural area, but they must operate programs or propose activities that are located within, or adjacent to, federal or state designated rural areas, serve uninsured or underinsured residents, or serve populations identified in the RFA.

Q: Are Federally Qualified Health Centers (FQHCs) eligible for funding under the RHT Program?

A: All FQHCs are considered eligible rural health facilities for purposes of this program.

Target Population

Q: Will services funded under this grant be available to both insured and uninsured individuals in rural areas?

A: It depends on the service being proposed. Please review the RFA for detailed information about allowable activities and uses of grant funds.

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Q: How will grant administrators determine or verify whether individuals are insured, underinsured, or able to access telehealth services?

A: The applicant must have a process in place for validating insurance status for activities that are deemed non-allowable for individuals with insurance. The applicant must describe the target population for proposed activities and how it will reach the targeted population, including those with or without access to telehealth capability.

Q: Can a proposal serve the entire rural county, or is it limited to populations within designated rural census tracts?

A: Depending on the proposed project, activities may occur across multiple counties, one county or within a specific part of the county.

Q: Can projects cover multiple designated areas, or are they restricted to a single region?

A: Depending on the proposed project, activities may occur across multiple counties, one county or within a specific part of the county.

Q: Does this grant serve rural OR uninsured residents, or rural AND uninsured residents?

A: Eligible applicants include organizations that operate programs or propose activities that are located within, or adjacent to, federal or state designated rural areas, serve uninsured or underinsured residents, or serve populations identified in the RFA.

Q: What is considered a rural area for the purpose of this program?

A: Rural area definitions and maps are included within the Appendices of the RFA.

Q: What is the definition of underinsured for the purpose of this grant?

A: Underinsured is defined as an individual with health insurance but a particular preventive service is not reimbursable by their insurance company. Grant funds may not be used to pay for or support any services or activities that are reimbursable by Medicaid, Medicare, or private insurance. If the proposed service is not eligible for reimbursement, it may be considered allowable.

GENERAL

Awardees

Q: Will the names of grant awardees be made publicly shared?

A: Information about grant awards may be released in accordance with applicable laws and NJDOH policies.

Notifications & Resources

Q: How can individuals be added to the email notification list?

A: All Technical Assistance webinar attendees who registered with a valid email address will be included in the RHT listserv. To be added to the general New Jersey State Office of Rural Health listserv, which includes funding opportunities, training announcements, policy updates, research, and more, please email NJST.RuralHealth@doh.nj.gov and indicate your interest.

Q: Is there a list of potential vendors, and can that be shared with applicants?

A: A New Jersey Rural Health Transformation Program Resource Directory (Full) and the New Jersey Rural Health Transformation Program Vendor Directory from the Networking Session will be distributed to all Technical Assistance webinar attendees who registered with a valid email address. These resources may also be requested by emailing NJST.RuralHealth@doh.nj.gov.

PARTNERSHIPS

General

Q: Is partnership with the NJ Health Innovation Engine required, or can deployment be conducted through an existing network?

A: Partnerships and engagement with rural stakeholders are recommended. There are no requirements for partnering, including who to partner with.

For-Profit Vendors

Q: How can for-profit private vendors that provide rural health solutions participate in or support the program?

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A: For-profit vendors may partner with eligible applicants.

Q: Can for-profit vendors directly contact organizations that are preparing applications?

A: Partnerships are recommended. However, NJDOH does not take a position on partner solicitation.

Q: How can an applicant partner with technology vendors?

A: NJDOH created a New Jersey Rural Health Transformation Program Resource Directory (Full) and New Jersey Rural Health Transformation Program Resource Directory (Networking Session) that can be used to find technology vendors. Both documents will be sent to all technical assistance webinar attendees and may be requested by emailing NJST.RuralHealth@doh.nj.gov. Please note, vendor inclusion in the directory does not constitute endorsement of any vendor or solution by NJDOH or NJDHS. Additionally, vendors not listed in the directory are valid options.

Multiple Activities

Q: Can a vendor partner with more than one applicant?

A: Yes, vendors may partner with multiple applicants.

Q: Can multiple agencies collaborate on a single grant application?

A: Yes.

Q: Can an organization apply for one activity and also participate as a partner on another organization's application for the same activity?

A: Applicants cannot submit two applications using two different lead agencies for the same proposed activities.

POST-AWARD

General

Q: Can awarded organizations keep ownership of materials or products developed with grant funding?

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A: Yes, the grantee or subcontractor typically retains ownership of intellectual property developed using grant funds. If offered an award, the status would be made clear so that the applicant can determine if they would like to accept the grant award.

Funding

Q: What is the expected timeline for cost reimbursement?

A: Reimbursement timelines may vary and will follow NJDOH review and approval processes.

Q: Are there specific requirements for how awarded grant funds must be managed or held?

A: Grant funds from DOH must be deposited into the primary applicant's account and managed in accordance with the grantee organization's financial policies and any applicable state or federal requirements.

Q: How will grants be funded? Will funds be provided up front, or will expenditures be reimbursed?

A: The RHT grant will follow a cost-reimbursement structure.

Reporting & Site Visits

Q: How are monthly expenditure reports and quarterly progress reports submitted and approved?

A: Both reports are submitted within SAGE and are reviewed for compliance by NJDOH staff.

Q: How will site visits be conducted for grantees located outside of New Jersey?

A: Site visit arrangements for grantees located outside of New Jersey will be determined by NJDOH on a case-by-case basis.

Sustainability

Q: Is there potential for an RHT-funded project to become a state program after the funding period ends?

A: The intent of the RHT Grant is to create sustainable programs that improve health outcomes across rural New Jersey. Applications must include a sustainability plan.