

Rural Health Transformation Program Application

Step-by-step Applicant Guide



This guide walks applicants through the Rural Healthcare Transformation –Online application(s) from account creation through final submission. Follow these steps to ensure your application is complete and submitted successfully.

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Initiative Dictionary

HEART, RISE AR, PACT, and THRIVE will support projects across the following sub-initiatives. The examples listed below are illustrative and not exhaustive. Applicants may propose other projects that clearly advance the initiative objectives and are consistent with CMS RHT Program requirements.

HEART Sub-Initiatives

GROW Kids (Growing Resilient, Optimally Well Kids): School-based or school-linked health clinics, nutrition and physical activity education programs, preventive screenings and behavioral health connections, and tracking student health, attendance, and academic outcomes.

FARM (Food Access & Regional Markets): Local farmers markets and food hub development, food-as-medicine programs (clinical + community integration), SNAP waiver-supported nutrition initiatives, and healthy vending or institutional food policy reforms

MOVE (Mobilizing Opportunities for Vital Exercise): Walking trails, parks, and outdoor recreation infrastructure, community fitness facility upgrades, shared-use agreements for school/community recreation spaces, and partnerships with municipalities and wellness organizations.

FAITH (Faith-based Access, Interventions, Transportation, & Health): Health screenings and wellness events hosted by faith-based groups, transportation support for healthcare access, community outreach and education campaigns, and referral pathways from churches to healthcare providers.

HEAL (Healthcare Education and Advancement for Leadership): Development of nutrition and fitness curricula, continuing education (CME/CE) for providers, tele-education platforms for rural health training, and integration of prevention into medical/nursing education programs.

IMPACT (Integrated Models for Prevention, Access, Care and Transformation): Integrated clinical + behavioral health care models, chronic disease management programs, care coordination supported by data and technology, and provider training and population health analytics

RISE AR Sub-Initiatives

LEAD (Leadership Education, Advancement, and Delivery): Leadership academies or structured training programs, executive coaching and mentorship pipelines, development of healthcare leadership curricula, technology platforms to support leadership training and collaboration.

PATHWAY (Workforce Pipeline Development): Graduate Medical Education (GME) expansion (residencies, fellowships), scholarships, stipends, and tuition support programs, career pathway programs for nurses, allied health, and support staff, preceptor programs and clinical training partnerships.

RETAIN (Workforce Retention & Stability): Signing bonuses, relocation assistance, and retention incentives, workplace improvement initiatives (wellness, burnout reduction), mentorship and peer support programs, workforce stabilization strategies to reduce turnover.

SKILL UP (Upskilling & Continuous Training): Continuing education and certification programs, training for nurses, PAs, mental health professionals, and paraprofessionals, cross-training for expanded scope-of-practice roles, and lifelong learning platforms and workforce upskilling initiatives

PACT Sub-Initiatives

ACCESS (Advancing Care Capacity, Engagement & Screening): Telehealth expansion and remote care access points, preventive screenings and outreach in rural communities, mobile clinics or satellite service delivery models, and expanding primary, specialty, and behavioral health services.

CINC (Community Integrated Networks for Care / Care Coordination): Development of Clinically Integrated Networks (CINs), shared data infrastructure and health information exchange, care navigation and referral coordination systems, and multi-provider collaboration across hospitals, clinics, EMS, and pharmacies

ROADMAP (System Transformation & Planning): Regional planning for healthcare system alignment, transformation strategies to reduce fragmentation, implementation roadmaps for integrated care delivery models, cross-provider collaboration frameworks.

SCOPE (Community Outreach & Identification): Community-based outreach and patient identification, targeted engagement of underserved populations, screening and referral programs for at-risk individuals, connecting community members to clinical services

SAFE (System Acquisition & Facility Enhancement Fund): Hospital acquisitions, partnerships, or affiliations, facility upgrades and equipment investment, data system modernization, and support for maintaining essential rural health services.

THRIVE Sub-Initiatives

LIFELINE (Linking Infrastructure for Emergency Lifesaving and Integrated Network Expansion): Emergency Response Modernization: EMS tele-triage platforms, emergency department tele-consultation networks, trauma and stroke response coordination tools, and interoperable EMS communication systems.

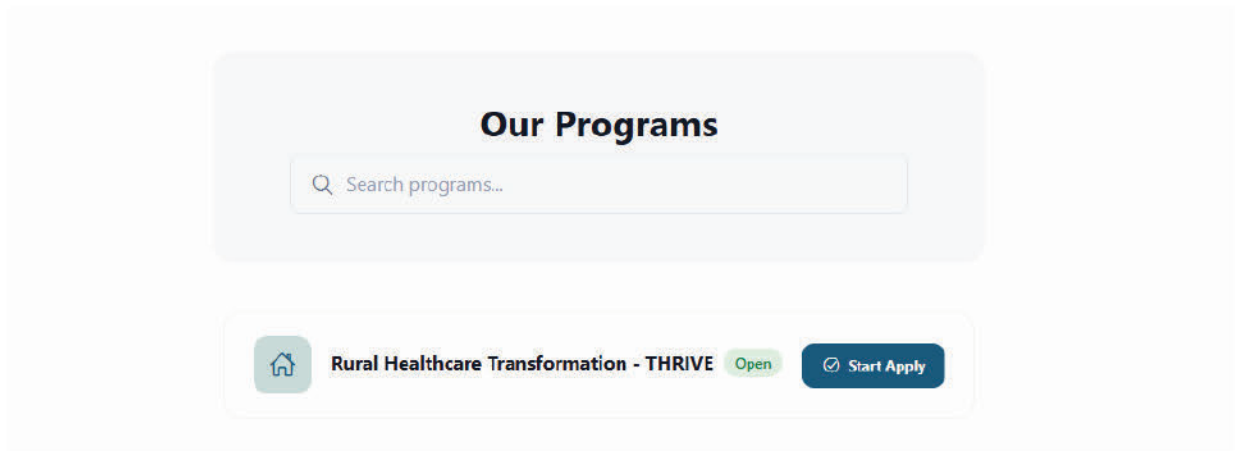
HOME (Health Outcomes through Monitoring & Engagement): Remote Patient Monitoring: Chronic disease monitoring, home-based behavioral health monitoring, post-discharge monitoring, and integration of RPM data into EHR systems.

VIRTUAL (Virtual Innovation for Rural Telehealth, Utilization, Access, and Longevity): Telehealth Capacity Expansion: Virtual specialty care, tele-behavioral health, community-based telehealth access points, and provider telehealth training.

TECH Fund (Telehealth, Equipment, and Connectivity Hub Fund): Digital Health Infrastructure: Interoperability upgrades, cybersecurity enhancements, data analytics platforms, and secure cloud-based clinical systems.

1. Get Started: Access the Portal

- Open the Arkansas Rural Health Transformation application portal.
- Navigate to **Our Programs**.
- Locate the desired application
 - Rural Healthcare Transformation – HEART
 - Rural Healthcare Transformation – RISE AR
 - Rural Healthcare Transformation – PACT
 - Rural Healthcare Transformation – THRIVE
- Select **Start Apply**.



2. Prepare Required Documents (Before You Apply)

You should have the following documents completed and ready for upload **before** beginning the application:

- Certificate of Existence (Arkansas Secretary of State)
- Active SAM Registration (entity name and expiration date visible)
- **Budget Template** (Excel)
- **Budget Narrative**
- **Financial Information Template** (Excel)
- **Project Plan Implementation Template** (Excel)
- **Facility Information Template** (Excel)
- **Project Proposal**
- Optional supporting documentation

All required Excel templates can be downloaded from the Program Information screen.

Select **Apply for Program** to begin the application.



Rural Healthcare Transformation - THRIVE

In Progress

Program Information:

The Arkansas Rural Health Transformation Program is designed to improve health outcomes, expand access to essential services, and strengthen healthcare infrastructure in rural communities through partnerships with healthcare providers and community organizations, with a focus on prevention and improved access to care. Healthy. Connected. Local.

- Provide Required Documentation
- Complete Application in full

Eligibility Requirements

- Licensed Healthcare Provider and/or Associate of Healthcare Provider
- THRIVE Initiative Aligned Project Scope
- To service rural or underserved areas in Arkansas
- Organizational Readiness
- Ability to Sustain the Project

What you will Need:

- Current Certificate of Existence demonstrating good standing with the Arkansas Secretary of State.
- Current copy of active SAM registration (include name, Expiration date)
- Completed Budget Template
- Completed Financial Information Template
- Completed Project Plan Template
- Completed Project Proposal
- Completed Facility Information Template
- Any additional documents that support the organization's capacity to successfully implement and sustain the proposed project in rural Arkansas.

Downloads



Budget Template
Excel (.xlsx)

[Download](#)



Financial Info Template
Excel (.xlsx)

[Download](#)



Project Plan Template
Excel (.xlsx)

[Download](#)



Facility Information Template
Excel (.xlsx)

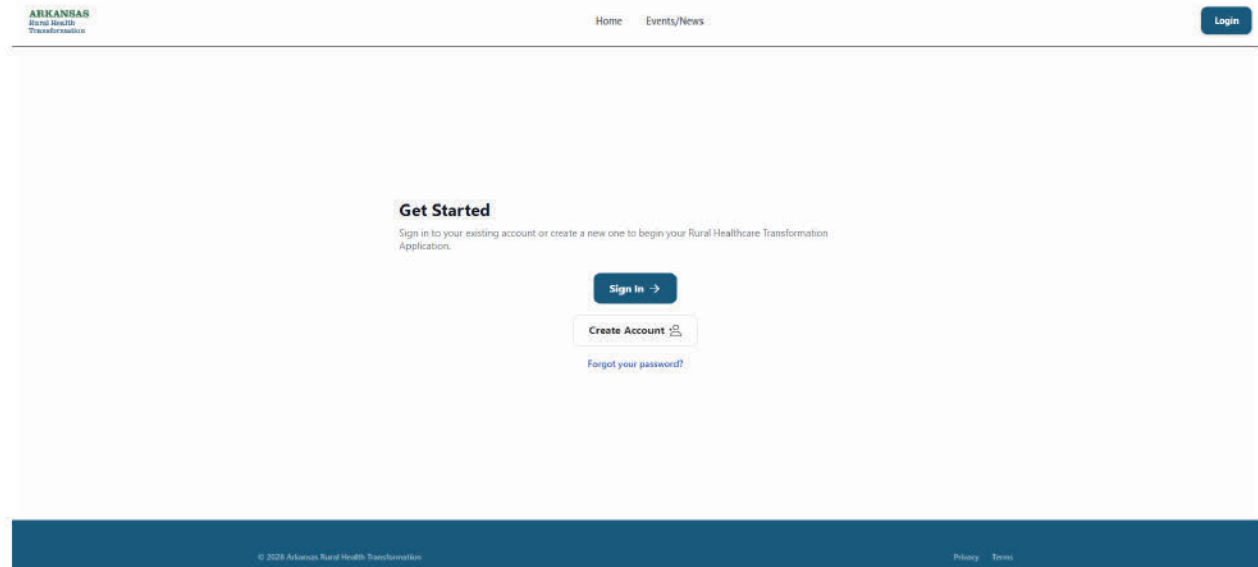
[Download](#)

[Apply for Program](#) →

3. Sign In / Create a User Account

A. Sign In

Select **Sign In** if you already have an account.



B. Create a User Account

Select **Create Account** if you are a new user.

On the registration screen, enter:

- First Name
- Last Name
- Email Address
- Password
- Confirm Password
- Select Register (A confirmation email will be routed to your email inbox; check your spam/junk folder)
- Return to the login screen and sign in.

Tip: Use an organizational email address. This email will receive application and post-award communications.

Sign in to RHC_AR - Google Chrome
loginqa.hornecanopy.com/realms/RHC_AR/protocol/openid...

RHC_AR

Register

First name
PJ

Last name
Willis

Email
pj.willis@abc.com

Password

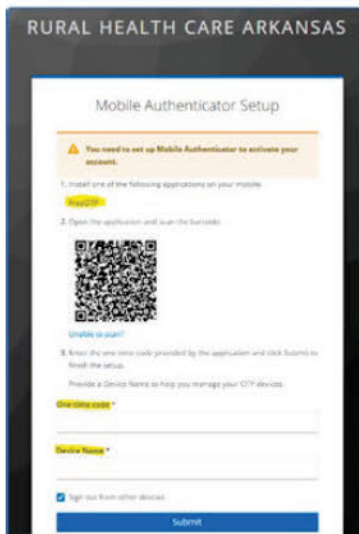
Confirm password

[← Back to Login](#)

Register

C. Forgot Password/ Reset Multi-Factor Authenticator

- If needed, select **Forgot your password?** to reset your credentials.
- Click on reset password.
- Enter your email address and submit.
- Open email and click the link which will bring up the QR code to scan.



- On your phone, go to the app/play store and search for FreeOTP (authenticator app) or any Authenticator App.
 - For FreeOTP App Install the app.
 - The icon will appear to resemble a doorknob with a keyhole. Open the app.
 - Click the "+" at the bottom right corner.
 - On the right side click on the scan QR code icon.
- Scan the QR code on your application screen.
- Enter the code then name your device.
- You will be prompted to change your password.
- Now be able to log into your account.

4. Add Organization (Required – One Time Setup)

After logging in for the first time, you will be prompted to add your organization.

A. Entity Information

Enter the following required information:

- **Entity Name**
- **Entity Type** (for example, Healthcare Provider)
- **Federal Tax ID Number**

Answer the Yes/No questions indicating whether your organization has:

- **A UEI Number**
- **An NPI Number**
- **A healthcare services license**

Home My Organization My Appli

Add Organization

Entity Information

Entity Name *
Enter entity name

Entity Type *
Healthcare Provider

Federal Tax ID Number *
Numbers only

Do you have a UB Number? *
 No

Do you have a NPI Number? *
 No

Are you a licensed healthcare services provider? *
 No

B. Entity Primary Contact

Enter the primary organizational contact:

- Full Name
- Title
- Email Address
- Phone Number

Home My Organization My Appli

Add Organization

Entity Primary Contact

Name *
Full name

Title *
Job title

Email *
email@example.com

Phone *
(555) 123-4567

Entity Authorized Grant Signer for RHT Programs

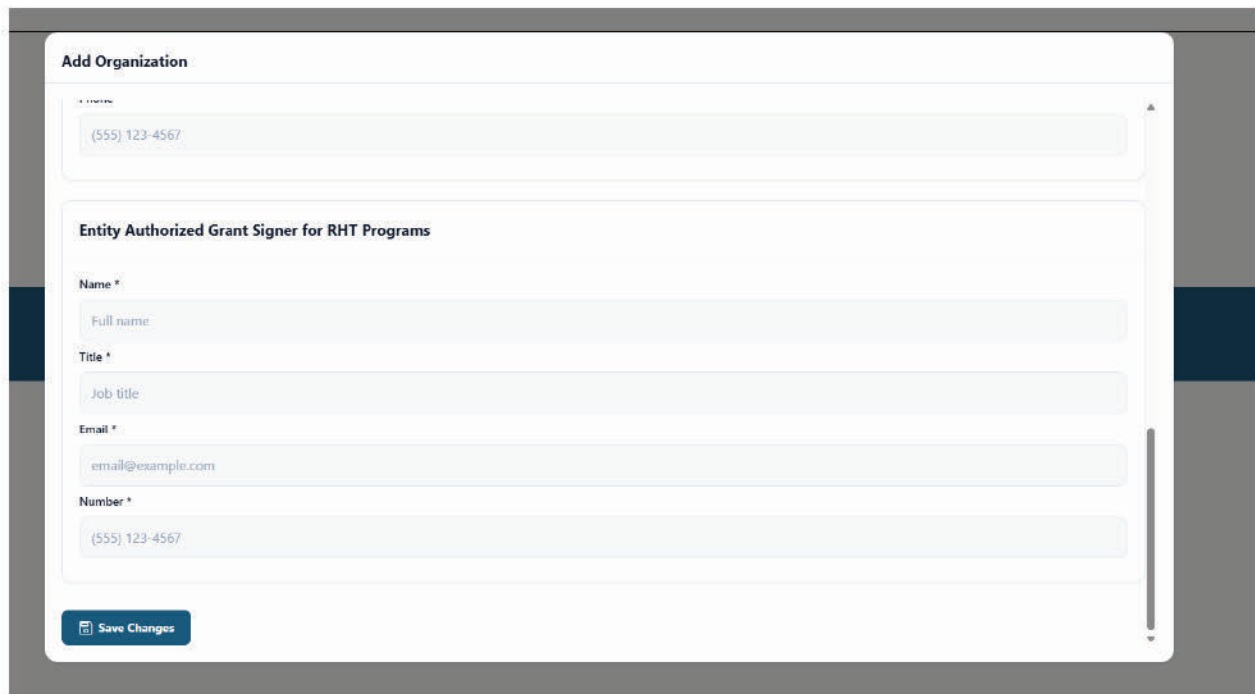
Name *

C. Entity Authorized Grant Signer for RHT Programs

Enter the individual authorized to sign grant documents:

- Full Name
- Title
- Email Address
- Phone Number

Select **Save Changes** to continue.



The screenshot shows a web form titled "Add Organization". At the top, there is a text input field containing "(555) 123-4567". Below this is a section titled "Entity Authorized Grant Signer for RHT Programs". This section contains four required fields, each with an asterisk: "Name *", "Title *", "Email *", and "Number *". The "Name *" field contains "Full name", "Title *" contains "Job title", "Email *" contains "email@example.com", and "Number *" contains "(555) 123-4567". At the bottom left of the form is a blue button with a floppy disk icon and the text "Save Changes".

5. Application Navigation

Use the left-hand menu to move between required sections. You may save your progress and return later.

Required sections include:

- Project Information
- Project Contact Information
- Facility Information
- Description of Need and Rurality
- Evaluation Plan
- Sustainability
- Budget
- Required Documentation
- Attestations
- Terms & Conditions
- Review & Submit



ARKANSAS Rural Health Transformation
APPLICATION
Project Information
Project Contact Information
Facility Information
Description of Need and Rurality
Project Plan
Evaluation Plan
Sustainability
Budget
Required Documentation
Attestations
Terms & Conditions
Review & Submit

6. Complete Each Application Section

A. Project Information

Answer the Yes/No questions identifying which RHT initiatives apply.

Complete the required fields:

- **Project Name**
- **Project Description**
- **Total Requested Funding**

Select **Next** to continue.

APPLICATION

- Project Information**
- Project Contact Information
- Facility Information
- Description of Need and Rurality
- Project Plan
- Evaluation Plan
- Sustainability
- Budget
- Required Documentation
- Attestations
- Terms & Conditions
- Review & Submit

Project Information

Program Information

Project Information
(Currently only licensed Arkansas healthcare service providers are eligible to proceed to the next stage of the application process)

Are you a licensed Arkansas healthcare services provider? *

Yes
 No

Are you applying for LIFELINE? *

Yes
 No

Are you applying for HOME? *

Yes
 No

Are you applying for VIRTUAL? *

Yes
 No

Are you applying for TECH-Fund? *

Yes
 No

Project Name *

Project Description *

(250 words maximum)

Total Requested Funding *

May we use high level information about your project as part of our media campaign?

Yes
 No

I opt-in to permit the state of Arkansas to share the above project name and description on the RHTP website to promote collaboration with other stakeholders seeking for funds and program transparency.

[Previous](#) [Next →](#)

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B. Project Contact Information

Indicate whether the person listed is the primary contact for the project.

ARKANSAS Rural Health Transformation

Home My Organization My Applications Logout PW

APPLICATION

- Project Information
- Project Contact Information**
- Facility Information
- Description of Need and Rurality
- Project Plan
- Evaluation Plan
- Sustainability
- Budget
- Required Documentation
- Attestations
- Terms & Conditions
- Review & Submit

Project Contact Information

Program Information

Project Contact Information

Will a different individual (other than the applicant) be the primary contact for the program? *

Yes

No

Previous Next →

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If Yes, enter:

- Project Contact Name
- Project Contact Phone
- Project Contact Email

Select Next.

ARKANSAS Rural Health Transformation

Home My Organization My Applications Logout PW

APPLICATION

- Project Information
- Project Contact Information**
- Facility Information
- Description of Need and Rurality
- Project Plan
- Evaluation Plan
- Sustainability
- Budget
- Required Documentation
- Attestations
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- Review & Submit

Project Contact Information

Program Information

Project Contact Information

Will a different individual (other than the applicant) be the primary contact for the program? *

Yes

No

Name *

Project Contact Title *

Project Contact Phone *

Project Contact Email *

C. Facility Information

Upload the completed Facility Information Template (Excel) using the upload field provided.

Select Next.

The screenshot shows a web application interface for 'Arkansas Rural Health Transformation'. The main content area is titled 'Facility Information' and contains a 'Facilities File' upload section. A dashed box indicates where to drop files, with a note: 'Drop files here or click to upload. Support for PDF, JPG, PNG, DOC, DOCX, XLS, XLSX, CSV files up to 10MB'. Navigation buttons for 'Previous' and 'Next' are visible. A sidebar on the left lists application steps: Project Information, Project Contact Information, Facility Information (highlighted), Description of Need and Rurality, Project Plan, Evaluation Plan, Sustainability, Budget, Required Documentation, Attestations, Terms & Conditions, and Review & Submit. The footer includes '© 2020 Arkansas Rural Health Transformation' and links for 'Privacy' and 'Terms'.

Facility Information Template

The screenshot shows an Excel spreadsheet titled 'ARK - Facility Information'. It includes instructions: 'Please complete the information requested below. List each facility included in the request on a separate line, corresponding to the locations that will utilize the requested funds. Add more rows if needed.' The spreadsheet has columns for 'Number', 'Facility Name', 'Facility Type', 'Street Address', 'City', 'County', 'State', 'Zip', and 'Portion of Funds'.

Number	Facility Name	Facility Type	Street Address	City	County	State	Zip	Portion of Funds

D. Description of Need and Rurality

Complete all required narrative sections:

- Current State and Identified Gaps
- Limitations Impacting Rural Service Delivery
- Anticipated Impact of the Proposed Project
- Description of Rurality and Service Area
- Alignment of the Project with Rural Needs

Clearly explain how the project addresses rural healthcare challenges in Arkansas.

Select Next.

APPLICATION

Project Information

Project Contact Information

Facility Information

Description of Need and Rurality

Project Plan

Evaluation Plan

Sustainability

Budget

Required Documentation

Attestations

Terms & Conditions

Review & Submit

Description of Need and Rurality

Program Information

Current State and Identified Gaps *

Please describe your organization's current operational situation as it relates to the initiative(s) for which funding is requested, including any deficiencies that limit your ability to deliver healthcare or health-related services to rural Arkansans.

Healthcare Gap Description (200 words maximum)

Limitations Impacting Rural Service Delivery *

Please describe the specific limitations related to the initiative for which you are applying that currently impact your organization's ability to provide timely, high-quality services to patients or clients in rural Arkansas. Discuss how these limitations affect access, quality of care, continuity of services, or health equity for rural and frontier populations.

Rural Service Limitation Description (500 words maximum)

APPLICATION

Project Information

Project Contact Information

Facility Information

Description of Need and Rurality

Project Plan

Evaluation Plan

Sustainability

Budget

Required Documentation

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Terms & Conditions

Review & Submit

Anticipated Impact of the Proposed Project *

Describe how the proposed project will address the challenges identified above. Your response should clearly articulate how the project will improve access to care, service availability, care coordination, or health outcomes for rural Arkansans, including measurable or observable improvements to patient or client services.

Impact Description (500 words maximum)

Description of Rurality and Service Area *

Describe the rural and/or frontier characteristics of the population(s) you serve or plan to serve in Arkansas.

Include, at a minimum, the following information:

- County-level population density (population per square mile).
- Frontier and Remote Area (FRA) level, as defined in the Notice of Funding Opportunity (NOFO).
- Any additional relevant indicators of rurality or need (e.g., Health Professional Shortage/Critical (HPS/C) designation, transportation barriers, broadband access limitations, or distance to nearest acute care facility).

Rural Area Description (500 words maximum)

Alignment of the Project with Rural Needs *

Explain how the proposed project is specifically designed to meet the needs of the rural and/or frontier populations described above. Address how it responds to challenges that are unique to low-density or underserved areas.

Alignment Description (500 words maximum)

Previous

Next →

E. Project Plan

Upload the completed Project Plan Template.

Project Plan Template

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Workstream	Task ID	Key Activity / Task	Owner	Start Date	End Date	Duration (Days)	Milestone? (Yes/No)	Milestone Name	Deliverable	Status	Dependencies	Notes
2	Planning	PLN-001	Kickoff meeting	Project Manager	2026-02-06	2026-02-07		Yes	Project Kickoff Completed	Kickoff Deck, Attendee List	Not Started		
3													

<p>Attestations</p> <p>Terms & Conditions</p> <p>Review & Submit</p>		<p>Long-Term Measurable Outcomes *</p> <p>Describe the intended long-term, measurable health or system-level outcomes expected as a result of project completion. Reference your completed Project Plan and consider outcomes such as:</p> <ul style="list-style-type: none"> - Increased or enhanced facility capacity to serve rural populations. - Expanded clinical or operational capabilities. - Changes to programs, policies, or practices that improve rural health delivery over time. - Other relevant health or access outcomes for rural Arkansas. 	
<p>APPLICATION</p> <p>Project Information</p> <p>Project Contact Information</p> <p>Facility Information</p> <p>Description of Need and Rurality</p> <p>Project Plan</p> <p>Evaluation Plan</p> <p>Sustainability</p> <p>Budget</p> <p>Required Documentation</p> <p>Attestations</p> <p>Terms & Conditions</p> <p>Review & Submit</p>		<p>- Expanded clinical or operational capabilities.</p> <p>- Changes to programs, policies, or practices that improve rural health delivery over time.</p> <p>- Other relevant health or access outcomes for rural Arkansas.</p> <p>Unfavorable Long-term Description (500 words maximum)</p> <p>Assumptions *</p> <p>Describe the assumptions underlying the needs, activities, outputs, and outcomes identified in your Project Plan, including assumptions related to workforce availability, technology adoption, patient engagement, or rural infrastructure constraints.</p> <p>Refer to your completed Project Plan Worksheet to support your response.</p> <p>Assumption Description (maximum 500 words)</p>	
<p>APPLICATION</p> <p>Project Information</p> <p>Project Contact Information</p> <p>Facility Information</p> <p>Description of Need and Rurality</p> <p>Project Plan</p> <p>Evaluation Plan</p> <p>Sustainability</p> <p>Budget</p> <p>Required Documentation</p> <p>Attestations</p> <p>Terms & Conditions</p> <p>Review & Submit</p>		<p>External Factors *</p> <p>Describe external factors beyond your organization's control that may impact the successful implementation of the project, particularly those common in rural Arkansas (e.g., broadband variability, workforce recruitment challenges, regulatory changes, or economic conditions).</p> <p>Refer to your completed Project Plan Worksheet to support your response.</p> <p>External Factor Impact Description (500 words maximum)</p> <p>Evidence Base *</p> <p>Describe the evidence base, best practices, or data sources used to inform the projected outcomes and impacts described in the Project Plan, including any evidence specific to rural health delivery or similar initiatives in Arkansas or comparable rural states.</p> <p>Evidence Base Description (500 words maximum)</p>	<p>Previous</p> <p>Next →</p>

Complete all required narrative sections:

- Long-Term Measurable Outcomes
- Assumptions
- External Factors
- Evidence Base

Clearly describe how the proposed project will be implemented and managed, including key activities, expected outcomes, assumptions, external factors, and the evidence supporting the project approach.

Select Next.

F. Evaluation Plan

Describe:

- Project goals and success measures
- Data collection methods
- How results will be used to improve rural services

Select Next.

The screenshot shows the 'Evaluation Plan' step in the ARKANSAS Rural Health Transformation application. The left sidebar lists various application sections, with 'Evaluation Plan' highlighted. The main content area contains a 'Program Information' tab and a text input field for the 'Evaluation Plan *'. Below the input field are 'Previous' and 'Next ->' buttons. The footer includes the copyright notice '© 2021 Arkansas Rural Health Transformation' and links for 'Privacy' and 'Terms'.

G. Sustainability

Provide a sustainability description explaining how the project will continue after grant funding ends.

Answer the Yes/No question indicating whether grant funds are fully required to complete the project.

Select Next.

The screenshot shows the 'Sustainability' step in the ARKANSAS Rural Health Transformation application. The left sidebar lists various application sections, with 'Sustainability' highlighted. The main content area contains a 'Program Information' tab and a text input field for the 'Sustainability *'. Below the input field is a radio button question: 'If this project is not fully funded by this grant, will your organization be able to complete the project as proposed?'. The 'Yes' radio button is selected. Below the question is another text input field. At the bottom, there are 'Previous' and 'Next ->' buttons. The footer includes the copyright notice '© 2021 Arkansas Rural Health Transformation' and links for 'Privacy' and 'Terms'.

H. Budget

Upload the completed Budget Template (Excel).

Ensure budget totals match the total requested funding entered earlier.

Upload a detailed Budget Narrative (DOC(X) or PDF)

The Budget Narrative should detail each unique budget line section. (No formatting requirement)

Select Next.

Budget Template

Thrive Program Worksheet	LIFELINE			HOME				VIRTUAL	TECHfund		Total Requested Amount	Grantee Participation		
	EMS Equipment and Vehicles	Technology and Dispatch Systems	Performance Tracking Dashboards	Communication Infrastructure & Equipment	RPH Devices	Telehealth Platforms	Patient and Provider Training and Support	Data Management and Analytics Tools	Data Integration and Interoperability Tools	Cyber Security			Telehealth Equipment	Network Upgrades
Personnel													\$0.00	
Fringe Benefits													\$0.00	
Travel													\$0.00	
Equipment													\$0.00	
Supplies													\$0.00	
Contractual/Subawards													\$0.00	
Construction													\$0.00	
Other													\$0.00	
Direct Costs													\$0.00	
Indirect Costs													\$0.00	
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

I. Required Documentation

Upload each document in its designated field:

- Certificate of Existence
- SAM Registration
- Financial Information Template
- Project Proposal (No formatting requirement)
- Optional supporting documents

Each document must be uploaded separately.

Select Next.

The screenshot displays the 'Required Documentation' step of an application process. The page is titled 'Required Documentation' and features a sidebar on the left with navigation options: APPLICATION, Project Information, Project Contact Information, Facility Information, Description of Need and Rurality, Project Plan, Evaluation Plan, Sustainability, Budget, Required Documentation (highlighted), Attestations, Terms & Conditions, and Review & Submit. The main content area is divided into two sections: 'Program Information' and 'Required Documentation'. The 'Required Documentation' section contains four upload fields, each with a dashed border and a central upload icon. The fields are: 1. 'Certificate of Existence *' with a sub-note 'Current Certificate of Existence demonstrating good standing with the Arkansas Secretary of State' and a file size limit of 10MB. 2. 'SAM Registration *' with a sub-note 'Current copy of active SAM registration (include name, Expiration date)' and a file size limit of 10MB. 3. 'Financial Info *' with a sub-note 'Completed Financial Info based on the XLSX template provided in Program Information' and a file size limit of 10MB. 4. 'Project Proposal *' with a sub-note 'Completed Project Proposal Document' and a file size limit of 10MB. Below these fields is an 'Other - Not otherwise specified' section with a sub-note 'Any additional documents that support the organization's capacity to successfully implement and sustain the proposed project in rural Arkansas' and a file size limit of 10MB. At the bottom of the page, there are 'Previous' and 'Next ->' buttons.

7. Attestations

Carefully review all required certifications related to:

- Organizational authority
- Accuracy of submitted information
- Financial and program compliance

Acknowledge the attestations to proceed.

Select Next.

The screenshot displays the 'Attestations' step within an application portal. The header includes the 'ARKANSAS Rural Health Transformation' logo on the left and navigation links for 'Home', 'My Organization', 'My Applications', 'Logout', and a user profile icon 'PW' on the right. A left-hand sidebar lists application stages: 'Project Information', 'Project Contact Information', 'Facility Information', 'Description of Need and Rurality', 'Project Plan', 'Evaluation Plan', 'Sustainability', 'Budget', 'Required Documentation', 'Attestations' (highlighted in blue), 'Terms & Conditions', and 'Review & Submit'. The main content area is titled 'Attestations' and contains a 'Program Information' tab. The text reads: 'By submitting this application, I attest that the following statements are true and accurate to the best of my knowledge:' followed by a bulleted list of five statements regarding audit findings, ownership changes, financial solvency, other funding, and legal liabilities. At the bottom of the content area are 'Previous' and 'Next' buttons. The footer contains the copyright notice '© 2026 Arkansas Rural Health Transformation' and links for 'Privacy' and 'Terms'.

8. Terms & Conditions

Review all RHT program terms, reporting requirements, and compliance obligations.

Select Next.

ARKANSAS
Rural Health Transformation

Home My Organization My Applications Logout PW

APPLICATION

- Project Information
- Project Contact Information
- Facility Information
- Description of Need and Rurality
- Project Plan
- Evaluation Plan
- Sustainability
- Budget
- Required Documentation
- Attestations
- Terms & Conditions**
- Review & Submit

Terms & Conditions

Program Information

Terms and Conditions

By submitting the application, I accept the following terms and conditions:

- Under penalty of perjury, I/we certify that all information provided in this application is true, complete, and accurate to the best of my/our knowledge. I/we further certify that the proposed project(s) identified in this application directly contribute to my/our need to apply for funding under the Arkansas Rural Health Transformation Program (AR RHTP).
- I/we understand and acknowledge that the Arkansas Department of Finance and Administration (DFA) and/or its agents may verify the accuracy of the information provided, request supporting documentation, and conduct reviews as necessary. I/we further understand that knowingly submitting false, misleading, or incomplete information may violate federal and/or state law.
- I/we acknowledge that if I/we intentionally engage in fraud, misrepresentation, or fail to submit required documentation, I/we may be deemed ineligible for grant assistance under the AR RHTP.
- I/we certify that I/we agree to provide all requested documentation and respond to all communications in a timely manner. I/we understand that failure to do so may result in delays in application processing and/or disqualification from funding consideration.
- I/we authorize and consent to the DFA and/or its agents disclosing information provided in this application, or otherwise retained in my/our AR RHTP file, to the Centers for Medicare & Medicaid Services (CMS) or other authorized federal or state agencies, as necessary for program administration, oversight, or compliance.
- I/we understand that participation in the AR RHTP may require the completion of a financial assessment during the program period.
- I/we acknowledge that if approved for AR RHTP funding, I/we are responsible for all required reporting, documentation, and compliance obligations throughout the grant term.
- I/we further understand that acceptance of other federal or state funding for the same project(s) identified in this application may result in ineligibility for AR RHTP grant assistance.
- I/we acknowledge that, if approved, actual grant disbursements may differ from the amounts listed in the Grant Agreement based on eligible expenditures incurred and supporting documentation submitted.

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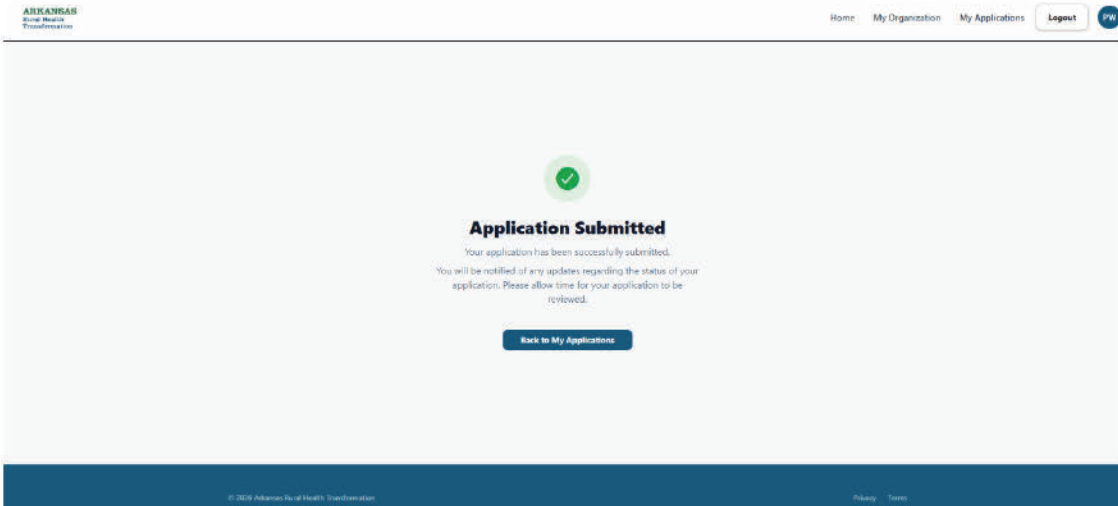
Privacy Terms

9. Review & Submit

1. Review all sections for completeness and accuracy.
2. Use **Previous** to correct any errors.
3. Select **Submit** to finalize your application.

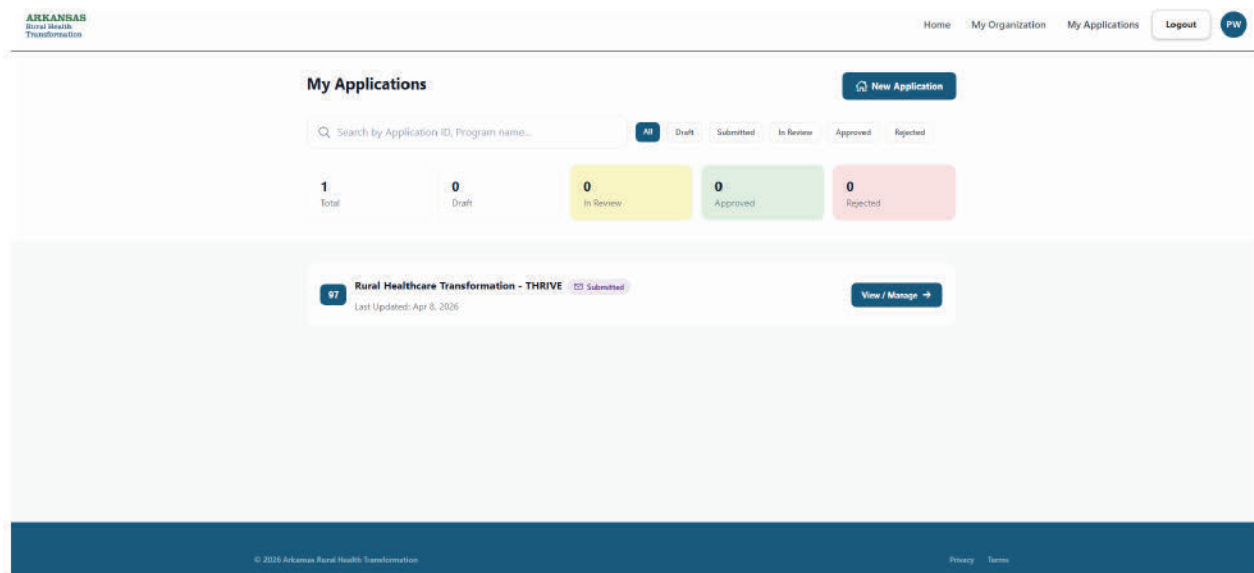
A confirmation message will appear once your application is successfully submitted.

The screenshot displays the 'Review & Submit' interface for an application. At the top, the 'ARKANSAS Rural Health Transformation' logo is on the left, and navigation links for 'Home', 'My Organization', 'My Applications', 'Logout', and a user profile icon are on the right. A left sidebar lists application sections: Project Information, Project Contact Information, Facility Information, Description of Need and Rurality, Project Plan, Evaluation Plan, Sustainability, Budget, Required Documentation, Attestations, and Terms & Conditions. The 'Review & Submit' section is highlighted in blue. The main content area is titled 'Review & Submit' and includes a 'Program Information' tab. A message states: 'Please review each section below before submitting your application. All required sections must be complete before you can submit.' Below this is a checklist of sections, each marked as 'Complete' with a green checkmark and a right-pointing arrow. The sections are: Project Information, Project Contact Information, Facility Information (with sub-items: Facilities File, AR RHTP Test Page), Description of Need and Rurality, Project Plan (with sub-item: Project Plan, AR RHTP Test Page), Evaluation Plan, Sustainability, Budget (with sub-item: Budget Sheet), Evaluation Plan, Sustainability, Budget (with sub-items: Budget Sheet, AR RHTP Test Page), and Required Documentation (with sub-items: Certificate of Existence, AR RHTP Test Page; SAM Registration, AR RHTP Test Page; Financial Info, AR RHTP Test Page; Project Proposal, AR RHTP Test Page). At the bottom of the checklist is a 'Submit Application' button. Below the checklist is a 'Previous' button. The footer contains the text '© 2026 Arkansas Rural Health Transformation' and links for 'Privacy' and 'Terms'.



10. After Submission

- Monitor application status under **My Applications**
- Respond promptly to any requests for clarification or corrections
- Retain copies of all submitted documents



11. Tips for a Strong Application

- Draft narratives in advance to manage character limits
- Use only the required Excel templates provided
- Ensure consistency across proposal, budget, and narratives
- Submit early to avoid technical issues

Appendices

I. Budget Template

Step 1: Save a Working Copy

1. Download the file **Budget Template** from the Program Information Icon on the application.
2. Rename the file using your organization name and project (example: ABC_Clinic_THRIVE_Budget.xlsx).

Step 2: Review the "00 Instructions" Tab

1. Open the "00 Instructions" tab.
2. Read all instructions carefully before entering data.
3. Important reminders from this tab:
 - o Do not modify the structure, order, or labels in any worksheet.
 - o Only enter information in white/unlocked cells.
 - o Enter whole dollar amounts only (no cents, text, or formulas).

This **Budget Template** document is **required** when applying for the **THRIVE Program** and one or more of its Funding Type (LIFELINE, HOME, VIRTUAL and TECHFund). Please use the guidance below to fill out the document correctly.

Instructions:

1. Save a copy of the Budget Template - You will need to upload this completed file during the application process

2. Complete the "01 Worksheet" tab - You will use this plan to identify how your requested funds will be used

- Enter whole dollar values in the blank/white fields for the funding type and category being applied for
- Some cell may remain blank, as not all categories apply to every application
- The tab will sum both columns and rows for you, so that you may check totals as you work
- Make sure the Total Requested Amount aligns with what you are requesting

**Please do not adjust the structure or the order of items on the tab as it is required for the application*

3. Review and provide descriptions on the "02 Budget" tab - You will provide context for the funds in the corresponding breakout

- Fill out the "Line Description" cells for the rows that hold a value other than \$0
- Some rows may remain blank or display \$0, as not all categories apply to every application

**Please do not adjust the structure or the order of items on the tab as it is required for the application*

Miscellaneous:

- Be sure to save your work and have the file on hand to complete your application

Step 3: Complete the "01 Worksheet" Tab (Budget Planning)

This tab is where you plan and total your requested funding.

Instructions: Use this worksheet to plan the usage of your requested application amount.

1. Fill in whole dollar amounts in the blank/white cells within the grid that are appropriate to your application.

- The worksheet will automatically total by column (Funding Types and Subtypes) as well as by row (Funding Categories).
- It is OK to leave fields blank if they don't apply; you only need to fill in values where they make sense for your application.

2. Make sure the Total Requested Amount aligns with what you are requesting

**Please do not adjust the structure or the order of items on this tab as it is required for the application*

Miscellaneous:

- There is also a "Grantee Participation" field on the far right. This is a courtesy to allow you to record any funding you receive outside the program or the organization's own funding that will contribute to the project. (Perhaps a local group is providing matching funds for equipment. You would put your \$10,000 application request within the grid and note the \$10,000 matching in the Grantee Participation field) No values in those fields will affect the application or final budget; it is merely a courtesy field for your use.

3A. Understand the Layout

- Matching funds
 - Other non-THRIVE funding contributing to the project
2. This column:
- Does not affect totals
 - Is not scored
 - Is for reference only

Step 5: Complete the "02 Budget" Tab (Required Descriptions)

Instructions:

1. Rows will automatically populate based off the information provided on the "1 Worksheet" Tab to the correct Funding Category and Funding Type to match

** If something looks incorrect, please return to the "01 Worksheet" Tab to make the necessary adjustment(s)*

- It's OK if rows are \$0 or blank; they will simply be skipped during the review process.

2. Fill in the "Line Description" field for any row that does have a Requested Amount

- There are 120 rows provided, so you may need to scroll down
- Write a sentence or as much as a paragraph to explain the need and/or usage of this amount
- Spreadsheet fields have an upper limit but several sentences up to a paragraph should be fine

** Keep all text for a row within the Line Description for that Row; putting extras in other unused rows will be ignored.*

** Please do not adjust the structure or the order of*

This is a required tab and explains how and why funds will be used.

5A. How This Tab Works

- Rows are auto-populated based on what you entered in the 01 Worksheet.
- Only rows with amounts greater than \$0 require descriptions.
- There are up to 120 rows, so scroll down as needed.

Line Description*	Funding Type	Funding Pool Category*	Funding Category*	Requested Amount
Test Equipment	LIFELINE	EMS Equipment and Vehicles	Personnel	\$ 5,000.00
	LIFELINE	EMS Equipment and Vehicles	Fringe Benefits	\$ -
	LIFELINE	EMS Equipment and Vehicles	Travel	\$ -
	LIFELINE	EMS Equipment and Vehicles	Equipment	\$ -
	LIFELINE	EMS Equipment and Vehicles	Supplies	\$ -
	LIFELINE	EMS Equipment and Vehicles	Contractual/Subawards	\$ -
	LIFELINE	EMS Equipment and Vehicles	Construction	\$ -
	LIFELINE	EMS Equipment and Vehicles	Other	\$ -
	LIFELINE	EMS Equipment and Vehicles	Direct Costs	\$ -
	LIFELINE	EMS Equipment and Vehicles	Indirect Costs	\$ -
	LIFELINE	Technology and Dispatch Systems	Personnel	\$ -
	LIFELINE	Technology and Dispatch Systems	Fringe Benefits	\$ -
	LIFELINE	Technology and Dispatch Systems	Travel	\$ -
	LIFELINE	Technology and Dispatch Systems	Equipment	\$ -
	LIFELINE	Technology and Dispatch Systems	Supplies	\$ -
	LIFELINE	Technology and Dispatch Systems	Contractual/Subawards	\$ -
	LIFELINE	Technology and Dispatch Systems	Construction	\$ -
	LIFELINE	Technology and Dispatch Systems	Other	\$ -
	LIFELINE	Technology and Dispatch Systems	Direct Costs	\$ -
	LIFELINE	Technology and Dispatch Systems	Indirect Costs	\$ -

5B. Enter Line Descriptions

1. For each row with a requested amount:
 - o Enter a clear explanation in the Line Description field.
2. Each description should:
 - o Explain the purpose and use of the funds
 - o Be one sentence up to a short paragraph in length
 - o Clearly align with the funding category and project scope
3. Keep all explanation text within the Line Description cell for that row.

Line Description	Funding Type	Funding Pool Category	Funding Category	Requested Amount
Test Equipment	LIFELINE	EMS Equipment and Vehicles	Personnel	\$ 5,000.00
	LIFELINE	EMS Equipment and Vehicles	Fringe Benefits	\$ -
	LIFELINE	EMS Equipment and Vehicles	Travel	\$ -
	LIFELINE	EMS Equipment and Vehicles	Equipment	\$ -
	LIFELINE	EMS Equipment and Vehicles	Supplies	\$ -
	LIFELINE	EMS Equipment and Vehicles	Contractual/Subawards	\$ -
	LIFELINE	EMS Equipment and Vehicles	Construction	\$ -
	LIFELINE	EMS Equipment and Vehicles	Other	\$ -
	LIFELINE	EMS Equipment and Vehicles	Direct Costs	\$ -
	LIFELINE	EMS Equipment and Vehicles	Indirect Costs	\$ -
	LIFELINE	Technology and Dispatch Systems	Personnel	\$ -
	LIFELINE	Technology and Dispatch Systems	Fringe Benefits	\$ -
	LIFELINE	Technology and Dispatch Systems	Travel	\$ -
	LIFELINE	Technology and Dispatch Systems	Equipment	\$ -
	LIFELINE	Technology and Dispatch Systems	Supplies	\$ -
	LIFELINE	Technology and Dispatch Systems	Contractual/Subawards	\$ -
	LIFELINE	Technology and Dispatch Systems	Construction	\$ -
	LIFELINE	Technology and Dispatch Systems	Other	\$ -
	LIFELINE	Technology and Dispatch Systems	Direct Costs	\$ -
	LIFELINE	Technology and Dispatch Systems	Indirect Costs	\$ -

Do

- Use plain, professional language.
- Be specific (what will be purchased, implemented, or supported).

Do Not

- Add descriptions in unused rows.
- Change row order, headers, or formulas.
- Reference costs that do not appear in the worksheet.

Step 6: Do NOT Edit the “03 Reference” Tab

- This tab supports dropdowns and validation.
- Do not edit anything on this tab.

Budget Category Dictionary (with Examples)

Personnel – salaries and wages for staff directly working on the project.

Examples:

- Project Manager (percentage of salary)
- Data Analyst supporting performance tracking
- Community Health Worker assigned to patient engagement
- IT staff time for system integration

Fringe benefits – employer-paid benefits associated with personnel costs.

Examples:

- FICA (Social Security and Medicare)
- Health, dental, and vision insurance
- Retirement contributions
- Workers' compensation
- Unemployment insurance

Travel – allowable travel costs necessary for project implementation.

Examples:

- Mileage reimbursement for staff traveling to rural sites
- Lodging and per diem for required training
- Travel to required state/federal meetings
- Site visits for equipment installation or partner coordination

Equipment – tangible, non-expendable items with a useful life of more than one year and a high unit cost (per your organization's capitalization policy).

Examples:

- Telehealth carts or diagnostic devices
- EMS vehicles or medical equipment
- Network servers or specialized hardware
- Remote patient monitoring (RPM) devices (if capitalized)

Supplies – consumable items or low-cost equipment used during the project.

Examples:

- Office supplies
- Training materials and manuals
- Medical consumables (cuffs, sensors, test kits)
- Cables, accessories, and minor IT components

Contractual/Subawards – costs for services or work performed by external organizations.

Examples:

- Technology vendors (software licenses, platforms)
- Data analytics or evaluation firms
- Community-based organizations providing services
- Universities or consultants conducting assessments

Construction – costs related to building, renovating, or installing infrastructure.

Examples:

- Facility renovations to support telehealth
- Installation of broadband or network infrastructure
- Electrical or structural modifications for equipment
- Construction related to communications systems

Other – allowable costs that do not fit neatly into other categories.

Examples:

- Participant incentives
- Software subscriptions not capitalized as equipment
- Outreach and communication costs

- Insurance or audit costs related to the project

Direct costs – costs that can be specifically and directly attributed to the project.

Examples:

- Personnel and fringe directly supporting the project
- Project-specific equipment and supplies
- Travel required solely for the project
- Contracted services tied to deliverables

Indirect Costs – shared organizational costs that support the project but cannot be directly assigned to a single activity; typically applied using an approved indirect cost rate, if allowed

Examples:

- Administrative overhead
- Finance and HR support
- Utilities and general office space
- IT support shared across programs

Project Plan Template

Step 1: Save a Working Copy

- Download the file **Project Plan Template** from the Program Information Icon on the application.
- Rename the file using your organization name and project (example: ABC_Clinic_THRIVE_Project_Plan.xlsx).

Step 2: Review the “Directions” Tab

- Open the “Directions” tab.
- Read all instructions carefully before entering data.
- Important reminders from this tab:
 - Do not modify the structure, order, or labels in any worksheet.
 - Only enter information in white cells.

WORKBOOK DIRECTIONS

Welcome! This workbook is designed to help you manage and track your project implementation. Below are instructions for completing each sheet.

Implementation Plan

Purpose: Track detailed tasks, activities, and milestones for your project.

Column	Instructions
A - Workstream	Enter the category or phase the task belongs to (e.g., Planning, Requirements, Execution).
B - Task ID	Assign a unique identifier for each task (e.g., PLN-001, REQ-001).
C - Key Activity / Task	Describe the specific task or activity to be completed.
D - Owner	Enter the name or role responsible for completing the task.
E - Start Date	Enter the planned start date (format: YYYY-MM-DD).
F - End Date	Enter the planned end date (format: YYYY-MM-DD).
G - Duration (days)	Calculate or enter the number of days for the task.
H - Milestone? (Yes/No)	Indicate if this task is a milestone by entering 'Yes' or 'No'.
I - Milestone Name	If a milestone, provide a descriptive name.
J - Deliverable	List the outputs or deliverables expected from this task.
K - Status	Select from: Not Started, In Progress, At Risk, Blocked, Complete.
L - Dependencies	List Task IDs that must be completed before this task can begin.
M - Notes	Add any additional comments or context.

Timeline Overview

Purpose: Provide a high-level summary of project phases and progress.

Column	Instructions
A - Phase	Enter the project phase name (e.g., Initiation, Planning, Execution, Closeout).
B - Summary Milestone	Enter the key milestone that marks completion of this phase.
C - Phase Owner	Enter the role or person responsible for the phase.
D - Planned Start	Enter the planned start date for the phase (format: YYYY-MM-DD).

<	>	Directions	Implementation Plan	Timeline Overview	Management Structure	+
---	---	-------------------	---------------------	-------------------	----------------------	---

Step 3: Build Detailed Tasks in the “Implementation Plan” Tab

Purpose: Track all activities, deliverables, and dependencies.

1. Open the Implementation Plan tab.
2. For each task:
 - **Workstream:** Identify the category (Planning, Requirements, Execution).
 - **Task ID:** Assign a unique ID (e.g., PLN-001, EXE-004).
 - **Key Activity / Task:** Clearly describe the task.
 - **Owner:** Assign responsibility (name or role).
 - **Start Date / End Date:** Enter planned dates.
 - **Duration (days):** Enter or calculate the number of days.
 - **Milestone? (Yes/No):** Indicate if the task is a milestone.
 - **Milestone Name:** Complete only if “Yes.”
 - **Deliverable:** Define what will be produced.
 - **Status:** Select from:
 - Not Started
 - In Progress
 - At Risk
 - Blocked

- Complete
 - **Dependencies:** Enter Task IDs that must be completed first.
 - **Notes:** Add context, risks, or compliance notes.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Workstream	Task ID	Key Activity / Task	Owner	Start Date	End Date	Duration (days)	Milestone? (Yes/No)	Milestone Name	Deliverable	Status	Dependencies	Notes
2	Planning	PLN-001	Kickoff meeting	Project Manager	2026-02-06	2026-02-07		Yes	Project Kickoff Completed	Kickoff Deck, Attendee List	Not Started		
3													

Tip:

Use Task IDs consistently so dependencies and reporting are clean.

Step 4: Define the Project Phases in “Timeline Overview” Tab

Purpose: Set high-level milestones and phase ownership.

1. Open the Timeline Overview tab.
2. For each project phase (Initiation, Planning, Execution, Closeout):
 - **Phase:** Enter the phase name.
 - **Summary Milestone:** Enter the key outcome (e.g., “Kickoff,” “MVP Release”).
 - **Phase Owner:** Assign accountability.
 - **Planned Start / Planned End:** Enter dates (YYYY-MM-DD).

	A	B	C	D	E	F	G
1	Phase	Summary Milestone	Phase Owner	Planned Start	Planned End		
2	Initiation	Kickoff	Project Manager	2026-02-02	2026-02-08		
3	Planning	Requirements Baseline	Business Analyst	2026-02-09	2026-02-22		
4	Execution	MVP Release	Tech Lead	2026-02-23	2026-04-12		
5	Closeout	Handover	Project Manager	2026-04-13	2026-04-26		
6							
7							
8							
9							
10							

Tip:

This sheet is ideal for executive reporting and high-level updates.

Step 5: Complete the “Management Structure” Tab

Purpose: Establish governance, accountability, and points of contact.

1. Open the Management Structure tab.
2. For each role involved in the project (e.g., Executive Sponsor, Project Manager, Community Partner):
 - **Role:** Enter the role title.
 - **Name:** Enter the individual assigned.
 - **Organization / Partner:** Enter the agency or partner name.
 - **Focus Area:** Describe what they oversee (e.g., Governance, Delivery, Rural Outreach).
 - **Serving Rural Arkansas:** Enter *Yes* or *No*.
 - **Primary Responsibilities:** Clearly define duties.
 - **Contact Email / Phone:** Add current contact details.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Role	Name	Organization / Partner	Focus Area	Serving Rural Arkansas? (Yes/No)	Primary Responsibilities	Contact Email	Contact Phone						
1														
2	Executive Sponsor			Governance	No	Provides strategic direction and decision-making								
3	Project Manager			Delivery	No	Day-to-day leadership, schedule, and risk management								
4	Community Partner			Rural Outreach	Yes	Engages stakeholders in rural Arkansas communities								
5														
6														
7														
8														
9														

Tip:

This sheet supports audit-readiness and stakeholder clarity.