RURAL HEALTH TRANSFORMATION PROGRAM

The LIFT Initiative

Leveraging Innovation for Facilitated Telehealth

SUB-GRANT APPLICATION TECHNICAL ASSISTANCE WEBINAR

July 15, 2026

Utah Telehealth Network (UTN)

The LIFT Initiative is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) under the Rural Health Transformation Program, through a subaward from the Utah Department of Health and Human Services to the Utah Education and Telehealth Network (UETN), as part of a financial assistance award totaling $26,500,000 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.

TODAY'S FOCUS

A practical walkthrough of the LIFT sub-grant application: what qualifies, what scores well, and how to complete the form.

Key Dates, Funding & Submission

The deadline, available funding, and where to send questions

The Online Application

How the portal works and what to prepare before you begin

Qualifying & Compelling Projects

What reviewers look for, and how proposals are evaluated

LIFT Outcome Targets

The program goals every project must connect to

Section-by-Section Guidance

Navigating the application and project narrative

Budget, Spending Caps & Forms

Completing the four templates correctly, with examples

KEY DATES, FUNDING & HOW TO APPLY

APPLICATIONS DUE

July 31, 2026

Applications cannot be edited after submission, so review every section before you click Apply.

How to apply

Online through the application portal. Progress auto-saves, and you can “Save for Later” and return any time

Year One funding

An estimated $23.5 million is available, with 10–20 awards anticipated this cycle

Years 2–5 funding

An estimated $23.5 million per year is anticipated; funding is approved annually based on milestones and progress toward outcome targets

Questions

Contact the LIFT program team at rhtp-lift@uetn.org before submitting

THE APPLICATION IS ONLINE: BEFORE YOU BEGIN

Scroll through the entire application first. It helps you gather documents, coordinate collaborators, and prepare a competitive proposal.

Read it all first	Review the complete application before entering responses to understand the full scope and requirements; proposals are graded against other submissions
Gather documents early	You will upload several files, including your budget, audited financials, organizational chart, and letters of support
Know the upload rules	Each upload accepts one file up to 50MB, so combine multiple files into a single PDF where needed
Use collaborators	The submitter must complete and submit, but can invite collaborators to fill in sections or upload documents via the “Manage Collaborators” button
Save as you go	Progress auto-saves every couple of minutes; use “Save for Later” to pause. Once submitted, the application cannot be edited

WHERE YOUR PROJECT FITS: THE FIVE TRACKS

Est. $23.5 million available in Year One. Select one or more tracks, and identify whether each component is shovel-ready or innovation-oriented.

TRACK A	**Telehealth Infrastructure & Access**	Carts, peripherals, patient devices, connectivity, community access points, mobile clinics
TRACK B	**Telehealth Care Models & Virtual Services**	Virtual nursing, tele-specialty, tele-ED, hybrid care, AI-assisted tools and scribes
TRACK C	**Remote Patient Monitoring & Digital Care**	RPM devices and platforms, chronic disease programs, wearables, home monitoring
TRACK D	**Care Coordination & Digital Navigation**	Coordination platforms, closed-loop referrals, digital navigator and CHW models
TRACK E	**Training & Technical Assistance**	Workflow redesign, coding and billing, staff training, change management

WHAT MAKES A PROJECT QUALIFY

Every funded project must check all six boxes. Confirm these before writing.

Fits the tracks

Falls within one or more eligible tracks (A–E); cross-track designs are welcome

Serves rural Utah

Delivers services in, or directly to residents of, Utah's 25 rural counties

Advances LIFT outcomes

Contributes to access, utilization, specialty availability, or wait and travel time targets

Ready, or clearly phased

Say whether each component is shovel-ready or innovation-oriented; Year One prioritizes shovel-ready projects that spend funds by September 30, 2027

Allowable costs only

Every cost allowable, reasonable & allocable under 2 CFR Part 200 Subpart E and the RHTP NOFO; spending caps apply

Reporting-ready

Capacity for monthly financial reports, quarterly progress reports, an annual report, metrics, and learning collaboratives

WHAT MAKES AN APPLICATION COMPELLING

Reviewers score what they can verify, so be specific, quantified, and realistic.

Data-driven need

Cite specific local, regional, or state data; quantify the rural healthcare gap you will close

Specific, feasible design

Spell out the who, what, where, and when; avoid generalities reviewers can't score

Clear line to outcomes

Select the LIFT targets you address, then show baseline → target for each

Real partnerships

C.4 asks for each partner's role, history & coordination plan. Include vendor procurement status, letters & MOUs

Defensible budget

Every line necessary, reasonable, and allocable, within the spending caps and matched to the work plan

Sustainability story

Explain how services continue after RHTP funding ends October 30, 2030, and how you'd phase a multi-year vision

HOW YOUR APPLICATION IS EVALUATED

The full evaluation rubric is linked in Section G of the application.

Competitive review	Proposals are graded against other submissions using the Section G rubric; every scored narrative is a chance to stand out
Complete means reviewable	The form enforces required fields, but incomplete application packages will not be reviewed, so finish every upload
Clarification & negotiation	UETN may request clarification, negotiate scope or budget, or decline any application
Annual awards	Funding is approved annually based on milestones achieved and progress toward outcome targets, with 10–20 awards anticipated this cycle

CONNECT YOUR PROJECT TO LIFT OUTCOME TARGETS

Section C.5 asks which targets you address, then to explain your contribution and baselines.

25%

increase in specialty types available via telehealth in rural communities

50%

increase in rural patients' access to telehealth services

50%

increase in telehealth utilization among rural patients

10%

reduction in rural patients waiting 90+ days for care or specialty appointments

10%

reduction in rural patients traveling 30+ minutes for routine care

More sites

measurable increase in telehealth-enabled hospitals, clinics, schools & access points

THE APPLICATION AT A GLANCE: SECTIONS B–I

Complete every section and upload; incomplete application packages will not be reviewed.

B Applicant Information

Organization details, rural counties served, other RHTP initiatives, history & prior grants

C Project Narrative

Seven scored sub-sections: the heart of your application

D Work Plan & Timeline

Template upload, plus a 400-word risk & mitigation response

E Budget & Narrative

Template upload; spending caps and budget periods apply

F Performance Metrics

Template upload: measures, baselines, targets & methods

G Review Criteria

Link to the evaluation rubric reviewers score against

H Attachments

Document uploads: one file per slot, up to 50MB each

I Certifications

In-form signature: accuracy, debarment status, 2 CFR Part 200 & program compliance

THE PROJECT NARRATIVE: SEVEN SCORED SUB-SECTIONS

Word limits are enforced by the online form. Draft offline, then paste.

C.1: Statement of Need

500 words

Quantify the rural healthcare gap with local, regional, or statewide data

C.2: Project Description

750 words

Tracks addressed, specific activities & your Year One spend-down plan

C.3: High-Need Populations

600 words

Identify populations & data sources; how data will measure success

C.4: Partnership Description

600 words

Each partner's role, history & coordination; vendor procurement status

C.5: Outcomes Alignment

600 + 600

Explain contribution to selected targets; separate baseline data response

C.6: Sustainability Plan

750 words

Funding sources, partnerships & policy paths beyond October 30, 2030

C.7: Tribal Engagement

600 words

Partnerships and allocations, or a credible path to future inclusion

Tip: the narrative is graded competitively. Read the full prompt and use word counts wisely to answer every part of the prompt.

FORM: WORK PLAN & TIMELINE

Download the template from the link in Section D, complete it, and upload (.csv, .xls, or .xlsx). Example row shown in italics.

Work Plan and Timeline					
	Activity/Milestone	**Outcomes Supported**	**Responsible Party**	**Budget Period(s)**	**Estimated Completion Date**
Activity #1					
Activity #2					
Activity #3					

Tips for a strong work plan

- Align activities to the RHTP Budget Periods in Section E. Budget Period 1 runs January through October 30, 2026, then annually through October 30, 2030
- Front-load Year One activities; your timeline should visibly support spending funds by September 30, 2027
- Map every activity to at least one LIFT outcome so reviewers can trace the logic
- Annual funding renewals are based on milestones and outcomes achieved, so make milestones concrete and dated
- Section D also includes a separate 400-word risk identification & mitigation response. Don’t leave it thin

FORM: BUDGET TABLE & BUDGET NARRATIVE

Download the template from the link in Section E, complete it, and upload. Totals calculate automatically.

Expense	Budget						Budget Narrative
Type or Classification	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5	Total	Provide a line-by-line justification for each budget category. Explain why each cost is necessary, reasonable, and allocable to this project. Identify whether costs are direct or indirect, and whether any cost sharing or matching funds are involved (No limit).
Personnel (salaries, fringe benefits)						$ -	
Consultants/Contractual Services						$ -	
Training & Technical Assistance						$ -	
IT/Telehealth Equipment & Infrastructure						$ -	
Minor Renovations/ Facility Upgrades						$ -	
Supplies						$ -	
Travel						$ -	
Other (specify in narrative)						$ -	
Indirect Costs						$ -	
Total	$ -	$ -	$ -	$ -	$ -	$ -	

The budget narrative

- Justify every category line-by-line: why the cost is necessary, reasonable & allocable to this project
- Identify direct vs. indirect costs
- Cost sharing, matching funds & leveraged resources go in a separate 400-word response
- Align each budget period to the Section E dates; each has its own federal spending deadline
- Unsure about a cost? Contact UTN before you include it

BUDGET: KNOW THE RHTP SPENDING CAPS

Caps apply to RHTP funds per the CMS NOFO, and the administrative cap applies to subrecipients.

10%

Administrative / indirect expenses

Maximum share of RHTP funds for administrative expenses, including indirect costs

15%

Provider payments

Maximum per budget period for payments to providers for direct provision of care items and services

20%

Capital expenditures

Maximum per budget period for minor alterations, renovations & infrastructure in existing facilities; new construction is not permitted

5%

EMR / EHR replacement

Maximum per budget period for replacing certified electronic medical record systems

All costs must be allowable, reasonable & allocable under 2 CFR Part 200 Subpart E and the RHTP NOFO. Contact UETN before including any cost you're unsure about.

FORM: PERFORMANCE METRICS & EVALUATION PLAN

Download the template from the link in Section F, complete it, and upload. Example row shown in italics.

Performance Metrics and Evaluation Plan					
	Metric/Measure Identified	**Baseline Value**	**Year 1 Target**	**Final Target**	**Data Source/ Collection Method**
Metric/Measure #1					
Metric/Measure #2					
Metric/Measure #3					

Tips for strong metrics

- Align metrics to the LIFT outcome targets your project touches; reviewers score that connection
- Include both process measures (activities and outputs) and outcome measures (changes achieved)
- Set targets you can defend. Realistic beats impressive, and annual renewals depend on hitting them
- State the data source and collection method for every metric; name who is responsible
- Build metrics you can report at the required cadence: monthly financial, quarterly progress & an annual report

COMPLETE THE PACKAGE: EXPERIENCE & UPLOADS

Prior Grant Experience (template)

Prior Grant Experience					
Prior Grants	**Funding Source**	**Award Amount**	**Dates**	**Project Description**	**Outcomes Achieved**
Experience #1					
Experience #2					
Experience #3					

- If you've managed federal, state, or private grants in the past 5 years, complete and upload the template
- This evidences your capacity to manage funds under 2 CFR Part 200
- Quantify outcomes: sites served, visits delivered, dollars managed

Document Uploads (Section H)

- Organizational chart with key personnel
- Audited financials, if available (or Single Audit)
- IRS determination letter (if applicable)
- Current Board of Directors list (if applicable)
- Letters of support / MOUs, incl. tribal partners
- Resumes or CVs of key personnel, combined into one document
- SAM.gov active registration confirmation
- Up to 3 additional relevant documents

One file per upload, up to 50MB. Combine files into a single PDF where needed.

Thank You

Apply online by July 31, 2026 | Questions: rhtp-lift@uetn.org