APPLICANT TECHNICAL ASSISTANCE WEBINAR

SPRINT-UETN Request for Applications

Rural health technology subawards for EHR upgrades, cybersecurity, AI and automation, and interoperability

October 28, 2026

Utah Education and Telehealth Network (UETN)

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Today's webinar walks through the RFA from program background to submission tips.

Agenda

01 Background: RHTP and the SPRINT Consortium

02 Key dates and the four funding areas

03 Eligibility, use of funds, caps and prior approvals

04 The application at a glance and working in Submittable

05 Sections A through E, with scoring for each funding area

06 Review process and requirements for funded applicants

07 Tips, resources and Q&A

1

Background, key dates and the four funding areas: SPRINT-UETN is the technology branch of Utah's Rural Health Transformation Program, with $20.9 million allocated across four funding areas and a short Year 1 window.

SPRINT-UETN exists to bring Rural Health Transformation Program technology funding to Utah's rural providers.

Everything in this webinar covers the technology branch of the SPRINT Consortium, which UETN administers. The Utah Hospital Association leads the consortium's capital and payment reform work, which is not part of this RFA.

Rural Health Transformation Program
A five-year CMS program (Assistance Listing 93.298). Utah DHHS carries it out through seven statewide initiatives.

Two initiatives in this RFA
SUPPORT: EHR modernization, cybersecurity and clinical AI. LINCS: secure health data exchange and patient access to records.

UETN's role
Leads the SPRINT Consortium's technology branch as administrative partner and fiscal agent: $20.9 million in Year 1, with continuation funding anticipated through October 2030.

Funded projects report RBA measures such as these four (full list under Section A.4)



Stronger data security



Less documentation burden



More facilities exchanging data via HL7 FHIR APIs



Higher patient portal use

Applications are due November 20, and Year 1 funds must be spent by September 30, 2027.

Key dates

Milestone	Date
RFA released	Oct 23, 2026
Applicant webinar (today), 10:00 a.m. MT	Oct 28, 2026
Last day to submit questions	Nov 19, 2026
Applications due, 5:00 p.m. MST	**Nov 20, 2026**
Review and scoring	Nov 20 – Nov 30, 2026
Award notices	Dec 3, 2026
Subaward agreements signed	By Dec 31, 2026
Year 1 funds fully spent	By Sept 30, 2027

A short window by design

Year 1 funds must be committed by December 31, 2026 and spent by September 30, 2027. Plan projects you can start quickly.

Questions must come in by November 19 so answers can be posted in the FAQ before applications are due.

Review, award and agreement dates are UETN targets and may shift

Four funding areas; apply in one or several.

1. EHR upgrades and data portals

SUPPORT 6.1

$9.4M

Certified EHR upgrades or replacements, FHIR-based patient record access, implementation, optimization and training

Expected award range
$50K – $750K

2. Cybersecurity

SUPPORT 6.2–6.3

$4.5M

Site-specific needs not covered centrally: on-site firewalls and switches, MFA tokens, encrypted email, local IT support, backup and recovery, device hardening

Expected award range
$25K – $200K

3. AI and automation

SUPPORT 6.4–6.5

$3.0M

Scheduling and reminders, virtual scribes, chart summaries, coding assistance, AI-enabled remote monitoring

Expected award range
$25K – $300K

4. Interoperability and patient access

LINCS 7.1–7.2

$4.0M

HIE and TEFCA connections, EHR vendor connection fees, consent management, automated public health reporting, portal outreach

Expected award range
$25K – $300K

Allocations are UETN's totals for each area; part of each covers UETN administration and services bought centrally for the consortium · Requests above the expected range need clear justification in the budget narrative

2

Eligibility, cost rules and the Stevens Amendment: who can apply, what funds can and can't pay for, which items are capped or need prior approval, and what your public materials must say.

Eligibility

Eligible organizations

- Rural and Critical Access Hospitals
- Rural health clinics and rural clinics
- FQHCs and community health centers
- Independent rural providers and practices
- Local health departments
- Tribal health organizations operating these
- Non-rural providers partnering to serve eligible counties

Location and standing

Location

Facilities served must be in one of Utah's 25 rural counties. Davis, Salt Lake, Utah and Weber counties are not eligible; multi-site organizations apply only for their rural sites.

Registrations and standing

Active SAM.gov registration and UEI (start now if yours has lapsed); not suspended or debarred; able to meet HIPAA, insurance and record-keeping terms.

Conditional Eligibility

Technology vendors, consultants and for-profit service providers

May apply directly, with documentation of partnership with a Utah healthcare provider serving eligible rural counties.

One application per organization, covering one or more areas. Collaborative applications are welcome: one lead applicant serves as fiscal agent, and each partner signs a letter of commitment.

Use of Funds

Generally allowable

- Software licenses and subscriptions during the subaward
- Vendor implementation, integration and connection fees
- Project staff time and contracted IT or security services
- Staff training and security assessments
- Patient outreach materials for portal adoption
- Indirect costs at your negotiated or de minimis rate

Not allowable

- Construction, renovation or building costs (Category J)
- Clinical services that insurance could reimburse
- Replacing existing spending (supplanting)
- Salaries for clinicians under non-compete agreements
- Matching funds for any other program
- Costs before the agreement start date

Costs follow 2 C.F.R. 200, the CMS RHTP NOFO and Utah RHTP Program Directives · Contact UETN before including any cost you are unsure about

Four items carry caps or need prior written approval; flag them early in your budget justification.

Caps and prior approvals

Item	Rule
Replacing an EHR that was HITECH-certified on Sept 1, 2025	Prior written DHHS approval. All replacements across SPRINT capped at 5% of funding per budget period. Upgrades are preferred.
Provider payments (Category B)	Prior written DHHS approval. Capped at 15% of SPRINT funding per budget period.
Equipment at or above the Uniform Guidance threshold	Prior written DHHS approval before purchase.
Moving funds between budget categories	Prior written approval from UETN and DHHS after award.



Flag any item that needs prior approval in your budget justification so UETN can request it from DHHS early. Caps apply across the whole SPRINT Consortium, not per applicant.

3

The application, section by section: Section A is answered once and feeds every area you apply for. Section B asks for amounts and area-specific answers, and Section C a work plan and budget, for each area. Sections D and E are attachments and certifications. Each area is scored on its own 100-point rubric.

Six things to know before you start in Submittable.

Before you begin

Read it all first
Scroll through the entire application and read the full RFA. Section A appears once; Section B, the budget and the work plan repeat for each funding area you select.

Your progress saves itself
Work is saved automatically every couple of minutes. To pause, scroll to the bottom and click Save Draft, then pick up where you left off.

One file per upload
Each upload field accepts a single file, so combine related documents into one PDF where needed. Spreadsheet templates are linked inside the form.

Invite collaborators
Whoever starts the application must be the one to submit it, but Manage Collaborators (top right) lets colleagues complete sections or upload documents.

Finish every required field
You can skip questions and return later. Before you submit, the form flags any incomplete required fields and missing documents.

No edits after you press Apply
Review every section before submitting. Once submitted you can open and view the application but not change it. A confirmation email follows.

Gather before you start: the Budget Table and Narrative and the Work Plan and Timeline spreadsheets (Section C), the Prior Grant Experience sheet (A.1), your CEO or administrator letter of commitment, partner letters, vendor quotes, and your UEI and SAM.gov confirmation.

One application in five sections: Section A once, Sections B and C for each area, then attachments and certifications.

Application structure

Section	What it asks for	Complete it
A	Organization profile, project overview, need, readiness, data and reporting, sustainability, collaboration	Once, every applicant
B	Amount requested for each area, any other RHTP funding, and the area-specific questions (B1 to B4)	Once per funding area
C	Work plan and timeline; budget table and narrative, in UETN's spreadsheet templates	Once per funding area, one tab each
D	Attachments: CEO or administrator letter of commitment (required), partner letters, UEI and SAM.gov confirmation	Once
E	Acknowledgments and certifications, with the name, title and date of the person submitting	Once, by the submitter



Reviewers use Section A to score need, readiness, data and reporting, and sustainability in every area you apply for, so a strong Section A helps every area.

Submit

Apply online in the **SPRINT-UETN RFA on Submittable** by Nov 20, 2026, 5:00 p.m. MST

Templates and uploads

Spreadsheet templates are linked inside the form (A.1 and Section C). Each upload field takes one file.

Questions

rhtp@uetn.org by Nov 19, 2026; answers are posted in the public FAQ

Section A is scored in every area you apply for, so it deserves your best data.

Section A · every applicant, once

A.1 · Organization profile
Contacts and authorized official, finance contact, organization type, rural counties and facilities, annual unique patients, FTEs, IT support, SAM.gov status, prior grant experience sheet

Project overview
The funding areas you're applying in, a project title that includes your organization's name, and a plain-language description of the whole project

A.2 · Need
Technology gaps, with data; how they affect patients, especially frontier, Tribal and underserved groups; what you have tried and why RHTP is needed now

A.3 · Readiness
Project lead and qualifications, leadership and board approval, vendors you already work with and any financial or family relationships, delay risks and how you will manage them

A.4 · Data and reporting
How you will collect and report the RBA measures for each area (next slide) and who is responsible for quarterly reporting; it is fine to say you need help setting baselines

A.5 · Sustainability
How you will pay for licenses, maintenance and staffing after RHTP funding ends, and how the project lowers costs, improves revenue or reduces staff burden over time

A.6 · Collaboration
Group consortium purchasing opportunities, whether you are or serve a Tribal community, and partnerships with facilities, Tribal programs, health departments or community organizations

Specifics score higher
Numbers of patients affected, how long processes take today, coverage percentages and assessment findings beat general statements. Word limits are maximums: most answers allow 200 to 1,000 words; the project description allows 1,500.

Section A.4 asks how you will collect and report these RBA measures for each area you apply in.

Results-Based Accountability (RBA) measures by funding area

EHR upgrades, cybersecurity, AI and automation · SUPPORT 6.1–6.5

Outcome: Strengthen data security practices among RHTP participating facilities

- Share of participating rural clinics and hospitals with MFA and EDR fully implemented and deployed
- Share of clinical staff completing continuous cybersecurity awareness training annually
- Share of rural clinicians using clinical AI documentation tools (virtual scribes) who report less documentation or charting time
- Number of people served

Interoperability and patient access · LINCS 7.1–7.2

Outcome: Improve operational efficiency by streamlining reporting across systems in participating facilities

- Share of facilities actively exchanging EHR and care coordination files via HL7 FHIR APIs
- Volume of care coordination and social determinant referral records exchanged securely
- Patient portal registration and access adoption rates
- Share of facilities in each rural county reporting complete, timely data to public health
- Improvement in each category of an annual interoperability assessment (readiness, completeness, usability, clinician experience)
- Share of facilities with increased use of interoperable capabilities and increased patient data access
- Number of people served



Baselines are verified within the first two quarters of the subaward and targets are set jointly with UETN and DHHS. You report only the measures for the areas you're funded in, and it's fine to say you'll need help setting baselines.

Section B starts with your amounts; your Year 1 award amount should be projected for subsequent years.

Section B · funding amounts, then area-specific questions

Enter an amount for each area you select

The total must equal the sum of your area requests and your budget workbooks. Expected ranges reflect single-organization projects: Area 1 $50K to $750K, Area 2 $25K to $200K, Areas 3 and 4 $25K to $300K. You may request more, but the budget narrative must justify it (a collaborative or multi-site project, documented vendor costs) or the request may be reduced or declined.

Awards from this application are for Year 1 only

Years 2 through 5 are approved one year at a time, based on your project's performance, annual DHHS and CMS approvals and available funds. Plan each future year to fit within your Year 1 award: UETN does not anticipate per-project increases, and requests to raise a budget in later years will not be considered.

Disclose any other RHTP funding

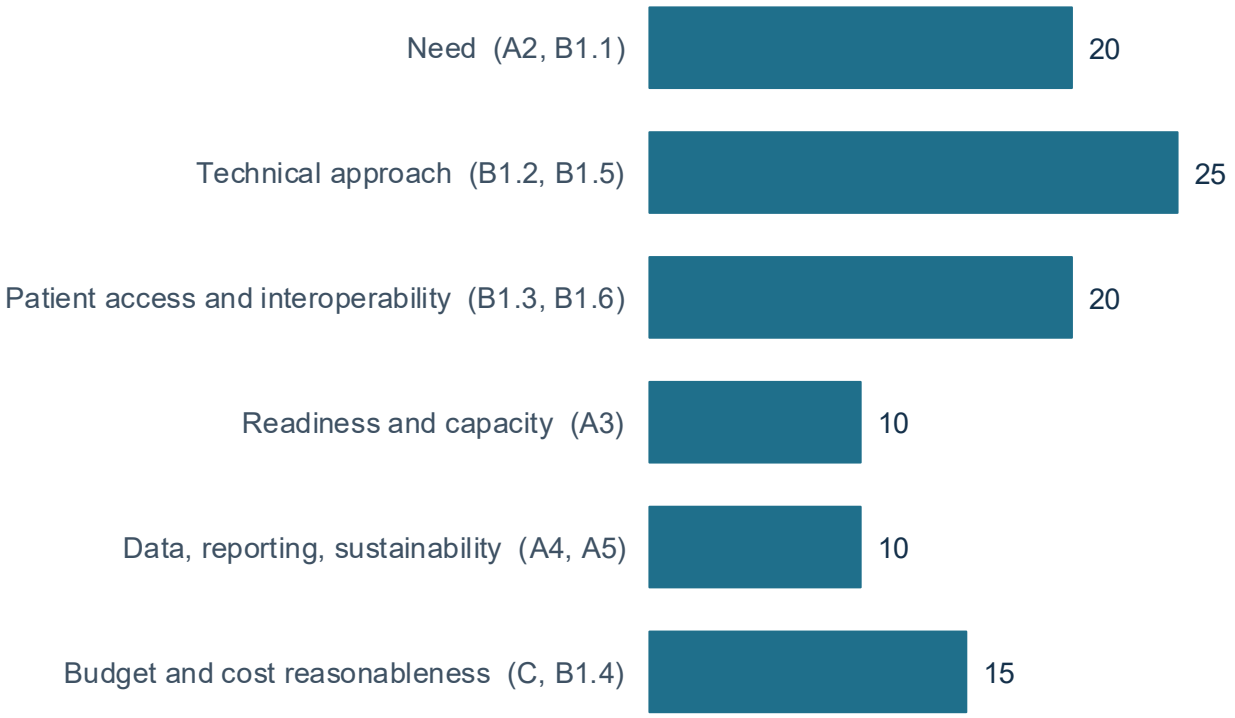
If any part of the project is funded by, or pending funding under, another RHTP initiative, explain which parts and how costs will be separated to avoid duplication (500 words).

Year 1	Year 2	Year 3	Year 4	Year 5
Awarded late Dec 2026; funds spent by Sept 30, 2027	Approved annually, within your Year 1 amount	Approved annually, within your Year 1 amount	Approved annually, within your Year 1 amount	RHTP ends Oct 30, 2030

Area 1, EHR upgrades and data portals: technical approach and patient access carry 45 of 100 points.

Area 1 · SUPPORT 6.1 · Section B1

Scoring criteria and points · 100 points per area, plus up to 10 priority points



Section B questions

1. Current EHR vendor, version, certification and last upgrade
2. Proposed upgrade or replacement and what changes If replacing: why an upgrade won't work
3. Patients' record access today and after the project
4. Vendor involvement, timeline and staff training plan
5. How the upgrade supports data exchange (LINCS); vendor quotes

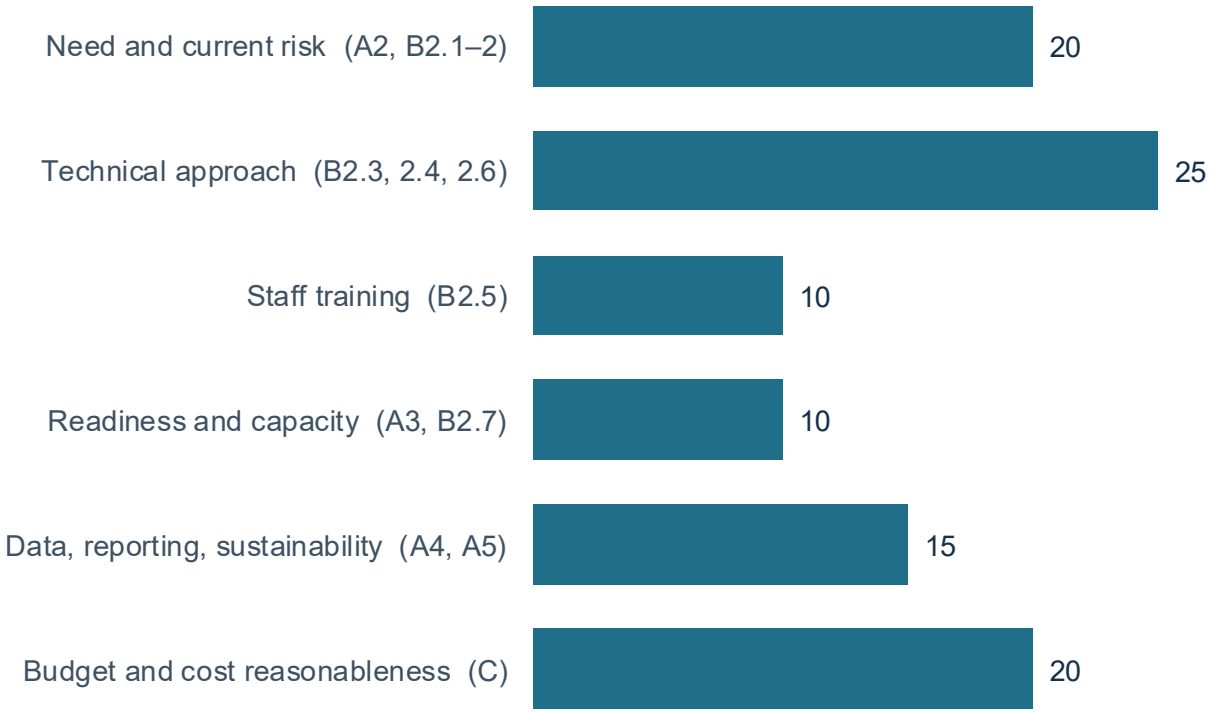
What reviewers look for

Specifics on how your current EHR slows care delivery, blocks patient access, or prevents data exchange; a clear upgrade scope with a realistic vendor timeline and a training plan; patient-directed access through a FHIR-based API; and any EHR replacement justified and flagged for DHHS approval.

Area 2, Cybersecurity: technical approach and budget carry 45 of 100 points.

Area 2 · SUPPORT 6.2–6.3 · Section B2

Scoring criteria and points · 100 points per area, plus up to 10 priority points



Section B questions

1. Coverage today: MFA, EDR, firewall, web filtering, patching
2. Last risk assessment and top findings (confidential upload OK)
3. Site-specific tools and how they close the gaps
4. Devices or older systems that can't run MFA or EDR; your strategy
5. Staff trained in the last 12 months; your annual training plan
6. Incident response plan and when it was last tested
7. Interest in a shared CISO service

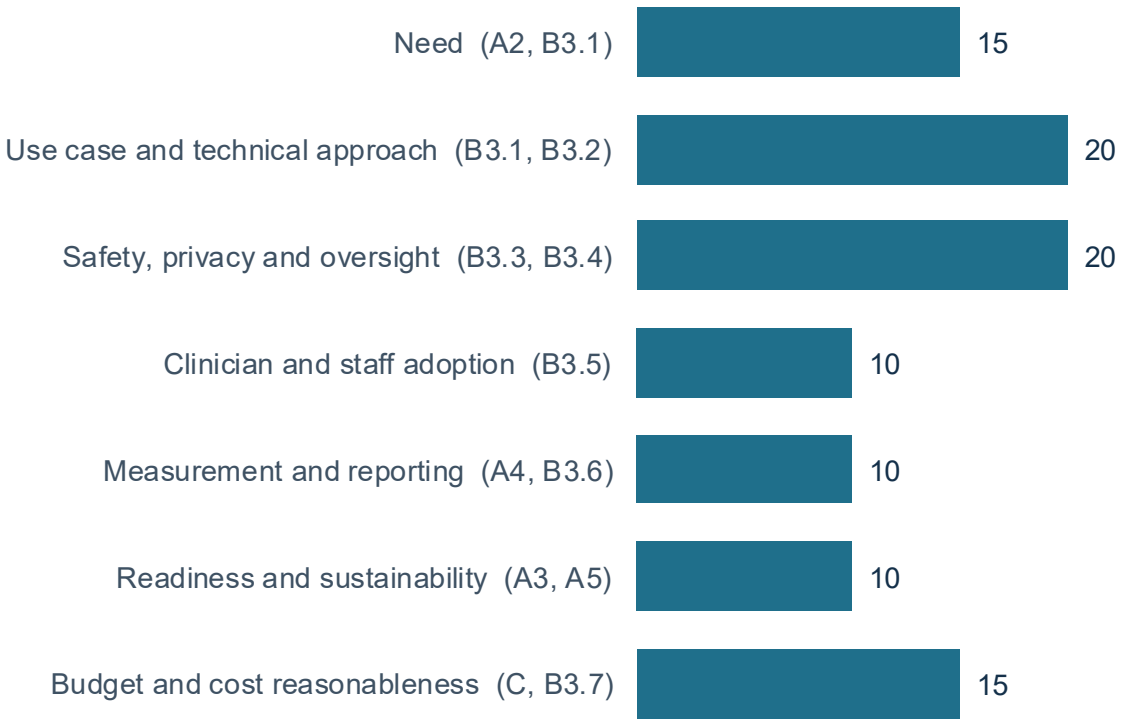
What reviewers look for

Assessment findings; readiness; current coverage stated as percentages of users or devices; how you'll protect devices that can't run modern security software; budgets that don't duplicate services UETN or another entity provides centrally (e.g., group-purchased licenses); and, if you lack IT capacity, how you'll use shared services.

Area 3, AI and automation: safety and oversight weigh the same as the use case itself.

Area 3 · SUPPORT 6.4–6.5 · Section B3

Scoring criteria and points · 100 points per area, plus up to 10 priority points



Section B questions

1. Consumer-facing and clinical use cases, and why they come first
2. Tools considered and how they connect to your EHR
3. Accuracy and safety checks; who reviews AI output
4. HIPAA, privacy and no state data in generative AI
5. Involving clinicians and staff in selection and testing
6. Measuring change in documentation time or workflow
7. Remote monitoring: coordination costs vs. clinical services

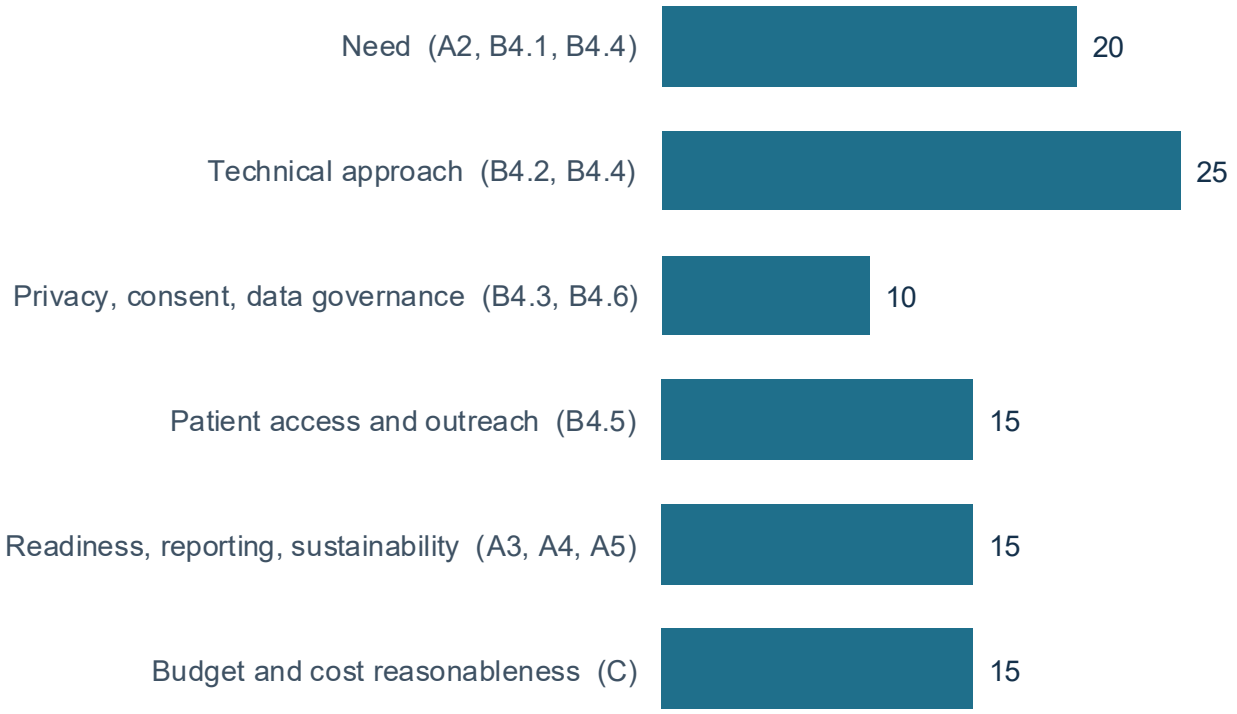
What reviewers look for

A focused use case (assessment, deployment preparation, scheduling, virtual scribes, chart summarization, or remote monitoring coordination) rather than several; a clinician reviewing AI output before it enters the record; testing before and after go-live; coordination with the Utah Office of AI Policy; and no state data in generative AI tools without DHHS written permission.

Area 4, Interoperability and patient access: technical approach is the single heaviest criterion at 25 points.

Area 4 · LINCS 7.1–7.2 · Section B4

Scoring criteria and points · 100 points per area, plus up to 10 priority points



Section B questions

1. Networks connected today (UHIN cHIE, TEFCA) and current use
2. Proposed connection and EHR vendor fees to offset (quote helps)
3. Social drivers or behavioral health data and Part 2 consent
4. Public health reports done by hand today; which you'll automate
5. Portal use today, adoption goal and outreach plan
6. Tribal applicants: data governance or sovereignty agreements

What reviewers look for

Projects that connect facilities to the state network and help more patients access and use their records; documented vendor fees you want to offset (a quote helps); a portal adoption goal with outreach that reaches patients with limited internet access or digital literacy barriers; and a plan to keep connections running without recurring grant funds.

Section C is a work plan and a budget narrative for each area, built in UETN's spreadsheet templates.

Section C · one tab per funding area

Work Plan and Timeline

- Key activities, milestones, responsible parties and dates, aligned with the RHTP budget periods
- Show Year 1 funds fully spent by September 30, 2027, with vendor lead times and any prior approvals built in
- The final work plan becomes part of your subaward agreement and the basis for quarterly progress reports

Budget Table and Narrative

- Budget table by category for each budget period of the project
- A line-by-line narrative: why each cost is necessary, reasonable and allocable to this project; direct or indirect; any cost sharing or matching funds
- Contact UETN before including any cost you are unsure about, and flag items that need prior approval

Download both templates from the links inside Section C of the application. Each has four tabs, one per funding area: complete the tabs for the areas you selected and add rows or tabs if you need them. Upload one completed file per field, and make sure the budget tabs add up to the total you entered in Section B.

Sections D and E: attachments and certifications, then a final check before you press Apply.

Section D · Attachments

Letter of commitment from your CEO or administrator
Required if application is not completed by CEO or administrator. Signed by the authorized official named in A.1, who also signs the subaward agreement.

Letters of commitment or support from partners
For collaborative applications and partnerships, including Utah Tribal entities. Combine them into one PDF.

UEI and SAM.gov registration confirmation
Upload if available. Registration can take several weeks, so start now if yours has lapsed.

Section E · Acknowledgments and certifications

- Funds requested add to, not replace, current spending, and will not pay for clinical services that insurance or another payer can reimburse
- If funded, you accept a binding RBA scorecard, quarterly and annual reports, monthly itemized invoices, monitoring visits and program evaluation
- If funded, public materials about the project will carry the federal funding acknowledgment (Stevens Amendment)
- The information is true and complete, and the person submitting is authorized to do so; enter their name, title and the date

Before you press Apply
Every required field complete · one file per upload · total requested equals your area amounts and the budget workbooks · prior-approval items flagged in the budget narrative · CEO letter signed and uploaded · submitter's name, title and date entered. After you submit you can view the application but not edit it; watch for the confirmation email.

From submission to award: seven steps between November 20 and December 31.

Review process

1

Eligibility screen

Pass or fail

2

Conflict check

Reviewers sign disclosures; conflicted reviewers step out

3

Independent scoring

At least three reviewers per area; scores averaged

4

Clarification

UETN may clarify budget or scope

5

Recommendations

UETN weighs scores, geography and facility mix

6

DHHS notice

UETN sends DHHS selected projects and costs

7

Subaward agreement

Final budget, work plan and binding RBA scorecard, signed by Dec 31, 2026

UETN may fund an application in some areas and not others, fund a reduced budget, or decline to fund any application. Applicants that aren't funded can ask for a summary of reviewer comments.

4

After the award, and tips for a strong application: what funded applicants agree to, five habits that score well, and how to get your questions answered.

Funded applicants agree to a results scorecard, regular reporting and monitoring.

If you're funded

RBA scorecard
Verified baselines within two quarters; targets set with UETN and DHHS

Progress reports
Quarterly, annual and final: measures, spending, milestones, success stories

Monthly invoices
By the 15th, itemized by activity and RHTP initiative, with documentation

Monitoring
At least one site visit and an annual review; access for auditors

Procurement and privacy
Federal procurement rules; HIPAA and 42 C.F.R. Part 2; BAAs as needed

Public materials
Stevens Amendment statement on anything public about the project

You report only the RBA measures for the areas you're funded in. AI tools must support, not replace, clinician judgment, with a licensed clinician reviewing AI-generated clinical content before use. Records are kept six years after the final expenditure report.

Five habits of a strong application.

Tips

- **Use your own data.** Coverage percentages, patient counts and assessment findings score higher than general statements.
- **Plan to spend by Sept 30, 2027.** Show vendor timelines that fit the Year 1 window.
- **Match the rubric.** Each criterion lists the questions it scores; answer those fully.
- **Get vendor quotes early.** Documented costs strengthen the budget score.
- **Invest in Section A.** It feeds the score in every area you apply for.

Also: draft long answers offline and paste them in; show how you'll cover ongoing costs after RHTP ends; and send cost questions before November 19 so the answers land in the FAQ. One-on-one help is available upon request.

Questions?

Send questions by

Nov 19, 2026

to rhtp@uetn.org

Apply: SPRINT-UETN RFA on Submittable

Answers to questions asked today will be posted in the public FAQ so every applicant receives the same information.

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