California Rural Health Transformation Program (CalRHT)

Initiative 3: Technology and Tools

EHR Modernization Grant Program

Request for Applications (RFA): Application and Instructions

20260710

Version 1.0

2020 WEST EL CAMINO AVENUE, SUITE 1222 • SACRAMENTO, CA 95833

"A healthier California where all receive equitable, affordable, and quality health care."

The CalRHT program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial award totaling $233,639,308.46 with 100 percent funded by CMS/HHS. The contents are those of CalRHT and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

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Application Components

Thank you for considering applying to the EHR Modernization Grant Program through HCAI's California Rural Health Transformation Program (CalRHT). We appreciate your dedication to rural health and look forward to learning more about your work through this application. To submit a complete application, applicants must (1) complete all application sections in the HCAI application portal at calruralhealth.org, (2) gather and upload required and conditional attachments, and (3) submit the application no later than August 21, 2026, at 3:00 p.m. for consideration in Budget Period 1. Applications submitted after the deadline will not be considered for Budget Period 1 but may be eligible for Budget Period 2. Applications submitted after the deadline or that are incomplete will not be considered.

This RFA supplements the EHR Modernization Grant Guide and is intended to help prospective applicants understand the application questions, response expectations, attachments, and conditional prompts. Applicants should consult the Grant Guide, application portal, and any HCAI addenda for controlling program requirements. Questions regarding the application or submission process may be directed to info@calruralhealth.org.

Program focus: Budget Period 1 EHR Modernization funds are limited to first-time adoption and configuration of a certified EHR, or full replacement of an existing EHR with a certified EHR. Incremental EHR upgrades that are not full adoption or full replacement are not eligible under this grant opportunity.

Applicant Profile

This section collects organizational identifiers, contact information, applicant type, project type, and proposed qualifying site information for the legal entity that will execute the grant agreement and assume responsibility for compliance, reporting, administration of grant funds, and EHR implementation if selected for an award.

a. Entity Legal Name (required)

Provide the full legal name of the Applicant Entity, including type of organization where applicable, such as Inc., LLC, district, Tribe, public agency, or other legal designation. This should reflect the legal entity that will execute the grant agreement and assume responsibility for compliance, reporting, and administration of grant funds if selected for award. The name provided should match registration records and associated federal identifiers, where applicable.

Response prompt: Provide the full legal name of the Applicant Entity.

[Maximum 100 characters]

Example: ABC Rural Health Clinic, Inc.

b. Primary Point of Contact (required)

Provide the contact information for the primary Point of Contact responsible for coordinating and managing the application on behalf of the Applicant Entity. The individual named should be prepared to serve as the POC for application-related communications, follow-up requests, clarification questions, and program notifications from HCAI or program administrators. The POC will have the authority to coordinate and submit application materials.

Response prompt: Provide first and last name, professional title, phone number, email address, and mailing address.

(Part a.) First and Last Name (required)

[Maximum 100 characters]

Example: Jane Smith

(Part b.) Professional title (required)

[Maximum 100 characters]

Example: CEO

(Part c.) Phone number (required)

[10 numeric digits required]

Example: (234) 567 - 8910

(Part d.) Email address (required)

[Maximum 100 characters]

Example: jane_smith@gmail.com

(Part e.) Mailing address (required)

[Maximum 100 characters]

Example: *123 Apple St.* *New York, New York 10001*

c. Authorized Representative (required)

Provide contact information for the individual authorized to act on behalf of the Applicant Entity in matters related to grant funding (e.g., fiduciary representative, board-authorized representative). This individual can be the same as the Point of Contact; however, this individual must also have must have legal authority to agree to application attestations, sign the final application, sign grant-related agreements, and make commitments with HCAI or program administrators.

Response prompt: Provide Authorized Representative's contact information below:

(Part a.) First and Last Name (required)

[Maximum 100 characters]

Example: Jane Smith

(Part b.) Professional title (required)

[Maximum 100 characters]

Example: CEO

(Part c.) Phone number (required)

[10 numeric digits required]

Example: (234) 567 - 8910

(Part d.) Email address (required)

[Maximum 100 characters]

Example: jane_smith@gmail.com

(Part e.) Mailing address (required)

[Maximum 100 characters]

Example: *123 Apple St.* *New York, New York 10001*

d. Additional Contact (optional)

Provide an additional person who may serve as backup contact for application coordination, communications, scheduling, or follow-up activities.

Response prompt: Provide additional contact information, if applicable. Provide first and last name, professional title, phone number, email address, and mailing address.

(Part a.) First and Last Name (required)

[Maximum 100 characters]

Example: Jane Smith

(Part b.) Professional title (required)

[Maximum 100 characters]

Example: CEO

(Part c.) Phone number (required)

[10 numeric digits required]

Example: (234) 567 - 8910

(Part d.) Email address (required)

[Maximum 100 characters]

Example: jane_smith@gmail.com

(Part e.) Mailing address (required)

[Maximum 100 characters]

Example: *123 Apple St.* *New York, New York 10001*

e. Legal Business Address (required)

Provide the primary legal address associated with the Applicant Entity. This address may be used for validation and correspondence.

Response prompt: Provide the legal business address of the Applicant Entity.

[Maximum 200 characters]

Example: 123 Apple St., City, CA 90000

f. SAM.gov Registration Status (required)

Applicants must provide an active SAM.gov registration record and current UEI as part of organizational application documentation. Applicants should ensure SAM.gov registration remains active throughout the period of performance. Please be aware of SAM registration timelines and plan accordingly.

Response prompt: Confirm active SAM.gov registration status.

[Maximum 100 characters]

Example: Active Registration, Registration Pending, Expired Registration

g. Unique Entity Identifier (UEI assigned by SAM) (required)

Provide the entity's Unique Entity Identifier (UEI), which is the 12-character alphanumeric identifier assigned through SAM.gov and is mandatory for businesses and organizations to bid on, and receive, U.S. federal contracts and grants. If your organization does not yet have a UEI,

register at SAM.gov prior to submitting this application, then return to the application to provide the UEI.

Response prompt: Provide the Applicant Entity's UEI.

[12 characters required]

Example: XYZ123456789

h. Taxpayer Identification Number / Employer Identification Number (required)

Provide the federal Taxpayer Identification Number (TIN) or Employer Identification Number (EIN) assigned to the Applicant Entity by the Internal Revenue Service (IRS).

Response prompt: Provide the Applicant Entity's TIN or EIN.

[9 numeric digits required]

Example: 12-3456789

i. National Provider Identifier (required)

Provide the National Provider Identifier (NPI) associated with the Applicant Entity or lead applicant facility, if applicable. If the entity maintains multiple NPIs, provide the primary organizational NPI most relevant to this application.

Response prompt: Provide the National Provider Identifier (NPI) associated with the Applicant Entity or lead applicant facility, if applicable. If Applicant Entity does not have an NPI, please enter “N/A”

[10 numeric characters required]

Example: 1234567890

[Optional space for additional NPI outside of Applicant Entity or lead applicant facility]

[Maximum 10 numeric characters]

Example: 1234567890

j. Applicant Organization Type (required)

Select the applicant organization type that best describes the Applicant Entity or eligible site. To be eligible, the applicant must be one of the service site types below, and the eligible facility must be physically located in a rural area where required by the Grant Guide. Each eligible organization may submit only one application per grant cycle, but it may use the grant funds for any number of its own facilities or sites to implement the single EHR it is adopting or replacing. For example, a health system with multiple hospitals or sites may apply to adopt or replace a single EHR. Joint, consortium, and pass-through applications are not permitted.

Response prompt: Select one primary applicant organization type.

[Dropdown in application portal]

Options are listed in Section 2 below.

k. Tribal Entity (required)

Indicate whether the Applicant Entity is a Tribal Entity or is formally affiliated with a Tribal health organization, Tribal clinic, or Tribal health program. If yes, provide the name of the affiliated Tribe or Tribal organization.

Response prompt:

(Part a.) Is the Applicant Entity a Tribal Entity?

☐ Yes ☐ No

(Part b.) If yes, provide the name of the affiliated Tribal Entity.

[Maximum 200 characters]

Example: ABC Tribe

(Part c.) If yes, provide the NPI of the affiliated Tribal Entity (if not already listed above).

[Maximum 10 numeric characters]

Example: 1234567890

l. EHR Application Type (required)

Identify whether the proposed project is first-time certified EHR adoption or full replacement of an existing EHR with a certified EHR. Upgrade-only projects are not eligible for this grant opportunity.

Response prompt: Select the EHR Modernization project type.

[Required checkbox]

Options: First-time certified EHR adoption; Full replacement of existing EHR with certified EHR

2. Eligibility and Program Fit

This section confirms that the Applicant Entity, proposed sites, project type, and funding request are consistent with the EHR Modernization Grant Program.

a. Eligible Organizational Settings (required)

To be eligible, the applicant must be one of the service site types below, and the eligible facility must be physically located in a rural area where required by the Grant Guide.

Eligible organization type	Applicant-facing description
Hospital (rural)	General acute care hospitals, including Critical Access Hospitals and rural non-CAH hospitals, or acute psychiatric hospitals; facility must be physically located in a rural area.
Federally Qualified Health Center or FQHC Look-Alike	HRSA-certified FQHC site or FQHC Look-Alike, including Tribal FQHC sites; facility must be physically located in a rural area.
Rural Health Clinic	CMS-certified rural ambulatory care site physically located in a rural area.
Tribal Clinic or Native American Health Center	Includes Indian Health Service-designated facilities and Tribal Health Organizations.
Other Comprehensive Community Health Clinic	Direct-service rural health facility providing comprehensive community health services.
Health Care District	District-based rural health professional or service site serving qualifying rural communities.
Skilled Nursing Facility or Long-Term Care Facility	Certified skilled nursing or long-term care facility located in a rural area.
County-Operated Health or Behavioral Health Facility	County government-operated outpatient health or behavioral health facility located in a rural area.

b. Applicant Eligibility (required)

The Authorized Representative for this applicant entity must submit documentation that confirms eligibility for the proposed site and must meet applicable rural-location and eligibility-setting requirements outlined in the EHR Modernization Grant Guide.

Response prompt: Upload the Eligibility documentation and provide a narrative describing the applicants organization type and that requirements for this applicant are met.

[Maximum 100 words plus required attachment]

☐

c. Allowable Project Scope (required)

Applicants must request funds only for first-time certified EHR adoption/configuration or full replacement of an existing EHR with a certified EHR. Eligible cost categories include:

A. EHR Software Licensing and Subscription Fees.
B. Implementation and Configuration.

C. Data Migration.
D. Interface and Interoperability Development: internal work to configure and activate interoperability capabilities within a new or replaced EHR system, including built-in connectivity with labs, imaging, pharmacy, Health Information Exchanges (HIE) or Qualified Health Information Organizations (QHIO), national networks and other important or required exchange partners. HIE/QHIO onboarding and participation costs are not allowable under this grant.
E. Training and Change Management, including post-go-live stabilization and first-year optimization support.
F. IT Hardware and Equipment directly required for the EHR implementation.
G. Program Costs Allowance of up to 10% of the total subaward for documented staff time coordinating the EHR Modernization Grant project.

d. Unallowable Costs (informational)

Funds are intended for adopting and configuring a first-time EHR or replacing an existing EHR. EHR upgrades that are not full-scale adoption or replacement are not eligible uses of funds for the EHR Modernization Grant but may be permissible in future CalRHT Technology & Tools grants.

1. Pre-subaward costs incurred before the grant agreement start date.
2. Construction, renovation, or building improvements.
3. Promotional items, advertising and public relations promoting the non-federal entity, meals except in limited circumstances allowed by federal cost principles (e.g. outside of approved per diem during relocation), personal entertainment, or gifts.
4. Lobbying activities or political contributions.
5. Costs covered by any other HCAI program, federal grant, or employer reimbursement (non-supplantation).
6. Provider Payments (CalRHT Use of Funds Category B) under the CalRHT initiative.
7. Duplicate payments to the same individual across CalRHT initiatives or HCAI programs, per the Rural Health Transformation Program (RHTP) Terms and Conditions (T&Cs) §14.
8. Indirect costs are not allowed; a 10% program costs allowance applies in its place, capped at 10% of the total subaward amount and taken from the total subaward.
9. Any other cost determined by HCAI or CMS to be unallowable under applicable CMS Standard or Program Terms and Conditions, or under 2 CFR Part 200 Subpart E.

CalRHT funding is subject to Centers for Medicare & Medicaid Services (CMS)-approved allowable-use restrictions and applicable federal grant requirements. Funding may only be used for approved transformation activities consistent with the CMS-approved CalRHT proposal, Rural Health Transformation Program requirements, and applicable Department of Health Care Access and Information (HCAI) guidance. Reference links included below:

- Center for Medicare and Medicaid Services (CMS) Rural Health Transformation Program (RHTP) Notice of Funding Opportunity (NOFO): https://grants.gov/search-results-detail/360442
- Rural Health Transformation, Frequently Asked Questions: https://www.cms.gov/files/document/rural-health-transformation-frequently-asked-questions.pdf

3. Project Narrative and Baseline Capability Gap Assessment

This section supports the Baseline Capability Gap scoring criterion. The most competitive applicants will clearly explain why first-time adoption or full replacement is necessary and how the project will address rural data-exchange, care coordination, and technology infrastructure gaps.

a. Executive Summary (required)

Provide a concise, high-level summary of the proposed EHR Modernization project, the site(s) that would benefit, the requested amount, whether the project is first-time adoption or full replacement, and the expected impact on coordinated, efficient care delivery across rural networks.

Response prompt: Provide a concise summary of the proposed EHR Modernization project.

[Maximum 250 words]

b. Proposed Qualifying Site(s) (required)

Provide information for each proposed site included in the project. The site list should be used consistently across NPI and TIN or EIN documentation, current EHR status, budget allocation, workplan, and milestone reporting.

Response Prompt: Is the application entity applying for multiple qualifying sites?

[Required checkbox]

Options: This application is for a single qualifying site; This application is for multiple qualifying sites

For a single qualifying site, the following information is required.

[Columns include: 1) Site name, 2) Site Address, 3) Site Organization Type (*Options are listed in Section 2), 4*) Site Organization Identifiers including Unique Entity Identifier (UEI), TIN or EIN, and Organization NPI, 5) Site EHR Application Type, 6) Site Current EHR status,

7) Site current EHR system name and version if applicable, 8) approximate EHR implementation year, 9) Other relevant information]

EHR Application Type (required)

Identify whether the proposed project is first-time certified EHR adoption or full replacement of an existing EHR with a certified EHR. Upgrade-only projects are not eligible for this grant opportunity.

Response prompt: Select the EHR Modernization application type.

[Required checkbox]

Options: First-time certified EHR adoption; Full replacement of existing EHR with certified EHR

Current EHR Status (required)

For the proposed application site, identify whether the site currently operates no EHR, paper-based records, a non-certified EHR, or a certified EHR. Include the current system name and version, if applicable, approximate implementation year.

Response prompt: Select the current EHR Implementation status:

[Required checkbox]

Options: Site currently operates no EHR; Site currently operates solely using paper-based records; Site currently operates using a non-certified EHR; Site currently operates a certified EHR

Response Prompt: Describe the current EHR system name and version, if applicable, and approximate implementation year

[Maximum 50 words]

Response Prompt: Enter any other relevant information for the primary application site.

[Maximum 250 words]

If the application entity includes multiple proposed qualifying sites, upload the Proposed Qualifying Site template. For each proposed site, the following information is required.

[Columns include: 1) Site name, 2) Address, 3) Organization Type, 3) Organization Identifiers including Unique Entity Identifier (UEI), TIN or EIN, Organization NPI, 4) EHR Application Type, 5) Current EHR status, 6) current EHR system name and version if applicable, 7) approximate EHR implementation year, 8) Other relevant information; Add rows as needed]

c. Baseline Capability Gap and Replacement Rationale (required)

Describe the specific functional limitations, interoperability gaps, public health reporting gaps, certification deficiencies, clinical workflow constraints, patient-access limitations, or other documented issues driving the need for first-time adoption or full replacement.

Response prompt: Describe the baseline capability gap and why EHR adoption or full replacement is necessary.

[Maximum 750 words]

d. Technology Needs Narrative (required)

Describe the patient population served, challenges attributable to current EHR status, and how adoption or replacement will improve rural access, quality, safety, efficiency, reporting, interoperability, and sustainability.

Response prompt: Describe how the proposed project addresses rural technology needs and improves care delivery.

[Maximum 750 words]

4. EHR Solution and Vendor Selection and Implementation Plan

This section supports the Feasibility and Vendor Readiness scoring criterion. Applicants with a detailed vendor selection and implementation plan, identified vendor, vendor letter of intent or attestation, and clear business requirements will be more competitive.

a. Proposed EHR Solution Overview (required)

Identify the proposed certified EHR solution, anticipated vendor or vendor type if known, procurement approach, major implementation phases, and expected timeline from contract execution to go-live.

Response prompt: Provide the proposed EHR solution overview.

[Maximum 500 words]

b. Vendor Selection and Implementation Plan (required)

Describe the vendor selection process, evaluation criteria, procurement status, vendor readiness evidence, and whether a vendor quote, letter of intent, or vendor attestation is available. Attach vendor documentation if available.

Response prompt: Describe vendor selection and readiness status and upload supporting documentation if available.

[Maximum 750 words plus optional attachments]

c. Business Requirements (required)

Summarize the clinical workflow, reporting, and integration requirements the new EHR must meet.

Response prompt: Summarize the clinical workflow, reporting, and integration requirements for the new or replacement EHR.

[Maximum 750 words]

5. Regional Integration, DxF Connectivity, and Cybersecurity

This section supports the Regional Network Integration and Cybersecurity and Privacy Plan scoring criteria. Applicants should describe how the EHR project will advance regional health network goals, data exchange, privacy, security, and rural health outcomes.

a. Regional Network Integration Narrative (required)

Describe how the project will advance regional health network goals, improve referral and care coordination pathways, improve public health or quality reporting, and contribute to rural health outcomes in the service area.

Response prompt: Describe the regional integration value of the proposed EHR Modernization project.

[Maximum 750 words]

b. California Data Exchange Framework Connectivity Plan (required)

DxF participation is a requirement for subrecipients. Describe current Data Sharing Agreement signatory status, current QHIO/HIE connection or national network participation status, and planned approach to implementing DxF and data exchange capabilities through the new or replacement EHR.

Response prompt: Provide the DxF connectivity plan.

[Maximum 750 words]

c. Cybersecurity and Privacy Plan Attestation (required)

Confirm that the EHR implementation will comply with applicable federal cybersecurity requirements and that the organization has, or will have by grant agreement execution, a cybersecurity plan consistent with HHS Health Industry Cybersecurity Practices. A standardized security risk assessment is required for the final milestone.

☐ I attest that the Applicant Entity's EHR implementation will comply with applicable federal cybersecurity requirements, and the organization has, or will have by grant agreement execution, a cybersecurity plan consistent with HHS Health Industry Cybersecurity Practices (HICP) guidelines.

If Applicant Entity cannot attest, please explain why:

[Maximum 250 words]

d. Reporting Plan (required)

Describe how the applicant will submit annual Financial Reports, annual Activity Reports, streamlined quarterly financial and performance reports, and streamlined monthly subrecipient activity and financial reporting, including project status, obligation, expenditure, milestone, and outcome information.

Response prompt: Describe the reporting plan and accountable roles.

[Maximum 500 words]

6. Funding Request, Budget, Sustainability, and Workplan

This grant year, $11,650,000 in CalRHT Budget Period 1 (BP1) funding is available for EHR Modernization Grants. HCAI aims to fund up to 18 grants. Subawards may be up to $2,000,000 for the BP1 subaward cycle. HCAI may award full, partial, or no funding based on application

score, available funding, technology need, geographic and facility-type distribution priorities, applicable Tribal set-aside requirements, and other HCAI considerations.

a. Funding Request Summary (required)

Provide the amount requested and total estimated project cost. If the total estimated project cost exceeds the grant request or $2,000,000 maximum subaward amount, the applicant must describe the co-funding gap and how the full implementation will be funded.

Response prompt: Complete the funding request summary.

[Requested grant amount must not exceed $2,000,000]

Budget category	Applicant should include
A. EHR Software Licensing and Subscription Fees	Initial software licenses, first-year SaaS subscription fees, and module add-ons required for the funded EHR system.
B. Implementation and Configuration	Vendor or third-party services to configure, deploy, and customize the EHR system.
C. Data Migration	Extracting, cleaning, transforming, loading, archival data mapping, and post-migration validation.
D. Interface and Interoperability Development	Internal work to configure and activate interoperability within the new or replaced EHR system. HIE/QHIO onboarding and participation costs are not allowable.
E. Training and Change Management	Vendor training, super-user development, training materials, go-live coaching, stabilization, and first-year optimization.
F. IT Hardware and Equipment	Hardware directly required for implementation, such as servers, network equipment, medical devices, workstations, and printers.
G. Program Costs Allowance	Up to 10% of total subaward for documented staff time coordinating the EHR Modernization project. Taken from, not added to, the total subaward.

b. Budget Template and Narrative (required)

Each applicant must submit a budget at application aligned to the allowable cost categories. Organizations selected for tentative subaward will submit a detailed budget with annual allocations by funding category before the first payment is released.

Response prompt: Upload the completed EHR Budget Template and provide a budget narrative explaining the basis for requested amounts.

[Maximum 500 words plus required Budget Template attachment]

c. Total Project Cost and Co-Funding Plan (required where applicable)

Where total implementation cost exceeds the requested grant amount or $2,000,000 maximum, identify the co-funding gap, funding sources, amounts, confirmed or anticipated status, and expected timing.

Response prompt: Provide the total project cost and co-funding plan.

[Maximum 500 words]

d. Sustainability Plan (required)

Describe how the organization will maintain and fund EHR operations after grant funds are expended, including projected ongoing costs for licensing, maintenance, IT staffing, future system updates, cybersecurity compliance, data exchange, and training.

Response prompt: Provide the sustainability plan and complete the Sustainability Plan section of the budget template.

[Maximum 750 words]

e. Workplan Attachment (required)

Applicants must upload the EHR Workplan Template. The workplan should address vendor selection, implementation planning and design, system build and configuration, training and go-live, stabilization and optimization, grant completion, cybersecurity and privacy, DxF connectivity, and reporting.

Response prompt: Upload the completed EHR Workplan Template and summarize the implementation timeline.

[Maximum 500 words plus required Workplan Template attachment]

7. Organizational Capacity, Attachments, and Applicant-Type Questions

This section allows applicants to demonstrate administrative, technical, financial, and governance capacity to execute and oversee an EHR implementation project and submit required reports through the program reporting endpoint.

a. Implementation and Administration Team (required)

Identify the accountable roles responsible for project governance, vendor management, budget oversight, privacy/security, clinical operations, IT, data migration, training, reporting, and grant compliance. If a role is vacant or will be filled after award, describe interim coverage.

Response prompt: Provide accountable roles and note vacancies and interim coverage where applicable.

[Maximum 500 words]

b. Organizational Capacity Confirmation (required)

Confirm that the applicant has administrative, technical, and financial capacity to execute and oversee an EHR implementation project, manage vendors, comply with the grant agreement, and submit required reports. Previous experience managing grants is not required.

Response prompt: Describe the applicant's administrative, technical, and financial capacity to execute and oversee an EHR implementation project, manage vendors, comply with the grant agreement, and submit required reports. Identify areas of capacity constraints that may impact the applicant's ability to fulfill timely execution of the grant as described in the workplan.

[Maximum 500 words]

c. Public-Body Applicant Authorization (conditional)

When the prospective subrecipient is a county or other local public body, the prospective subrecipient must include a copy of the resolution, order, motion, ordinance, or other similar document from the local governing body authorizing execution of the grant agreement with HCAI and confirming the prospective subrecipient's authority to accept, receive, and expend the subawarded grant funds, including up to the applicable maximum subaward amount per award funding cycle ($2,000,000), with the signed grant agreement.

Response prompt: The Applicant Entity is a county or other local public body.

Response prompt: Upload supporting documentation if available. [optional attachment]

d. Single Audit History Disclosure (conditional)

If the applicant has expended $1,000,000 or more in federal awards or subawards in any of the three most recent fiscal years, provide Single Audit history report as directed by HCAI.

Response prompt: Has the applicant met the Single Audit threshold in any of the three most recent fiscal years? If yes, provide required report.

e. Required and Conditional Attachments

The following documentation is required or may be required based on responses in the application portal. File type and size requirements will be defined by HCAI in published application instructions or the application portal.

Attachment or documentation	When required
EHR Budget (in provided template format), including Sustainability and Co-Funding Plan sections, and supporting documentation if requested	Required at application. Detailed budget and supplemental financial documentation required after tentative subaward notification.
EHR Workplan (in provided template format) Template	Required at application.
Eligibility documentation for each proposed site	Required at application.
SAM.gov active registration record and UEI	Required at application.
NPI and TIN or EIN for each proposed site	Required at application.
Current EHR status and baseline capability documentation	Required at application.
Vendor quote, letter of intent, vendor attestation, or vendor selection documentation	Required if available; improves vendor readiness support. Applicants without selected vendor must provide procurement plan.
Business requirements documentation	Required at application.
DxF connectivity plan and DSA/QHIO/national network status	Required at application.

Cybersecurity and privacy attestation	Required at application.
Federal compliance certifications	Required at application.
Public-body authorization	Required for public-body applicants at time of signed agreement.
Single Audit history report	Conditional if threshold is met.

8. Review, Scoring, and Post-Award Milestones

a. Review and Scoring

HCAI will score eligible applications using a 100-point rubric and reserves the right to determine the number of subawards and modify subaward amounts. Competitive proposals will demonstrate strong alignment with the grant purpose, documented technology need, feasible implementation, regional integration value, cybersecurity readiness, and a credible budget and sustainability plan.

Scoring criterion	What reviewers evaluate	Points
Baseline Capability Gap	Current EHR limitations, no EHR/paper/non-certified EHR status, certified EHR replacement rationale, interoperability gaps, public health reporting gaps, certification deficiencies, and technology need.	25
Feasibility and Vendor Readiness	Vendor selection and implementation plan, vendor identification or procurement approach, business requirements, implementation phases, timeline, and vendor capacity.	30
Regional Network Integration Value	How modernization advances regional health network goals, referral/care coordination pathways, rural health outcomes, and DxF/QHIO/national network connectivity.	15
Cybersecurity and Privacy Plan	Attestation and commitment to cybersecurity and privacy planning aligned with HHS Health Industry Cybersecurity Practices.	5
Budget and Sustainability	Line-item budget aligned with scope, credible total project cost and co-funding plan, non-supplantation, and detailed sustainability plan for ongoing EHR operations.	25
Total		100

b. Key Dates

Key event	Date or timeframe
RFA release date	July 20, 2026
Application window opens	July 20, 2026, at 3:00 p.m.
Application window closes	August 21, 2026, at 3:00 p.m.
Completeness and scoring review	August/September 2026
Subaward notifications issued	September 2026
Grant agreements executed	September/October 2026
First payment disbursed	October/November 2026
Final payment disbursed	No later than September 30, 2027

c. Post-Award Milestones and Payments (informational)

Milestone	Requirement	Payment
Milestone 0 - Signed Grant Agreement	Completed Project Implementation Plan, budget, and workplan approved by HCAI and adjusted to final grant amount.	0%
Milestone 1 - Procurement and Implementation Launch	Completed Milestone 0, completed Technology Readiness Assessment with demonstrated feasibility, and signed EHR vendor contract dated post-grant agreement execution.	40%
Milestone 2 - Interim Report and Compliance	Completed Interim Report and required baseline training.	0%
Milestone 3 - Final Report	Completed Milestone 2, Final Report, confirmed EHR go-live/use, DSA signatory status, required data-exchange metrics, standardized security risk assessment, sustained cybersecurity certification for data managed by technology, and patient portal access.	60%

9. Attestations (required)

This section requires an authorized signature for final submission certifications. The Authorized Representative identified in this application must be authorized to act on behalf of the Applicant Entity and to make all representations, certifications, and attestations in this

application. By selecting and submitting these attestations, the Authorized Representative affirms that they are authorized to bind and represent the Applicant Entity with respect to the commitments described in this application.

a. Disclosure of investigations or enforcement actions (required)

Applicants should disclose whether the Applicant Entity is currently under local, state, or federal investigation actions that could materially affect the organization's operations standing or ability to successfully fulfill the commitments associated with this program. This information is intended to support program integrity and assess organizational readiness and capacity.

☐ I attest that the Applicant Entity is not currently under any local, state, or federal investigation that would materially impair the Applicant Entity's ability to participate in or fulfill the commitments associated with this program.

If Applicant Entity cannot attest, please explain why:

[Maximum 50 words]

b. Non-duplicative funding (required)

CalRHT funding may not duplicate or supplant existing federal, state, local, Tribal, or private funding supporting the same activities or purposes. Applicants are responsible for ensuring that requested funds are used for allowable, non-duplicative activities consistent with CMS and CalRHT requirements.

Response prompt:

☐ I attest that CalRHT funding will not supplant existing funding or result in duplicative funding for the same activities from another funding source.

If Applicant Entity cannot attest, please explain why:

[Maximum 50 words]

c. Documentation (required)

Applicants are responsible for maintaining documentation and supporting records related to grant fund management, implementation progress, milestone achievement, reporting, and performance against defined metrics. Documentation may be subject to monitoring, audit, validation, or review by HCAI, CMS, or other authorized entities.

Response prompt:

☐ I attest that the Applicant Entity will maintain documentation and supporting records related to grant fund management, implementation progress, milestone achievement, reporting, and performance measurement consistent with applicable grant requirements.

If Applicant Entity cannot attest, please explain why:

[Maximum 50 words]

d. Certification of accuracy and completeness (required)

Provide attestation signature certifying that all information and documentation provided in this application is true and accurate, and that all required documents are attached.

Response prompt:

☐ I attest that the information contained in this application is complete, true, and accurate to the best of my knowledge and that I am authorized to submit this application on behalf of the organization.

Signature:

[Signature]

Appendix A: Glossary

- **Applicant Entity:** Legally recognized organization applying for EHR Modernization funding.
- **Authorized Representative:** Individual with authority to submit the application, certify attestations, sign grant-related agreements, and bind the Applicant Entity.
- **California Data Exchange Framework (DxF):** Statewide framework and Data Sharing Agreement supporting secure exchange of health information.
- **California Department of Health Care Access and Information (HCAI):** State agency leading CalRHT program oversight and implementation.
- **California Rural Health Transformation Program (CalRHT):** Statewide initiative designed to improve access, quality, workforce capacity, technology, and sustainability of rural health care delivery.
- **Centers for Medicare & Medicaid Services (CMS):** Federal agency within HHS that administers Medicare, Medicaid, and other national health care programs.
- **Certified EHR**: Electronic Health Record technology meeting applicable certification requirements for the funded project.
- **Data Sharing Agreement (DSA):** Agreement associated with participation in the California Data Exchange Framework.
- **EHR Modernization:** First-time certified EHR adoption and configuration or full replacement of an existing EHR with a certified EHR.
- **Health Information Exchange (HIE):** Organization or technology arrangement supporting electronic exchange of health information.
- **Program Costs Allowance:** Allowance of up to 10% of total subaward for documented staff time coordinating the EHR Modernization Grant project.
- **Qualified Health Information Organization (QHIO):** Organization qualified to support data exchange under the California Data Exchange Framework.
- **Technology Readiness Assessment:** Assessment used to evaluate a subrecipient technology environment and implementation readiness.
- **Unique Entity Identifier (UEI):** Federal identifier assigned to organizations doing business with the U.S. government.