California Rural Health Transformation (CalRHT) Budget Period 1 (BP1) Tribal Set-Aside Request for Applications (RFA)

Noncompetitive Program Award

Application and Instructions

Department of Health Care Access and Information

October 21, 2026

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

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Tribal Set-Aside CalRHT Allocation

The Tribal Set-Aside represents approximately five percent of the total CalRHT funding allocation, or $11.65 million. HCAI considers this amount a funding floor for rural Tribal Health Programs (THP) owned and operated by federally recognized Tribes.

Welcome and Purpose

HCAI invites eligible Tribal Health Programs (THPs) to use this application to request a formula-based CalRHT Budget Period 1 Tribal Set-Aside award. Read it with the companion Grant Guide, which explains program conditions; the executed agreement controls funded work.

The full $11.65 million BP1 Tribal Set-Aside is committed to eligible THPs. HCAI verifies eligibility, sites, proposed uses, costs, and compliance, then approves each scope, budget, and workplan before award execution. No competitive narrative, scoring, or ranking is required.

Depending on its eligibility pathway, a THP may propose recruitment and retention, electronic health record modernization, or family medicine obstetrics fellowship training-site capacity.

At a Glance	Details
Funding for this opportunity	$11.65 million BP1 Tribal Set-Aside; the entire amount is reserved for eligible THPs.
Application window	October 26, 2026 through Nov 20, 2026 at 3pm PT.
Award spending period	The executed agreement sets allowable-cost dates. HCAI payments for BP1 funds may not be made after September 30, 2027.
How to submit	Submit the completed application through the application Link: Tribal Set-Aside Noncompetitive Grant Funding
Questions and application help	HCAI: info@calruralhealth.org | 855-225-7487 CRIHB: CalRHT.ta@crihb.org

Tribal Health Program Application Components

Complete four short sections:

1. **Provide eligibility and sites information.**
2. **Choose your funding uses.** Complete only the options you select.
3. **Provide a budget and milestones.** HCAI will confirm the allocation and final amounts.
4. **Certify and submit.** Sign Section 4 and complete Appendix A when applicable.

Eligibility and Award Determination

For this RFA, an eligible THP is a health program owned and operated by a federally recognized Tribe or Tribes that meets one of the site pathways below. HCAI may provide a preliminary THP and site list for review; a program not listed may request an eligibility determination. A preliminary list does not replace HCAI verification.

Requirement	Rural THP	Rural-serving THP
Qualifying site	At least one HRSA-defined rural clinic site with a licensed clinician practicing at the site.	No rural clinic site; at least one clinic site with a licensed clinician and a patient population at least 50 percent rural, verified by HCAI.
Funding options	Recruitment & Retention; EHR Modernization; FM-OB Fellowship.	FM-OB Fellowship only.
Base allocation per THP	$200,000	$100,000
Rural-site allocation	Additional formula amount for each confirmed eligible rural clinic site.	No rural-site allocation.

HCAI verifies whether a site is rural under the Health Resources and Services Administration (HRSA) definition using the HRSA Rural Health Grant Eligibility Analyzer; applicants need not submit screenshots. Where a 50-percent rural-patient test applies, HCAI classifies the prior-calendar-year patient-address file through the separate secure process in Appendix A.

Award Calculation

HCAI calculates your award in the following manner:

For a rural THP: award = $200,000 base allocation + (confirmed eligible rural clinic sites × the per-site amount). For an urban-located, rural-serving THP with no rural clinic site: award = $100,000 base allocation, with no per-site amount.

The per-site amount equals the balance of the $11.65 million after all eligible THP base allocations, divided by the total confirmed eligible rural clinic sites. HCAI calculates and communicates each amount after verification; applicants do not calculate the statewide denominator.

Each participating THP receives one base allocation, and each eligible rural clinic site is counted once. HCAI verifies site eligibility and resolves shared or duplicate listings before calculating final awards.

Review Process and Grant Agreement Approval

HCAI checks the THP and site pathway, proposed uses and costs, UEI before award, federal exclusion status, and required documentation for eligibility. If information is missing or unclear, HCAI will offer an opportunity to clarify or correct it. A missing field or site-count discrepancy alone does not forfeit an otherwise eligible THP's formula allocation while eligibility is resolved. HCAI will send communication on status only to the point of contact listed in the application.

HCAI also performs a subrecipient risk review to determine support and monitoring needs. It does not competitively score THPs or change formula amounts. HCAI may ask for financial, audit, or control information needed to complete this review.

An allocation is not an automatic payment. HCAI must approve the scope, budget, workplan, and grant agreement before funded work begins. The executed agreement will set the approved cost period, payment conditions, reporting, records, and applicable Tribal authorizations.

Section 1. Confirm Eligibility and Location Sites

Review any information HCAI has prefilled. Correct or add information as needed. Use the legal entity name that will appear on the grant agreement and match the UEI.

Applicant information	**Response**
THP name	
Legal entity signing the agreement	☐ Same as THP name above, or:
Federally recognized Tribe(s) that own and operate the THP	
Legal business address	
Primary contact	Name / title: Email / phone:
Authorized representative	☐ Same as primary contact, or name / title: Email / phone:
UEI (12-character identifier)	_____ ☐ Being obtained; assistance requested
Organization's tax ID (EIN / TIN)	_____ Do not provide a Social Security number.

Applicant information	Response
National Provider Identifier (NPI), if any	_____ ☐ Not applicable

UEI timing: A THP may apply while obtaining a Unique Entity Identifier (UEI), but HCAI must receive the UEI before making the subaward. Under 2 CFR 25.300, a subrecipient does not need full SAM.gov registration solely to obtain a UEI. HCAI also checks federal exclusion status.

Which eligibility pathway applies?

☐ Rural THP ☐ Urban-located, rural-serving THP ☐ HCAI review needed

Basic Eligibility and Applicant Organization Type

Applicants must provide the name, physical address, and services offered at each proposed clinic site. Site names should reflect the official operating or facility name, and addresses should include the street address, city, state, and ZIP code. Applicants should identify the operating entity for each site, if different from the applicant, and indicate the types of services provided onsite, consistent with the service categories identified in the WDRR application. If applicable, applicants must provide sufficient information for HCAI to verify Tribal ownership and operation requirements. HCAI will make the final determination regarding site eligibility and rural status. To be eligible for WDRR program funding, for example, the applicant must fall into one of the categories below:

- **Hospital (rural)**: General acute care hospitals, including Critical Access Hospitals (CAH) and rural non-CAH hospitals; facility must be physically located in a rural area, as defined by the Health Resources and Services Administration (HRSA)
- **Federally Qualified Health Center (FQHC) or FQHC Look-Alike**: HRSA-certified FQHC site or FQHC Look-Alike, including Tribal FQHC sites; facility must be physically in a rural area, as defined by the Health Resources and Services Administration (HRSA)
- **Rural Health Clinic (RHC)**: CMS-certified rural ambulatory care site physically located in a rural area, as defined by the Health Resources and Services Administration (HRSA)
- **Tribal Clinic or Native American Health Center**: Includes Indian Health Service (IHS)-designated facilities and Tribal Health Organizations physically located in a rural area of California as defined by the Health Resources and Services Administration (HRSA)
- **Other Comprehensive Community Health Clinic**: Direct-service rural health facility providing comprehensive community health services

- **Regional Collaboration or Consortium**: A collaborative arrangement among multiple eligible organizations (applies in addition to the eligible org types listed, not as a standalone type); collaborative or consortium applicant with a lead organization, documented partners, and shared workforce or service-delivery model serving qualifying rural sites
- **Health Care District**: District-based rural health provider or service site serving qualifying rural communities

Clinic site name and full address and zip code	Operating entity, if different	National Provider Identifier (NPI)	Rural status (HCAI verifies)	Licensed clinician at site?	Services offered
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

Help or clarification needed (optional): [Describe briefly.]

Section 2. Choose Funding Uses

Complete only options available under your verified eligibility pathway. Estimate the share of your allocation for each selected option; shares should total 100 percent. Describe the activity, sites, partners, expected result, and planned cost. HCAI will confirm final dollar amounts and allowable uses before agreement execution. Short, specific responses are sufficient.

☐ Workforce Development Recruitment & Retention

Rural THPs only | Proposed share of allocation: _____%

Describe proposed recruitment or retention of primary care, maternal health, nursing, behavioral health, allied-health, or community-based direct-care professionals at qualifying rural sites, or an organization-based workforce strategy. Identify the role, site, incentive or organizational cost, and expected result. CMS requires a five-year rural service commitment for an individual recruitment or retention incentive supporting rural clinical service; general workforce infrastructure does not by itself create an individual obligation.

Focus: ☐ Recruitment ☐ Retention ☐ Organizational workforce capacity
Roles / estimated number: _____ Rural site(s): _____
For individual incentives, describe the proposed service commitment and tracking approach: _____

Planned use (2–4 sentences): [What will the funding support?]

☐ Electronic Health Records (EHR) Modernization

Rural THPs only | Proposed share of allocation: _____%

Describe first-time adoption and configuration of an EHR or replacement of an existing EHR, including the current system and need, proposed system change, sites, implementation and go-live steps, and expected improvement in records or data exchange. The separate EHR Modernization guide is a planning model; its project-specific eligibility and cost rules are not automatically imported here. CMS's five-percent limit on replacement of a HITECH-certified EHR in place as of September 1, 2025, is program-wide, not a cap on each THP award. Other proposed EHR enhancements may be described for HCAI review; inclusion in an application does not establish Tribal Set-Aside allowability.

Type: ☐ First-time EHR ☐ Replacement ☐ Other proposed EHR enhancement (describe)
Current EHR and reason for change: _____ Site(s): _____
Proposed vendor or procurement approach; migration, interfaces, security, training, and go-live: _____

Planned use (2–4 sentences): [What system change and implementation work will the funding support?]

☐ Expand and Support Rural Workforce Capacity: Family Medicine – Obstetrics (FM-OB) Fellowship

Both eligible THP groups | Proposed share of allocation: _____%

Describe the THP's proposed role as an FM-OB fellowship training site with an existing or proposed graduate medical education sponsoring organization, including faculty and preceptor capacity, clinical supervision, planned training slots, schedule, and organizational costs. The separate FM-OB guide funds training-site and program capacity but excludes individual fellow benefits; those exclusions are not automatically Tribal Set-Aside rules. Itemize any proposed individual fellow support separately so HCAI can determine its allowability before award approval.

Sponsor: _____ ☐ Existing ☐ Proposed ☐ Assistance requested
Proposed training site(s), THP role, and planned training slots: _____

Planned training support (2–4 sentences): [Describe the activities your THP will support.]

Each proposed training site must serve at least 50% rural residents. Complete Appendix A so HCAI can verify the requirement. The same verification can establish THP's eligibility for the rural-serving pathway.

A partnership letter is optional with the initial application. HCAI must confirm the sponsoring arrangement and required written documentation before funded training begins. Planning costs also require an approved scope, budget, and cost period.

Section 3. Budget and Implementation

At the time of initial submission, applicants are required to provide a preliminary budget outlining anticipated cost categories and a proposed milestone schedule. Program-specific budget and milestone templates will be provided through the online application portal based on the grant program selected.

Section 4. Certify and Submit

An official authorized to bind the THP signs this section. A rural-serving THP using the 50-percent patient pathway also completes the Appendix A attestation. HCAI may request evidence of the signer's authority before executing an award.

Award Requirements

Approved uses and costs. Funds may be charged only to the approved scope, budget, and cost period and must satisfy applicable federal cost principles. Costs paid by another source cannot also be charged here. Federal Rural Health Transformation Program (RHTP) restrictions include pre-award costs, new construction or building expansion, lobbying, duplicate billable clinical services, and clinician salary or wage support at facilities using clinician non-compete clauses. Minor renovation, provider payments, individual benefits, and replacement of an existing HITECH-certified EHR require review under controlling federal and Tribal award terms.

Reporting. Recipients will report expenditures and progress against approved activities and milestones using HCAI instructions. The executed agreement will specify report frequency, due dates, forms, measures, and any CMS-related follow-up.

Records, payments, and closeout. Recipients must separately track CalRHT costs, retain supporting documentation under 2 CFR 200.334 and the agreement, and allow authorized monitoring and audit access. The agreement will state payment method, required payment evidence, treatment of unused or disallowed funds, and closeout.

Grant subrecipient agreement. Submission does not execute an award. HCAI will approve the final scope, budget, workplan, federal terms, and Tribal authorizations before signature. Any confirmed individual service obligation may continue after the spending period.

Consolidated Certification

By signing below, I certify on behalf of the applicant that:

1. Accuracy and authority. The information in this application, site list, and Appendix A, if applicable, is accurate to the best of my knowledge. I am authorized to submit this application and its certifications.

2. Allowable, nonduplicative spending. Funds will be used only for approved activities and allowable costs. The THP will not duplicate payment of a cost or supplant existing funding contrary to the applicable award terms.

3. Records and reporting. The THP will maintain expenditure and activity records, submit required reports, and permit authorized review and audit access consistent with applicable privacy and data-protection requirements.

4. Changes and disclosures. The THP will obtain required HCAI approvals for scope or budget changes and promptly report material eligibility or implementation changes and legally required disclosures.

5. Program conditions. The THP will follow the approved conditions for each selected use, including any applicable individual service agreement, tracking, or repayment requirement stated in the executed award, and will complete all authorizations needed for agreement execution.

Authorized representative name and title: _____

Signature: _____ Date: _____

Submit Sections 1–4 and Appendix A when applicable through the method stated in the final posting notice. No competitive narrative or letters for unselected uses are required. Do not send patient-address data by ordinary email or in the general application; use HCAI's separate secure process. HCAI will contact the THP about missing or unclear information.

Appendix A. Rural-Service Attestation and Verification

Complete one form for an urban-located, rural-serving THP's qualifying site and for each proposed FM-OB training site. One form may serve both purposes for the same site. A rural THP selecting only Recruitment & Retention or EHR Modernization may skip this appendix.

THP / legal entity: _____

Clinic site name and address: _____

Prior calendar year: January 1–December 31, 20_____

Purpose: ☐ Urban-located, rural-serving THP eligibility ☐ FM-OB training site

HCAI Verification of Patient Addresses

Provide the prior calendar year's patient-address file for the relevant site through HCAI's separate secure process. HCAI classifies addresses under the HRSA rural definition using HRSA's rural analyzer and calculates the percentage of rural patients served at the site; the THP need not geocode or calculate it. The file must contain only fields HCAI requests, and HCAI will determine whether the 50% threshold is met for the 50-percent tests.

HCAI will provide the patient-address file template and secure-transfer instructions before applications open. Do not send the file by ordinary email or in the general application.

File status: ☐ Submitted securely ☐ Help requested to prepare or transfer the file

HCAI file reference / submission date, if available: _____

HCAI review: Rural percentage _____% | ☐ Meets 50% test ☐ Follow-up needed

Reviewer / date: _____

Rural-Service Attestation by Authorized Tribal Signatory

I certify, on behalf of the THP and to the best of my knowledge, that the patient-address file identified above accurately represents the specified site and prior calendar year. HCAI will independently calculate whether at least 50 percent (50%) of that site's patients reside in an HRSA-defined rural area.

Authorized signatory name and title: _____

Signature: _____ Date: _____

HCAI verifies the 50-percent (50%) rural-patient test for each proposed FM-OB training site before award approval.