

Rural Health Clinic Chronic Disease and Collaborative Care Fund Application



Michigan Center for Rural Health | Rural Health Transformation Program

Purpose. This application helps MCRH understand your clinic's needs, current capacity, project idea, partnerships, readiness, and anticipated funding needs. You do not need a fully developed workplan or final performance measures to apply. Selected clinics will develop those items with MCRH.

Application deadline	October 30, 2026
Maximum award	\$300,000
Grant period	Begins upon execution of the subgrant agreement and ends September 30, 2027. All awarded funds must be expended by September 30, 2027.
Submit application to	RHTP.MCRH@msu.edu re: Chronic Disease/Collaborative Care Fund

Before You Begin

Please review the Application Guide and Frequently Asked Questions and the Eligible and Ineligible Uses of Funds Guide before applying.

Choose an application approach

Applications for this funding opportunity may be submitted using one of two approaches:

- An eligible RHC may submit an individual clinic-level application; or
- A health system or organization may submit one organization-level application that includes multiple eligible RHCs.

Each participating RHC must be identified by name, location, and CMS Certification Number (CCN). An organization-level application must also explain how the proposed activities and requested funding will be allocated among the participating clinics.

RHC may appear in only one application for this funding opportunity. A clinic included in an organization-level application may not also submit or be included in a separate application.

- ☐ I have reviewed the Application Guide and Frequently Asked Questions.
- ☐ I have reviewed the Eligible and Ineligible Uses of Funds Guide.
- ☐ Each clinic included in this application is a Certified Rural Health Clinic located in a Michigan county designated as fully or partially rural, or I have contacted MCRH to confirm eligibility.

Instructions for Completing and Saving the Fillable PDF

Download the form and save it to your computer before entering information.

Open the saved PDF in Adobe Acrobat Reader or another PDF application that supports fillable forms.

Complete the fields by clicking each box and typing your response. Use the Tab key to move between fields.

Save your work frequently. Use Save As to create a copy with your clinic or organization name in the filename.

Close and reopen the saved file to confirm your responses have been saved and the application is complete.

Completed applications and all supporting documents must be submitted by email to

RHTP.MCRH@msu.edu before 5:00 p.m. Eastern Time on October 30, 2026.

Keep a copy of the completed application and supporting documents for your records.

Applicant Information

Parent Organization or Health System Name

Certified Rural Health Clinic name and address

List every participating clinic if this is a multi-site application. Attach one additional page if needed.

CCN#	Clinic Name	Address	City, Zip

Primary service area, including counties or communities served

Role	Name	Job title	Email	Phone
Project lead and Primary Contact				

Community and Clinic Need

In a few sentences, describe the most important chronic disease or care coordination needs this project would address.

You may include local context that is not fully reflected in available county or state data. Suggested length: 150 words or less.

Who would benefit from the project?

Briefly describe the patients, populations, communities, or clinic locations you plan to serve. Suggested length: 100 words or less.

Proposed Use of Funding

What would the funding help your clinic develop, strengthen, or expand? Select all that apply.

These selections identify the primary activities the funding would support. Selected clinics will work with MCRH to ensure the final project addresses all required fund priorities.

- ☐ Establish or strengthen community and cross-sector partnerships
- ☐ Recruit, train, support, or integrate a Community Health Worker
- ☐ Strengthen CHW supervision, workflows, reimbursement readiness, or sustainability
- ☐ Improve care coordination or team-based workflows
- ☐ Strengthen patient screening, routine assessment, monitoring, or risk tracking
- ☐ Improve referrals, resource connections, and follow-up
- ☐ Implement or expand an evidence-based chronic disease prevention or management approach
- ☐ Implement or expand a preventive care or behavioral health activity that supports the proposed chronic disease or coordinated-care approach
- ☐ Strengthen data collection, performance measurement, or evaluation
- ☐ Use technology to support screening, care coordination, referrals, or follow-up
- ☐ Other: _____

Selected clinics will work with MCRH to develop a detailed project workplan and budget. Funding must support new or additional work and may not replace existing funding or costs paid by another source.

Required Funding Priorities

Participating clinics will be expected to address each of the required priority areas below. Clinics will not be expected to begin at the same starting point or implement identical activities. The questions in this section will help MCRH understand the clinic's current capacity and proposed direction. A complete implementation plan is not required to apply.

Cross-sector Partnerships

Funded clinics must establish or expand relationships that support coordinated, community-driven care and prioritize connections with existing Michigan Hubs and other community organizations serving the same area.

Which current or proposed partners could support this project, and how?

Formal commitment letters are not required. Suggested length: 100 words or less.

Foundational Infrastructure and Evaluation

Establish baseline project measures using a recent needs assessment or additional assessment, identify gaps in chronic disease tracking, and develop an approach to evaluation and measurement.

What information, assessments, tracking, or measurement processes do you already have, and what would you like to strengthen? Suggested length: 100 words or less.

Community Health Worker Integration and Sustainability

Strengthen or expand the role of an existing CHW and/or recruit, train, and support a new CHW; integrate the CHW into the care team; track outreach, education, referrals, and follow-up; and develop an approach to reimbursement, billing readiness, or another sustainable care team model.

Select the approach you anticipate. Select all that apply.

- ☐ Strengthen or expand the role of an existing CHW
- ☐ Recruit and hire a new CHW
- ☐ Train an existing or newly hired team member as a CHW
- ☐ Develop CHW supervision, workflows, documentation, billing, or reimbursement readiness
- ☐ Other: _____

Briefly describe your current or planned CHW capacity and how the CHW would support the project.

Suggested length: 100 words or less.

Preventive Care and Chronic Disease Management

Implement or strengthen an evidence-based chronic disease prevention or management approach based on clinic and community priorities. Activities may address diabetes, hypertension, preventive care, behavioral health needs connected to the proposed project, or other identified chronic disease priorities.

What preventive care, chronic disease prevention, chronic disease management, or related behavioral health activities would you implement or strengthen? Suggested length: 150 words or less.

Screening Monitoring and Referral Coordination

Strengthen population health screening, routine assessment and risk-factor tracking, care coordination, referrals, and follow-up to connect patients with appropriate clinical and community services.

What screening, monitoring, referral, care coordination, or follow-up processes would you implement or strengthen? Suggested length: 150 words or less.

Sustainability

Participating clinics will develop workflows, partnerships, staffing and care team approaches, financing strategies, and other supports that can help successful activities continue beyond the funding period.

What initial ideas does your clinic have for sustaining successful project activities beyond the funding period? A complete sustainability plan is not required to apply. Suggested length: 100 words or less.

Project Team and Readiness

Select one response for each statement. Our clinic can...

1. Identify a project lead and implementation team.

☐ Can do ☐ Can do with support ☐ Not yet ready

2. Participate in onboarding, technical assistance, and shared learning.

☐ Can do ☐ Can do with support ☐ Not yet ready

3. Work with MCRH to establish baseline measures and finalize a project workplan.

☐ Can do ☐ Can do with support ☐ Not yet ready

4. Coordinate with technology vendors and community partners as needed.

☐ Can do ☐ Can do with support ☐ Not yet ready

5. Track agreed-upon measures and submit required performance and fiscal reports.

☐ Can do ☐ Can do with support ☐ Not yet ready

What other support would help your clinic successfully implement this project? Suggested length: 100 words or less.

Anticipated Results and Sustainability

What changes or early results would you expect to see if the project is successful?

Examples may relate to partnerships, screenings, referrals, individuals served, CHW activities, care coordination, or clinic-specific outcomes. Suggested length: 150 words or less.

Anticipated Funding Needs

Applicants may request up to \$300,000, whether the clinic applies individually or is included in a health system or organization-level application. Funding is competitive and is not guaranteed. If selected, the applicant will work with MCRH to develop a final detailed budget and workplan.

Total dollar amount requested

Provide a simple estimate of how funds would be used. Add rows or attach one additional page if needed.

General cost category	Brief purpose	Estimated amount

If your organization is applying for or receiving other RHTP funding, briefly identify the opportunity and explain how activities and expenses will remain separate. Receiving or applying for other RHTP funding does not prevent your organization from applying for this opportunity. However, funds may not cover the same expenses already supported by another funding source.

Write “Not applicable” if this does not apply. Suggested length: 100 words or less.

Applicant Commitments

- By submitting this application, the applicant confirms that, if selected, the participating clinic or clinics will:
- ☐ Work with MCRH to finalize a site-specific workplan, budget, implementation approach, and performance measures before grant-funded activities begin.
 - ☐ Begin grant-funded activities and expenditures only after the required agreement is fully executed and approvals are complete.
 - ☐ Participate in required technical assistance, shared learning, monitoring, and reporting activities.
 - ☐ Maintain appropriate program and fiscal documentation and use funds only for approved, eligible expenses.
 - ☐ Ensure requested funds add to or enhance existing work and do not replace existing funding or duplicate costs paid by another source.
 - ☐ Communicate implementation challenges, requested changes, and technical assistance needs to MCRH.
 - ☐ Plan for the sustainability of successful activities beyond the grant period.
 - ☐ Comply with applicable federal and state requirements and the terms of the subgrant agreement.

Certification and Submission

I certify that the information provided in this application is accurate to the best of my knowledge and that I am authorized to submit this application on behalf of the organization.

By typing my name in the signature field below, I affirm this certification and intend for my typed name to serve as my electronic signature.

Authorized official name	Title
Signature	Date

Application Review

Applications will be reviewed for eligibility and completeness and scored on a 10-point scale based on:

Community and clinic need: The chronic disease and care coordination needs identified and the populations, communities, or clinic locations that would benefit.

Alignment with funding priorities: How well the proposed activities address the fund’s required priorities.

Feasibility and readiness: The clinic’s capacity to implement the project and participate in required technical assistance, shared learning, measurement, and reporting.

Partnerships, anticipated results, and sustainability: The proposed partnerships, expected results, ability to measure progress, and initial approach to sustaining successful activities.

Budget: Whether the requested funding is reasonable, connected to the proposed activities, consistent with eligible uses of funds, and likely to be fully expended by September 30, 2027.

Final funding decisions may also consider **rurality, geographic distribution**, available state and federal data, and applicable needs-based priorities identified by MDHHS. **Priority will be given to clinics located in fully rural counties.**

Questions and Contact Information

For questions about eligibility, the application, proposed activities, budgets, or technical assistance, contact:

Michigan Center for Rural Health RHTP Team

Email: RHTP.MCRH@msu.edu

Program webpage: <https://mcrh.msu.edu/programs/primary-care/rhc-rhtp26applications>

Dates and funding levels are subject to final MDHHS approval. Funding priorities were determined by MDHHS.

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