

Rural Health Clinic Rural Data Integration and Infrastructure 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: Rural Data Integration and Infrastructure

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

Selected Cohort

Which cohort is this application for? Select one or both.

- ☐ Data Integration Cohort
- ☐ Innovative Tools Cohort

Applicants may apply for one or both cohorts. If applying for both, please clearly distinguish the proposed activities and anticipated funding needs for each cohort throughout the application.

Primary service area, including counties or communities served

Role	Name	Job title	Email	Phone
Project lead and Primary Contact				

Project Need and Proposed Approach

A complete technical plan is not required. Tell us what is not working well today and what you would like this funding to help improve.

Briefly describe the data exchange, referral, connectivity, or workflow need your clinic wants to address.

Include any local context that may not be reflected in available state or county data. Suggested length: 150 words or less.

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

- ☐ Health information exchange onboarding or expanded HIE use
- ☐ Onboarding with MiHIN coordination
- ☐ Secure messaging, electronic referral, or other priority HIE workflows
- ☐ Integration of HIE workflows into clinical or administrative operations
- ☐ Community Information Exchange participation or implementation
- ☐ Social drivers of health screening, referral tracking, or follow-up
- ☐ Closed-loop referral workflows with Michigan Hubs or other community partners
- ☐ Staff training on HIE, CIE, or community referral platforms
- ☐ EHR software onboarding, optimization, or quality reporting improvements
- ☐ Telehealth or remote care monitoring platform onboarding
- ☐ Digital literacy assessment or support for patients and community members
- ☐ Other: _____

In a few sentences, describe your proposed project and how it would improve care coordination, information exchange, or clinic operations. Suggested length: 200 words or less.

What systems, platforms, or processes are currently in place?

For example, EHR, HIE connection, referral platform, secure messaging, telehealth, remote monitoring, or current tracking processes. Suggested length: 150 words or less.

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

Partners may include MiHIN, Michigan Hubs, Family Resource Centers, Area Agencies on Aging, social care organizations, vendors, or other clinical partners. Formal commitment letters are not required. Suggested length: 100 words or less.

Project Team and Readiness

Select one response for each statement.

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

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

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

What technical assistance or other support would help your clinic implement this project?

Suggested length: 100 words or less.

Anticipated Results and Sustainability

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

Examples may include HIE or CIE activities implemented, improved referral workflows, completed referrals, stronger community partnerships, staff trained, or improved access to telehealth or digital tools. Suggested length: 150 words or less.

How could your clinic maintain the new system, workflow, or partnership after the grant period?

A final sustainability plan is not required at this stage. Suggested length: 100 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.
- ☐ Track agreed-upon measures, including any data tracking requirements included in the subgrant agreement.
- ☐ 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 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:

- **Clinic need and anticipated benefit:** The data exchange, digital infrastructure, technology, or administrative challenges identified and the anticipated benefit to participating clinics, patients, staff, or communities.
- **Alignment with the selected cohort:** How well the proposed activities align with the purpose and priorities of the Data Integration Cohort or Innovative Tools Cohort.
- **Feasibility and readiness:** The clinic's current capacity, proposed approach, project leadership, technical readiness, and ability to implement the project within the funding period.
- **Partnerships, anticipated results, and sustainability:** The proposed involvement of internal and external partners, expected improvements, ability to measure progress, and initial approach to sustaining the technology, workflows, or infrastructure beyond the funding period.
- **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.

This publication/activity is supported by the Rural Health Transformation Program administered by the Michigan Department of Health and Human Services through a federal award from the Centers for Medicare & Medicaid Services as part of a financial assistance award totaling \$9,620,000 with 100 percent funded by CMS/HHS. The contents are the responsibility of the author(s) and do not necessarily represent the official views of MDHHS, CMS, or the U.S. Department of Health and Human Services.

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.