

Upper Peninsula CHW Recruitment and Retention Opportunity Application



Michigan Center for Rural Health | Rural Health Transformation Program

Purpose. This application helps MCRH understand your clinic's need for a Community Health Worker, proposed CHW role, recruitment and training needs, readiness to integrate and supervise the position, and plan for long-term sustainability. A fully developed workplan and final performance measures are not required to apply. Selected clinics will develop those items with MCRH.

Application deadline	October 30, 2026
Maximum award	\$80,000
Grant period	Begins upon execution of the subcontract agreement and ends September 30, 2027. All awarded funds must be expended by September 30, 2027.
Submit application to	RHTP.MCRH@msu.edu re: UP CHW Recruitment and Retention Fund

Before You Begin

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

Multiple eligible clinics within one organization may apply, but each requested award must support a distinct CHW position and clinic-specific approach.

- ☐ 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 Michigan's Upper Peninsula, 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				

Clinic and Community Need

What clinic or community need would the CHW position address?

Briefly describe the access, care coordination, social needs, or other challenges the CHW would help address.

Suggested length: 100 words or less.

Who would the CHW serve?

Briefly describe the patients, populations, communities, or clinic locations expected to benefit. Suggested length: 100 words or less.

Proposed CHW Role

What activities would the CHW primarily support? Select all that apply.

- ☐ Patient outreach, engagement, and follow-up
- ☐ Health education and support for patient self-management
- ☐ Care coordination and navigation of healthcare services
- ☐ Screening support and response to identified social drivers of health
- ☐ Referrals and connections to community resources
- ☐ Closed-loop follow-up with patients and partner organizations
- ☐ Community-based outreach and service delivery
- ☐ Other: _____

Where do you anticipate the CHW will primarily provide services?

- ☐ Within the clinic
- ☐ In community settings
- ☐ Both clinic and community settings
- ☐ To be determined with MCRH

Briefly describe how the CHW would work with patients, clinic staff, and community partners.

A detailed implementation plan is not required at this stage. Suggested length: 150 words or less.

Recruitment and Training

Which statement best describes your current candidate status? Select one.

- ☐ We have identified a trained or certified CHW candidate.
- ☐ We have identified a candidate who needs CHW training.
- ☐ We have not identified a candidate but have a recruitment approach.
- ☐ We need support identifying and recruiting a candidate.

Briefly describe your recruitment approach and anticipated hiring timeline.

Suggested length: 100 words or less.

What training support do you anticipate needing? Select all that apply.

- ☐ CHW certification training options
- ☐ Training or certification status review for an identified candidate
- ☐ Continuing education or professional development
- ☐ No training support anticipated at this time
- ☐ Not yet determined

Supervision and Care Team Integration

Who is expected to supervise the CHW?

Provide a name and title if known. Otherwise, describe the type of position that would supervise the CHW.

How would the clinic integrate the CHW into its care team and workflows?

Consider role clarity, communication, referrals, documentation, workspace, and connections with clinical and administrative staff. Suggested length: 150 words or less.

Which current or proposed community partners and referral relationships could support the CHW's work?

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

Readiness and Support Needs

Clinic Readiness

Select one response for each item to indicate your clinic's ability to carry out the following activities.

1. Identify a clinic lead and qualified community health worker (CHW) supervisor.

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

2. Recruit or confirm a CHW candidate and complete hiring and onboarding.

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

3. Provide the CHW with appropriate supervision, tools, workspace, and organizational support.

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

4. Integrate the CHW into clinic workflows and the care team.

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

5. Participate in technical assistance and shared learning.

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

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

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

What support would help your clinic successfully recruit, integrate, and sustain the CHW?

Suggested length: 100 words or less.

Sustainability and Anticipated Results

How would your clinic work toward sustaining the CHW position beyond the funding period?

Consider Medicaid CHW reimbursement, other financing strategies, care delivery integration, and organizational support. Suggested length: 150 words or less.

What early changes or results would you expect to see if the CHW position is successful?
Examples may relate to hiring and integration, individuals served, outreach, education, navigation, referrals, follow-up, or reimbursement readiness. Final measures will be developed with MCRH, MDHHS, and the RHTP evaluator. Suggested length: 150 words or less.

Anticipated Funding Needs

Up to \$80,000 per selected clinic. Funding is provided on a reimbursement basis. A final detailed budget will be developed with MCRH if selected.

Total dollar amount requested

Provide a simple estimate of anticipated costs. 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 will:

- ☐ Work with MCRH to finalize a clinic-specific implementation plan, workplan, budget, performance measures, hiring timeline, and sustainability approach.
- ☐ Recruit or confirm, hire, and onboard one CHW within the required timeframe and coordinate required training or confirm existing training status.
- ☐ Define the CHW role, provide appropriate supervision and organizational support, and integrate the position into clinic workflows and the care team.
- ☐ Support clinic-based and community-based service delivery consistent with the approved plan.
- ☐ Begin approved activities and expenditures only after the subcontract agreement is fully executed and the workplan and budget are approved.
- ☐ 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 do not replace existing funding or duplicate costs paid by another source.
- ☐ Communicate staffing changes, implementation challenges, requested changes, and technical assistance needs to MCRH.
- ☐ Develop and implement a plan for long-term sustainability and comply with applicable award requirements.
- ☐ Expend awarded Year 1 funds by September 30, 2027, in accordance with the approved workplan, budget, and subcontract 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 and 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, alignment with required funding priorities, feasibility and readiness, partnerships, anticipated results and sustainability, and budget. Each of the five criteria will receive 0, 1, or 2 points. Funding is competitive and will not be awarded on a first-come, first-served basis.

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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