INDIANA
RURAL HEALTH TRANSFORMATION

Curriculum Enhancement Grant Program

Initiative 10: Rural GME Enhancement

Applicant Webinar and NOFO Walkthrough

October 21, 2026

This **Rural Health Transformation 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 assistance award totaling **$206,927,896.80** with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Today's Webinar

A practical walkthrough of the NOFO, application package, and submission expectations.

1. Purpose & eligibility
2. Curriculum expectations
3. Budget & timeline
4. Application & review
5. Q&A

Please submit questions during the webinar. Time is reserved at the end for Q&A.

- TA Intake form for Curriculum Enhancement Grant - https://redcap.link/curriculumenhancementTA
- Curriculum Enhancement Application –https://redcap.link/curriculumenhancementapp
- GME Technical Assistance Request – https://redcap.link/GMETAintake

Opportunity at a Glance

Anticipated awards	Maximum award	Application deadline	Project end
15	$150,000	Nov. 16, 2026 5:00 p.m. ET	July 31, 2027

Eligible applicant

An existing ACGME-accredited residency program developing or substantially expanding both required curriculum components.

Payment structure

Reimbursement-based. No pre-award costs. No match unless IDOH states otherwise in a written amendment.

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Eligible Applicant:

An existing ACGME-accredited residency program developing or substantially expanding both required curriculum components (rural training & addiction medicine training)

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Purpose and eligibility

What the program funds and who may apply

Indiana Family & Social Services Administration

Indiana Department of Health

Purpose of the Program

- ✓ Build sustainable rural training experiences
- ✓ Strengthen addiction medicine preparedness
- ✓ Prepare faculty, preceptors, sites, and systems
- ✓ Create implementation-ready curriculum(s)
- ✓ Support Indiana's rural physician workforce pipeline

This is a curriculum development and readiness grant.

NOT:
- A continuation of existing activities
- A general operating grant
- A guaranteed renewal of funding

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Who is Eligible?

Eligible applicants must:

- ✓ Be an existing ACGME-accredited residency program
- ✓ Remain an ACGME-accredited program in good standing throughout award
- ✓ Be located in Indiana or primarily benefits Indiana
- ✓ Include both 8-week components (rural training and addiction training)
- ✓ Include documented support from Sponsoring Institution
- ✓ Demonstrate sufficient faculty, fiscal, and operational capacity
- ✓ Submit a complete application by the deadline

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Applications, Collaboration, & Specialty Priorities

Multiple programs or specialties

One application may support multiple programs or specialties but must identify a lead eligible residency program and describe a distinct project.

Award Cap

Maximum award: $150,000 per approved residency program. Collaborative applications must identify the contracting and fiscal entity.

Priority Specialties

Primary care, emergency medicine, family medicine, pediatrics, OB/GYN, general surgery, and psychiatry may receive priority.

Overlapping specialty classifications do not create duplicate priority.

A residency program may submit no more than one application per program.

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Rural Site Eligibility

Use the physical service address where training will occur.

Required documentation

PDF verification of each physical site in the HRSA Rural Health Grants Eligibility Analyzer

- A dated screenshot or copy
- Shows address, result and search date
- Document every proposed rural site

Disqualified Documentation

- Ø Mailing address or headquarters
- Ø HPSA designation
- Ø MUA designation
- Ø Critical Access Hospital designation
- Ø General “rural-serving” status

IDOH retains final authority and may approve limited exceptions.

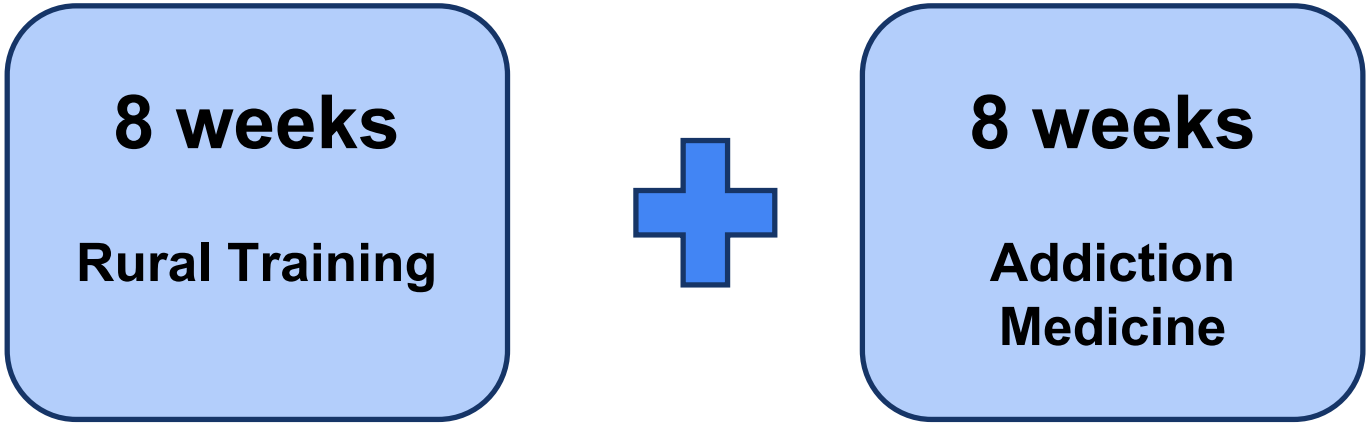
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Curriculum expectations

Two required eight-week components

Required Curriculum Design



Rural and addiction medicine training may occur concurrently when the applicant demonstrates that the experience independently satisfies the objectives, competencies, documentation, supervision, and evaluation requirements of both components. An overlapping week may count toward both eight-week requirements only when both elements are substantive and clearly documented. Applicants may also propose separate rural and addiction medicine experiences.

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Eight-Week Rural Training Component

Is participation required, selective, or elective?

How are 8 weeks calculated?

Block, longitudinal, or combined?

Which rural site(s)?

What competencies and objectives?

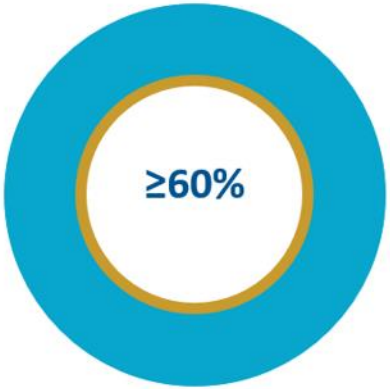
How will supervision and evaluation work?

How will the experience be sustained?

Be explicit. Reviewers should understand the learner experience without making assumptions.

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Eight-Week Addiction Medicine Component



Must be in-person clinical, patient-facing, or community-based learning

Experiential Options:

- Clinical care
- Community-based learning
- Patient-facing experiences

Other Methods:

- Didactics
- Simulation
- Telehealth-supported learning
- Case review or projects

Telehealth may supplement the curriculum but may not serve as the sole method for a required clinical rotation.

Rural integration of addiction training may receive additional scoring consideration.

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What “Implementation-Ready” Means

BY July 31, 2027, both curriculum components must be fully developed and ready to launch.

- ✓ Completed curriculum materials;
- ✓ Identified training site(s) and partners;
- ✓ Faculty and preceptor readiness;
- ✓ Evaluation methods;
- ✓ Sustainability plan

Residents are not required to complete the new curriculum during the award period. The endpoint is readiness for implementation.

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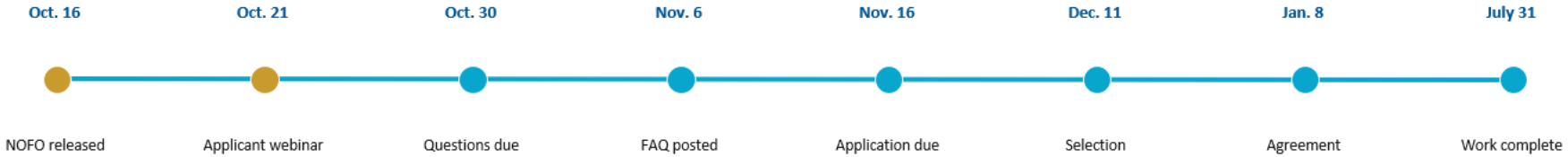
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Budget and timeline

Plan for the award period

Key Dates

Funding opportunity is currently open!



Application deadline: November 16, 2026, at 5:00pm ET

Final report due August 5, 2027. No cost extensions are not anticipated.

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Budget: What is Generally Allowable?

Potentially Allowable:

- Curriculum design
- Faculty and preceptor development
- Direct project administration
- Partnership development
- Necessary travel
- Approved technology
- Licenses and modular content
- Supplies and minor equipment
- Accessibility services

Prior Written Approval:

- Consultants and SMEs
- Equipment over $5,000
- Out-of-state travel or conferences
- Licenses beyond award period
- Faculty protected time or clinician compensation
- Minor alterations
- Selected budget revisions

Unallowable:

- Pre-award costs
- Construction or major renovation
- Supplanting existing funding
- Billable clinical services
- Resident salaries or bonuses
- Clinical revenue backfill
- Accreditation fees
- Lobbying, entertainment, fines
- Indirect costs

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Application & Review

Be sure to include all required components for a complete application to provide reviewers with a clear understanding of proposed project.

Build a Complete Application Package

Table 1: Required Application Components

Use REDCap for structured information and upload the complete application PDF and required attachments.

Section	Required Content
1. Application cover sheet	Residency program applicant name; sponsoring institution; ACGME program number and accreditation status; specialty; program director; primary project contact; entity legally authorized to execute the subrecipient agreement and receive reimbursement; authorized organizational representative; fiscal contact; address; and requested amount.
2. Executive summary	Concise description of need, proposed enhancement, residents served, sites, requested funding, and anticipated outcomes.
3. Eligibility documentation	Residency program accreditation documentation; identification of and support from the sponsoring institution; documentation for the entity legally authorized to execute the subrecipient agreement and receive reimbursement; and rural-site documentation.
4. Current-state assessment	Description of the current training environment, existing rural and/or addiction medicine curriculum (if applicable), identified gaps or opportunities, existing partnerships, available capacity, and the rationale for the proposed project.
5. Project narrative	Proposed rural component, addiction component, overlap if any, resident participation model, educational methods, competencies, supervision, and evaluation.
6. Rural-site and partnership plan	Description of proposed rural training sites, key partners, preceptor availability, and plans for implementation of the rural training experience.
7. Faculty and staffing plan	Roles, qualifications, level of effort, recruitment needs, faculty development, and governance.
8. Work plan	Activities, milestones, responsible parties, deliverables, dependencies, risks, and dates through July 31, 2027.
9. Evaluation plan	Plan for evaluating project activities, implementation progress, and anticipated outcomes.
10. Sustainability plan	Post-grant staffing, financing, sites, curriculum ownership and maintenance, institutional commitment, and anticipated learner participation.
11. Budget and justification	Detailed project budget and budget narrative describing how requested funds will support the proposed project.
12. Letters and assurances	Institutional leadership letter; partner letters or conditional commitments; authorized signature; conflict, disclosure, and federal assurances as required.

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Application Review Process



- ✓ Alignment with goals & objectives
- ✓ Demonstrated rural workforce need & impact
- ✓ Project quality and feasibility of rural training
- ✓ Project quality and feasibility of addiction medicine training
- ✓ Organizational, faculty, partnership capacity

- ✓ Implementation Readiness
- ✓ Sustainability and impact
- ✓ Evaluation & outcomes
- ✓ Budget reasonableness

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Common Application Pitfalls to Avoid

DO NOT:

- Assume a site is rural without HRSA Rural Grants Eligibility Analyzer documentation
- Submit a generic budget disconnected from activities
- Leave sustainability until the last paragraph

DO NOT:

- Describe “8 weeks” without explaining the calculation
- Rely on telehealth as the only clinical method
- Plan work beyond July 31, 2027
- Make reviewers infer partners, roles, or readiness

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Technical Assistance is Available

What the TAC CAN Do

- Clarify published NoFO requirements
- Answer application process and submission questions
- Provide general rural GME educational resources
- Connect applicants with publicly available tools and resources

What the TAC CANNOT Do

- Develop or revise your curriculum or project
- Help write narratives, work plans, or budgets
- Advise how to improve your score
- Participate or influence application scoring after the application is submitted

TAC participation does not influence application review or funding decisions.

Written questions due October 30, 2026 at 5:00 p.m. ET. Official FAQ scheduled for November 6, 2026. FAQs to be posted on GROW Website under Initiative 10 and Indiana GME TAC webpage on Indiana Rural Health Association website.

Technology Considerations

1. REDCap is the tool used to submit the application.

2. You may need to ensure your server allows access to REDCap – work with your IT to ensure access and functionality.

3. The application is dynamic and new fields may populate as you enter information. You are encouraged to complete each field in order from the top down.

4. The application does allow you to save progress and return later. Be sure to document your "Return Code." Without it, you will be required to start the application over.

5. To submit questions related to the application or for issues related to REDcap, please submit them using the TA intake form for Curriculum Enhancement Grant as indicated below.

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Questions & Answers

Before submitting, confirm:

- ✓ Eligible residency program
- ✓ Both eight-week components
- ✓ Rural site documentation
- ✓ Implementation-ready by July 31, 2027
- ✓ Complete REDCap submission by deadline

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Written questions must be submitted by October 30, 2026, at 5:00 p.m. Eastern Time. Responses will be published in an official FAQ by November 6, 2026 to the GROW website on the Initiative 10 webpage and on the Indiana GME TAC webpage on the Indiana Rural Health Association website. Only written amendments, FAQs, or other written communications issued by IDOH or IRHA constitute official interpretations of this NOFO.

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