INDIANA
RURAL HEALTH TRANSFORMATION

Preceptor and Rural Track Grant Program

Initiative 10: Rural GME Enhancement

Applicant Webinar and NOFO Walkthrough

October 26, 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 & models
2. Eligibility & sites
3. Project expectations
4. Budget & application
5. Q&A

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

- TA Intake form for Preceptor and Rural Track Grant - https://redcap.link/preceptorruraltrackTA
- Preceptor and Rural Track Application – https://redcap.link/preceptorandruraltrackapp
- GME Technical Assistance Request – https://redcap.link/GMETAintake

Opportunity at a Glance

Funding Pool	Anticipated Awards	Maximum Request	Application Deadline
• $2.5 million	• Minimum of 10	• $250,000	• November 16, 2026; 5:00pm ET

Applicant	Project Period
• An eligible Indiana healthcare organization establishing or substantially expanding rural clinical training capacity.	• From the effective date of the fully executed subrecipient agreement through July 31, 2027.

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Purpose and Eligibility

What the Grant is Designed to Accomplish

- Expand the number and readiness of rural training sites
- Build preceptor capacity and operational infrastructure
- Develop sustainable clinical rotations or pathways
- Strengthen partnerships with medical schools and residency programs
- Prepare sites to host future learners

Readiness is the required result

Awardees are not required to host learners during the grant period.

The project must create a structured, sustainable, and implementation-ready training opportunity.

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Eligible Project Models

Applicants may propose one or more models.

- Rural clinical rotation for medical students
- Rural Clinical rotation for residents
- Training capacity for both students and residents
- Coordinated rural training pathway or rural track
- Sites joining an existing or planned pathway
- Combined project with multiple activities

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Funding and Award Structure

One Legal Organization

May include multiple eligible physical training sites in one application. The combined request may not exceed $250,000.

Awards May Be Lower

Award amount may be less than requested based on approved scope, demonstrated need, budget reasonableness, application quality, workforce need, and available funding.

Reimbursement-Based

Payment requires an executed agreement, documentation, approval, available funding, and authorization. Future funding is not guaranteed.

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Applicants and Training Sites

Eligibility is assessed at both the organization and physical site levels.

Eligible Applicant Organizations

- ✓ Critical Access Hospitals
- ✓ Rural Health Clinics
- ✓ Community Health Centers
- ✓ Behavioral Health and Substance Use Treatment Providers

- ✓ Rural Hospitals
- ✓ FQHCs and FQHC Look-Alikes
- ✓ Primary Care Practices
- ✓ Other Indiana Healthcare Delivery Organizations approved by IDOH

The applicant must be the legal organization authorized to execute the subrecipient agreement and receive reimbursement.

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New or Limited-Experience Training Sites

Eligible Site Profile:

A rural healthcare delivery site that does not currently operate a regular, structured, sustainable clinical training program for medical students or residents.

Prior experience not automatically disqualifying:

Occasional, short-term, informal, or limited prior learner placements may still qualify. Describe prior placements, affiliations, preceptors, and why grant support is needed.

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Rural Site Eligibility

Use the physical service address for every proposed site.

Required Content:

- ✓ HRSA Rural Health Grants Eligibility Analyzer result
- ✓ Dated screenshot or PDF
- ✓ Physical address entered
- ✓ Separate documentation for each site

Not Sufficient by Itself:

- Ø Mailing address or headquarters
- Ø HPSA or medically underserved designation
- Ø General rural-serving status
- Ø Other facility designation

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Key Definitions

UME	• Undergraduate Medical Education • Education and clinical training before receipt of the medical degree
GME	• Graduate Medical Education • Residency or fellowship education after medical school
Rural Clinical Rotation	• A structured, supervised experience at an eligible rural site
Rural Training Pathway	• A structured arrangement for recurring rural education • May include a rotation or formal track
Implementation Ready	• Planning, partnership, preceptors, workflows, and educational design are complete enough to begin hosting learners

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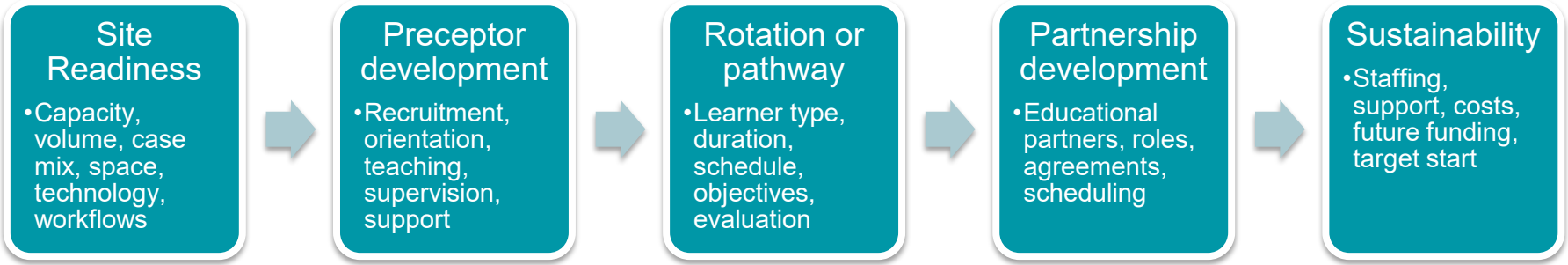
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Project Expectations

Select activities that fit the site's current readiness and intended model

Required project activity domains

Not every activity applies to every project, but the path to readiness must be clear.



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To be Completed by July 31, 2027

Ready, or substantially ready, for implementation:

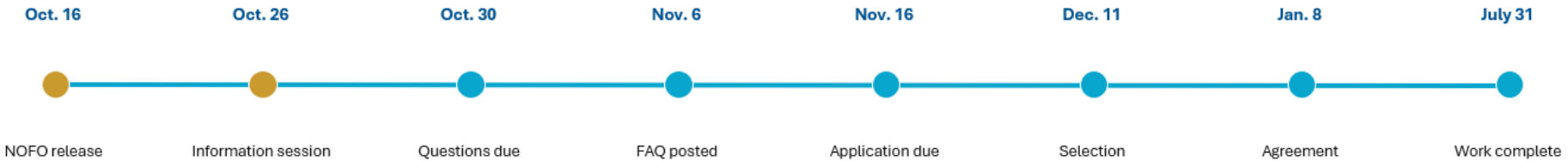
- ✓ Educational partner identified or meaningful progress documented
- ✓ Preceptors identified and prepared
- ✓ Clinical rotation or pathway defined
- ✓ Proposed schedule or implementation timeframe
- ✓ Onboarding, supervision, safety, evaluation, documentation, and EMR plans
- ✓ Evidence of volume, case mix, and learning opportunities
- ✓ Sustainability plan

Hosting a learner during the award period may be included when feasible but is not required for successful completion.

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Key Dates

Plan backward from the expenditure deadline.



Application deadline: November 16, 2026 at 5:00 p.m. ET

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

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Budget & Application

Describe your program that requires $250,000 or less funding and include all required components.

Budget: What is Generally Allowable?

Potentially Allowable:

- Project staffing
- Preceptor recruitment and development
- Rotation/pathway materials
- EMR configuration and training
- Simulation and approved technology
- Partnership travel
- Supplies and minor equipment
- Accessibility services

Prior Written Approval:

- Consultants and SMEs
- Equipment or bundled technology
- Out-of-State travel or conferences
- Minor alterations
- Short-term learner housing
- Preceptor stipends or individual clinician benefits

Unallowable:

- Pre-award costs
- Construction and capital projects
- Supplanting existing funding
- Billable clinical services
- Prohibited clinician wage support
- Learner salaries/bonuses
- General marketing
- Lobbying, entertainment, fines
- Indirect costs

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Build a Complete Application Package

Table 1: Required Application Components

Application Section	Required Content
Applicant information	Legal organization, authorized representative, project contact, fiscal contact, organization type, identifiers, requested amount, and proposed training sites.
Executive summary	Concise description of the proposed project, project model, sites, learners to be served, funding request, and anticipated result.
Current-state assessment	Current clinical-training environment, prior learner experience if any, existing partnerships, available capacity, identified gaps, and need for the project.
Project narrative	Proposed learner type, rotation or pathway model, project activities, expected readiness outcome, and alignment with rural workforce needs.
Site and rural eligibility	Physical training sites, HRSA Analyzer documentation, patient volume, case mix, clinical services, and learning opportunities.
Preceptor and staffing plan	Proposed preceptors, staffing roles, preparation needs, and ongoing support approach.
Partnership plan	Existing or prospective educational partners, current status, roles, and steps needed to support future placements.
Work plan and timeline	Major activities, milestones, responsible parties, and completion dates through July 31, 2027.
Sustainability plan	Plan for continuing training capacity, partnerships, staffing, and future learner placements after the award.
Evaluation approach	Plan for assessing project progress, readiness, and anticipated outcomes.
Budget and justification	Detailed project budget and narrative explaining the proposed use of funds and how expenditures support project goals.
Letters and assurances	Leadership support, partner documentation when applicable, required certifications, and authorized signature.

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

Application Review Process



- ✓ Alignment and rural workforce need
- ✓ Project quality and feasibility
- ✓ Preceptor and organizational capacity
- ✓ Educational Partnerships

- ✓ Implementation Readiness
- ✓ Sustainability and impact
- ✓ Budget reasonableness

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Common Application Pitfalls to Avoid

DO NOT:

- Use organizational headquarters instead of each physical site address
- Underestimate onboarding, EMR, safety, or supervision workflows
- Plan work or expenditures after July 31, 2027

DO NOT:

- Treat occasional prior learner hosting as an automatic disqualifier
- Leave educational partners or steps unclear
- Make reviewers infer the implementation-ready result

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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 Preceptor and Rural Track Grant as indicated below.

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Questions & Answers

Before submitting, confirm:

- ✓ Eligible Indiana Organization
- ✓ Each physical site is rural and documented
- ✓ Project model and readiness outcome are clear
- ✓ Budget aligns with allowable cost rules
- ✓ Complete REDCap submission by the 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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