

NOTICE OF FUNDING OPPORTUNITY

Initiative 10: Rural GME Enhancement

Preceptor and Rural Track Grant Program

Opportunity Detail	Draft Information
Issuing Entity	Indiana Department of Health (IDOH)
Program Administrator	Indiana Rural Health Association (IRHA)
Total Funding Available	\$2,500,000
Anticipated Awards	Approximately ten, subject to application quality, rural workforce need, and available funding
Maximum Award	Up to \$250,000 per legal organization
NOFO Release	October 16, 2026
Application Deadline	November 16, 2026, at 5:00 p.m. Eastern Time
Submission Method	Electronic submission to https://redcap.link/preceptorandruraltrackapp
Project Period	Effective date of the fully executed subrecipient agreement through July 31, 2027

1. Funding Opportunity Summary

Indiana's Rural Health Transformation Program includes coordinated Initiative 10 activities designed to expand rural training capacity, strengthen the physician workforce pipeline, and support recruitment and retention in rural and underserved communities. Through this NoFO, IDOH seeks applications from eligible Indiana healthcare organizations to develop the infrastructure, partnerships, preceptor capacity, staffing, and operational processes necessary to establish structured and sustainable rural clinical training opportunities for medical students, residents, or both.

Awardees are not required to host learners during the grant period. The purpose of this funding is to build the capacity and readiness necessary to host learners in future academic periods.

Federal Funding Acknowledgment

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2. Program Goals and Eligible Project Models

The program is intended to expand the number and readiness of rural healthcare sites capable of providing high-quality clinical education. Applicants may propose one or more of the following project models:

- Establishing a rural clinical rotation for medical students;
- Establishing a rural clinical rotation for residents;
- Establishing clinical-training capacity for both medical students and residents;
- Developing a coordinated rural training pathway or rural track;
- Preparing one or more rural clinical sites to participate in an existing or planned rural training pathway; or
- Implementing a combined project that includes two or more of these activities.

Applicants are not required to create a formal rural track unless rural-track development is included in the proposed project. Every application must demonstrate how the proposed activities will result in one or more structured, sustainable, and implementation-ready rural clinical training opportunities.

2.1 Alignment with House Enrolled Act 1358

Indiana House Enrolled Act 1358, effective July 1, 2026, requires Indiana medical schools to include a rural health rotation in their curricula. This grant program is intended to increase the number and readiness of rural healthcare sites capable of partnering with medical schools to support rural educational experiences. Projects serving residents, or both medical students and residents, are also eligible when they expand rural clinical-training capacity and support the goals of Initiative 10.

3. Funding Availability and Award Structure

Element	Requirement
Funding pool	\$2,500,000
Anticipated awards	Minimum of ten. The number may vary based on application quality, rural workforce need, approved budgets, and available funding.
Maximum request	Applicants may request any amount reasonably necessary to complete the proposed project, up to \$250,000 per legal organization.
Multiple training sites	One legal organization may include multiple eligible physical training sites in one application. The combined request may not exceed \$250,000.

Element	Requirement
Award amount	Awards may be less than the amount requested and will be based on approved scope, demonstrated need, budget reasonableness, application quality, rural workforce need, and available funding.
Payment method	Reimbursement-based. Payment is subject to the fully executed agreement, required documentation, approval, available funding, and authorization.
Unused award balance	The approved award amount represents the maximum amount available for reimbursement. Funds not requested for reimbursement by the applicable reimbursement deadline may be reallocated or otherwise administered at the discretion of IDOH.
Future funding	An award under this NOFO does not guarantee continuation or renewal funding.

4. Eligible Applicants and Training Sites

Eligible applicants are Indiana healthcare organizations seeking to establish or substantially expand structured rural clinical-training capacity at one or more eligible physical service locations. The applicant must be the legal organization authorized to execute the subrecipient agreement and receive reimbursement.

4.1 Eligible Organization Types

- Critical Access Hospitals;
- Rural hospitals;
- Rural Health Clinics;
- Federally Qualified Health Centers and FQHC Look-Alikes (as defined by HRSA);
- Community health centers;
- Primary care practices;
- Behavioral health and substance use treatment providers; and
- Other Indiana healthcare delivery organizations approved by IDOH.

4.2 New or Limited-Experience Training Sites

For purposes of this NOFO, an eligible new or limited-experience training site is a rural healthcare delivery site that does not currently operate a regular, structured, and sustainable clinical training program for medical students or residents. A site will not be disqualified solely because it previously hosted learners on an occasional, short-term, informal, or limited basis.

Applicants must describe any prior learner placements, educational affiliations, and existing preceptors, and explain why grant support is needed to establish or substantially expand structured training capacity.

4.3 Rural Eligibility

A proposed training site will be considered rural if the physical service address is identified as rural by the Health Resources and Services Administration Rural Health Grants Eligibility Analyzer. Applicants must use the Analyzer at <https://data.hrsa.gov/tools/rural-health> and submit a dated screenshot or PDF showing the physical address entered and the resulting determination for each proposed site.

A mailing address, administrative office, post office box, organizational headquarters, HPSA designation, medically underserved designation, or general rural-serving status does not independently establish rural eligibility. IDOH retains final authority to determine whether a proposed site meets program requirements and may approve an exception when supported by controlling program guidance. An exception does not establish precedent for another applicant or site.

5. Key Definitions

Term	Definition
Undergraduate Medical Education (UME)	Education and clinical training provided to students enrolled in an accredited medical school before receipt of the medical degree.
Graduate Medical Education (GME)	Clinical education and training undertaken by physicians after medical school through an accredited residency or fellowship program.
Rural Clinical Rotation	A structured, supervised clinical-learning experience conducted at an eligible rural training site.
Rural Training Pathway	A structured arrangement through which medical students, residents, or both participate in supervised rural clinical education at one or more eligible sites. It may include an individual rotation, recurring rotations, or a formal rural track.
Implementation Ready	The site has completed the planning, partnerships, preceptor preparation, workflows, and educational design reasonably necessary to begin hosting learners in a future academic period.

6. Required Project Activities and Outcomes

Applicants must propose activities appropriate to their current readiness and intended training model. Not every activity below must be included in every project; however, the application must show how the selected activities will produce a structured, sustainable, and implementation-ready rural training opportunity.

6.1 Site Readiness and Infrastructure

- Assess preceptor capacity, patient volume, case mix, clinical services, teaching space, technology, and administrative readiness;
- Identify staffing roles and responsibilities for learner placement and coordination;
- Develop learner onboarding, credentialing, safety, supervision, evaluation, and documentation processes;
- Develop EMR access and training workflows appropriate to the proposed learner type; and
- Address material barriers that could prevent future learner placement.

6.2 Preceptor Development

- Identify or recruit qualified preceptors;
- Provide orientation, faculty development, or preceptor preparation appropriate to the learner type;
- Define teaching, supervision, evaluation, and communication expectations; and
- Establish a plan for ongoing preceptor support and engagement.

6.3 Rotation or Pathway Development

- Define the proposed clinical experience, learner type, duration, schedule, learning objectives, and evaluation approach;
- Develop the educational and operational materials necessary to support implementation;
- Identify the anticipated number and frequency of future learner placements; and
- For rural-track proposals, define the participating partners, sites, sequencing, and long-term pathway design.

6.4 Partnership Development

- Identify an existing or prospective medical school, residency program, or other educational partner;
- Develop or advance the agreements, roles, communication processes, and scheduling procedures needed for future placements; and

- Document partnership progress and remaining steps toward implementation.

6.5 Sustainability

- Describe how staffing, preceptor support, educational partnerships, and operational costs will be maintained after the grant;
- Identify future funding or institutional support; and
- Set a reasonable target academic period for beginning learner placements.

6.6 Technical Assistance

The Rural GME Technical Assistance Center (TAC), administered by IRHA, is available to support awardees throughout the project period. Awardees are encouraged to use TAC resources for site readiness, preceptor development, partnership planning, rural rotation design, and sustainability. IRHA may provide virtual or in-person advisory site assessments based on project needs and available capacity. TAC services are advisory and do not constitute accreditation, compliance, corrective-action, or funding determinations.

6.7 Completion Standard

Awardees are not required to host learners during the grant period. By July 31, 2027, each awardee must demonstrate that the proposed rural training opportunity is ready, or substantially ready, for implementation. Evidence may include:

- An identified educational partner or documented progress toward partnership;
- Identified and prepared preceptors;
- A defined clinical rotation or training pathway;
- A proposed learner schedule or implementation timeframe;
- Completed onboarding, supervision, safety, evaluation, documentation, and EMR plans;
- Evidence of appropriate patient volume, case mix, and learning opportunities; and
- A sustainability plan.

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

7. Program Timeline

Milestone	Date or Requirement
NOFO released	October 16, 2026
Applicant information session	12 pm October 26, 2026 https://zoom.us/webinar/register/WN_gZcxAdz3RoCvPYEVOLLICg
Written questions due	October 30, 2026
Responses and FAQ posted	November 6, 2026
Application deadline	November 16, 2026, at 5:00 p.m. Eastern Time
Anticipated notice of selection	December 11, 2026
Anticipated agreement execution	January 8, 2027
Project start	Effective date of the fully executed subrecipient agreement
Work begins	Within 30 calendar days after the agreement effective date
Quarterly report 1	Due April 15, 2027

Milestone	Date or Requirement
Quarterly report 2	Due July 15, 2027
All activities and expenditures complete	July 31, 2027
Final programmatic report	August 5, 2027

No-cost extensions are not anticipated because of federal award-period restrictions. Applicants should not assume an extension will be available.

8. Allowable and Unallowable Costs

All costs must be necessary, reasonable, allocable to the approved project, adequately documented, incurred during the period of performance, and permitted by the subrecipient agreement. Inclusion in an application does not make a cost allowable.

8.1 Potentially Allowable Costs

- Direct project staffing for coordination, planning, and administrative support;
- Preceptor recruitment, orientation, faculty development, and training supplies;
- Rotation, pathway, policy, workflow, and educational-material development;
- EMR learner-access configuration and training;
- Simulation tools and approved technology necessary for learner preparation;
- Travel necessary for partnership development or approved project activities;
- Supplies and minor equipment consistent with the approved budget and applicable capitalization rules;
- Accessibility services for grant-funded materials and technology; and
- Other direct site-readiness costs expressly approved in the project budget.

8.2 Conditionally Allowable Costs Requiring Prior Written Approval

- Consultant and subject-matter expert services. Approval may be granted through the approved budget when the scope, expertise, procurement method, rate, and total cost are fully described. Any later engagement requires separate approval before contracting or incurring costs;
- Equipment, bundled technology, or items near the applicant's capitalization threshold;
- Out-of-state travel, conferences, or specialized training;
- Minor alterations that are clearly linked to program goals and permitted by applicable federal requirements;
- Short-term learner housing necessary for an approved rural rotation during the award period; and
- Preceptor stipends or other benefits provided directly to an individual clinician. These costs require an IDOH determination regarding any five-year rural service commitment before they are promised, contracted, or paid.

8.3 Unallowable Costs

- Pre-award or post-award-period costs;
- New construction, building expansion, significant renovation, capital improvements, or property acquisition;
- Costs that supplant existing public, institutional, or private funding;
- Clinical services reimbursable by insurance or another payment source;
- Clinician salaries or wage support prohibited by applicable federal requirements;
- Learner salaries, recruitment bonuses, or general clinical revenue backfill;
- General marketing unrelated to the approved project;
- Meals unless expressly approved and federally allowable;
- Lobbying, entertainment, alcohol, fines, and penalties;
- Covered telecommunications or surveillance equipment prohibited by federal requirements; and
- Indirect costs.

8.4 Budget Revisions

Budget revisions require prior written approval. Requests must be submitted to IRHA in accordance with the subrecipient agreement. IRHA may review requests and provide recommendations; approval authority remains with IDOH unless expressly delegated in writing.

9. Five-Year Rural Service Commitment

Grant funding used to develop rural clinical-training infrastructure for the benefit of the broader rural healthcare system generally does not create an individual five-year service commitment.

If an approved project provides a payment, financial incentive, license, certification, housing assistance, or another item or service of value for the direct benefit of an individual clinical workforce member, IDOH will determine whether that individual must execute a five-year rural service agreement. Such costs require prior written approval and may be subject to additional contracting, reporting, tracking, verification, and fund-recovery requirements.

Applicants and awardees must not promise, distribute, or incur a benefit that may trigger an individual service commitment before receiving written IDOH authorization and completing any required service agreement. Failure to satisfy an applicable commitment may result in recovery of all or a prorated portion of the funds associated with the benefit.

10. Application Requirements

Applications must contain the following information. REDCap will collect structured applicant and site information, and applicants will upload a complete application PDF and required attachments.

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.

Application Section	Required Content
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.

10.1 REDCap Submission

- Applications must be submitted through the IRHA REDCap application portal: <https://redcap.link/preceptorandruraltrackapp>
- Applicants must complete all required REDCap fields and upload the narrative application and required attachments in PDF format.
- The primary application narrative, budget narrative, work plan, and supporting materials should be combined into one PDF whenever practicable. Rural eligibility documentation and required certifications may be uploaded separately, if necessary.
- Applications must be submitted by November 16, 2026, at 5:00 p.m. Eastern Time.
- REDCap will generate or display a submission confirmation. Applicants should retain confirmation for their records.
- Applications submitted by email will not be accepted unless IRHA or IDOH expressly authorizes an alternate method because of a verified system issue.
- Late applications will not be reviewed unless IDOH authorizes an exception based on extraordinary circumstances.
- Applicants may not modify submissions after the deadline unless IRHA or IDOH requests clarification or correction.

11. Application Review and Selection

All complete and eligible applications will be reviewed using an IDOH-approved evaluation framework. Funding recommendations will be based on application quality, demonstrated need, feasibility, and alignment with program goals. Final award decisions remain subject to IDOH approval.

1. Administrative review for timeliness and completeness;
2. Eligibility review;
3. Evaluation using an IDOH-approved review framework;
4. Budget and risk review;
5. IRHA submission of funding recommendations to IDOH; and
6. Final award determination by IDOH.

Evaluation factors may include alignment with program goals, rural workforce need, project quality and feasibility, preceptor and organizational capacity, educational partnerships, implementation readiness, sustainability, anticipated impact, and budget reasonableness. IRHA or IDOH may request clarification or correction of minor administrative deficiencies but is not required to do so. Clarification may not materially redesign a project or create an unfair competitive advantage.

12. Award Administration

Selection for funding does not constitute a binding award. Final funding is contingent upon IDOH approval and execution of a subrecipient agreement. Following final IDOH approval, IRHA will execute the agreement using IDOH-approved terms and administer reimbursement as authorized.

IRHA serves as the primary point of contact for applicant support, technical assistance, reimbursement coordination, and communication related to this funding opportunity. IDOH retains final authority for award approval, contracting terms, payment authorization, compliance determinations, corrective action, enforcement,

and recoupment. Awardees remain responsible for operational, accreditation, financial, legal, employment, educational, and implementation decisions.

13. Accessibility and Public-Facing Materials

Awardees must comply with applicable CMS, HHS, and IDOH, requirements concerning publications, presentations, recruitment materials, websites, media, federal funding acknowledgments, and advance review of public-facing materials. Instructions will be provided.

14. Applicant Questions and Technical Assistance

Written questions must be submitted to <https://redcap.link/preceptorruraltrackTA> by October 30, 2026, at 5:00 p.m. Eastern Time. Responses will be published in an official FAQ by November 6, 2026. Only written amendments, FAQs, or other written communications issued by IDOH or IRHA constitute official interpretations of this NOFO.

15. Standard Terms and Compliance

IDOH may amend, suspend, cancel, or reissue this NoFO; reject any or all applications; request clarification or additional documentation; negotiate scope, budget, milestones, and award amount; make fewer awards; partially fund an application; establish special award conditions; or reduce or terminate awards when required by funding availability, law, federal terms, or the subrecipient agreement.

Applicants and awardees must comply with all applicable federal, State, and program-specific requirements. Required certifications and detailed terms will be included in the application materials and subrecipient agreement. The cost of preparing an application is not reimbursable, and submission does not create an entitlement to funding.