

Community Health Workers Grants Application: Strengthening the Rural Health Workforce in Wisconsin

Funding Opportunity Summary

Summary

The Wisconsin Department of Health Services (DHS) seeks to strengthen the Wisconsin rural health workforce by developing and expanding high-quality and impactful community health worker (CHW) programs in clinical and community settings. There are three main components to this funding opportunity:

- Hiring and supporting CHWs to carry out services in rural communities
- Training CHWs on core competencies and standards
- Building organizational capacity to sustain quality CHW service provision

Applicants may apply to multiple Rural Health Transformation Program (RHTP) funding opportunities for which their organizations are eligible.

Key dates

- Application release: June 15, 2026
- Letter of intent due: July 1, 2026
- Application submission Due: Aug. 7, 2026
- Application questions due: July 1, 2026. Responses will be posted within one week. Please send questions to: dhsruralhealth@dhs.wisconsin.gov and include CHW Application Questions in the subject line.
- Estimated date for award notification: Late August 2026

Background

The Wisconsin Rural Health Transformation Program is focused on improving healthcare access and health outcomes in rural communities across Wisconsin. This funding opportunity is part of the RHTP, a federal funding opportunity provided to states through the Centers for Medicare and Medicaid Services (CMS). The DHS received a first-year award from CMS for \$203,670,005.21 to invest in rural capacity, sustainability, and innovation. The program aims to improve access to care through three initiatives: strengthening the healthcare workforce, enhancing technology innovation, and cultivating coordinated care partnerships. Through collaboration among healthcare providers, public health agencies, and community-based organizations, the program seeks to improve health and well-being in rural communities. This funding opportunity is part of the workforce initiative. CHWs serve as trusted connectors and help individuals navigate medical and non-medical services and systems, manage chronic conditions, and overcome barriers such as transportation, food insecurity, and limited access to care. In rural communities, where healthcare provider shortages and geographic isolation are common, CHWs strengthen outreach and promote healthier communities through support and connection to essential services.

Purpose

This grant funding opportunity is intended to strengthen the rural healthcare workforce and linkages between the community and clinics to address the health needs of rural populations. Through this funding, the State of Wisconsin aims to expand the integration and sustainability of CHWs as an evidence-based care model to improve health outcomes in Wisconsin's rural communities. This funding will prioritize CHW services for those who are low-income or underserved living in Wisconsin's rural communities. The goals of this funding opportunity are to:

- Increase the quality and number of the CHW workforce in rural areas of Wisconsin.
- Improve the health of rural Wisconsinites through strong linkages between clinics and communities.
- Strengthen CHW programs through training and technical assistance.
- Build sustainable infrastructure to support the CHW workforce.

Successful applications submitted as part of this funding opportunity must address the following:

- **New or enhanced CHW program:** The program is focused on transformative work that goes beyond existing service provision. Funds awarded under this program must be used to support new or expanded CHW partnerships, services, or activities. Applicants may not use grant funds to maintain existing services or programs. Applicants should clearly describe how the proposed project represents a new program or a substantive expansion of current efforts, including any new CHW position(s), key partnerships, anticipated services, populations served, geographic areas, and service capacity. The CHW scope of practice is determined by the National Council on CHW Core Consensus Standards and services may include patient outreach and program enrollment, patient navigation, chronic disease management, non-medical resource navigation and barrier reduction, data collection and evaluation, and others defined through the grant funding opportunity.
- **Community-clinical linkages across sectors:** Applicants should describe how developing or expanding a CHW program will address specific community needs and how collaboration between community and clinical partners will function to support program goals. Proposal should clearly describe how they will establish strong community-clinical partnerships, workflows, and referral networks between CHW staff and external partners to meet needs.
- **Training and technical assistance:** Applicant agencies and CHWs must participate in training and technical assistance that align with, recognize, and adopt state and national best practices for CHW workforce development. Proposals should clearly describe the agency's capacity to engage in training and technical assistance provided through the Rural Health Transformation Program.

Recipients of this funding will have access to CHW Core Competency training and CHW Supervisor training provided by training entities selected through a separate grant funding opportunity. Recipients will be expected to participate in regional and in-person training and technical assistance offerings provided by the University of Wisconsin Population Health Institute (UWPHI) Envision and other training partners that support RHTP deliverables. RHTP will also make available additional training and professional development opportunities based on applicant and recipient training needs.

- **Sustainability:** Applications must include a clear and feasible plan for sustainability beyond the grant period. Proposals should describe how community health worker infrastructure will be maintained over time through reimbursement, payer mix, operational efficiencies, and other funding sources.
-

Program requirements

Program development or enhancement

- Assess organizational readiness by utilizing the Wisconsin CHW Integration Toolkit Assessment or the Community Health Alignment CHW Healthcare Integration Toolkit.
- Expand or create a CHW program that includes staffing for CHW position(s), CHW Supervisor, anticipated services, data documentation process, key partnerships, and engagement in the Wisconsin CHW workforce landscape.
- Establish strong community-clinical partnerships, workflows, and referral networks between CHW staff and external partners to meet medical and non-medical needs.

Training and technical assistance

- Enroll and complete CHW core competency training and CHW supervisor training within six months.
- Complete an assessment to identify specific training needs based on rural community medical and non-medical needs.
- Participate in training and technical assistance for program development including onboarding, team integration, workforce, and financial sustainability provided by RHTP training and technical assistance partners. This training and technical assistance will be made available as part of the Rural Health Transformation Program.
- Support CHW participation, as part of their position, in professional networks to advance and contribute to strengthening the statewide CHW workforce.

Sustainability

- Develop and implement a plan for establishing a comprehensive reimbursement model that includes multiple funding sources such as Medicaid, private, or other public funding to sustain agency CHW model.
- Provide data necessary for reporting deliverables and engage in a CHW impact study for financial sustainability.
- Collaborate with the RHTP grant evaluation team to collect and report qualitative and quantitative data using provided tools and guidance.
- Additionally, funding recipients will be expected to align program development with future reimbursement requirements, such as Medicaid, and participate in CHW-related studies conducted by other RHTP grant partners.

Eligible applicants

Applicants must be rural facilities in the state of Wisconsin. Facilities in Wisconsin counties defined by the 2020 U.S. Census as either semi-rural or rural (see funding opportunity Addendum Exhibit 1 for a definition of semi-rural and rural counties) will be eligible to apply for these funding opportunities, including but not limited to the following:

- Federally-qualified health centers and/or community health centers
 - Free and charitable clinics
 - Hospitals
 - Local and Tribal health departments
 - Rural health clinics
 - Tribal clinics
 - Community-based organizations
 - School-based health providers
-

Applicant qualifications

In addition to the program and evaluation requirements, applicants must meet or have a detailed plan to meet the following requirements:

- CHWs who meet the American Public Health Association definition and have or will complete core competency training that meets the National C3 Council Standards.
- CHW Supervisor in a ratio of 1 supervisor per 5 CHWs and who have or will complete CHW Supervisor training that meets the National C3 Council Standards.
- Have sufficient staff and capacity to plan, implement, and evaluate the proposed approach in alignment with the grant goals.
- Have a history of collaborating with multi-sector partners to achieve sustainable change.
- Have experience collecting quantitative and qualitative data to facilitate evaluation and performance outcome reporting, and/or have a plan to request DHS technical assistance in this area.
- Fiscal, accounting, management, and information technology staff for the overall project.
- In good standing with DHS and able to comply with all DHS reporting, fiscal, and audit requirements.

Letter of intent

We recommend but do not require a letter of intent to submit an application in response to this grant funding. Letters of intent allow DHS to better understand the geographic distribution of interest across Wisconsin's rural areas and helps DHS prepare for application reviews and plan for grantee training and technical assistance.

The letter of intent should be provided through this survey by July 1, 2026.

Application submission

This application must be completed by 11:59 p.m. on August 7, 2026. Only complete applications submitted through this survey will be considered.

Applications must include:

- Responses to the statements in the Application Questions section. Any information beyond the page limit will not be read, reviewed, or scored.
- Proposed budget and justification
- Letters of support from each partner with an active role in the project, if known and applicable at the time of application.

The budget, justification, and letters of support do not count toward the narrative response word limit.

Organizations may request technical assistance for preparing their applications from the University of Wisconsin-Population Health Institute, Wisconsin Office of Rural Health, and Wisconsin Collaborative for Healthcare Quality. Technical assistance can be requested for describing local health needs using community data, accessing information to quantify the local health context, project evaluation planning, and/or developing performance measures. These partners have no input on funding decisions. To learn more, send a request to RHTP-evaluation@wisc.edu.

Applicants should reach out directly to DHS at DHSRuralHealth@dhs.wisconsin.gov for questions regarding technical difficulties with the application submission process. Note: questions about the funding opportunity, including eligibility requirements, budgets, allowable and unallowable expenses, and related topics, must be submitted by July 1, 2026, and will be answered through published FAQs.

This 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 \$203,670,005.21 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.

Applicant Information

1. Organization name *

2. Organization Address *

Street

City

State

ZIP code

Please provide the name and email of the primary contact person for this application.

3. First name *

4. Last name *

5. Email *

Confirm email *

6. Counties or Tribal nations where services will be provided for this project. Select all that apply. *

- Adams County
- Ashland County
- Bad River Band of Lake Superior Tribe of Chippewa Indians
- Barron County
- Bayfield County
- Brothertown Nation
- Brown County
- Buffalo County
- Burnett County
- Calumet County
- Chippewa County
- Clark County
- Columbia County
- Crawford County
- Dane County
- Dodge County
- Door County
- Douglas County
- Dunn County
- Eau Claire County
- Florence County
- Fond du Lac County
- Forest County
- Forest County Potawatomi Community
- Grant County
- Green County
- Green Lake County
- Ho-Chunk Nation
- Iowa County
- Iron County
- Jackson County
- Jefferson County
- Juneau County
- Kenosha County
- Kewaunee County
- La Crosse County
- Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin
- Lac du Flambeau Band of Lake Superior Chippewa Indians
- Lafayette County
- Langlade County
- Lincoln County
- Manitowoc County
- Marathon County
- Marinette County
- Marquette County
- Menominee County
- Menominee Indian Tribe of Wisconsin
- Milwaukee County
- Monroe County
- Oconto County
- Oneida County
- Oneida Tribe of Indians of Wisconsin
- Outagamie County
- Ozaukee County
- Pepin County
- Pierce County
- Polk County
- Portage County
- Price County
- Racine County
- Red Cliff Band of Lake Superior Chippewa
- Richland County
- Rock County
- Rusk County
- Sauk County
- Sawyer County
- Shawano County
- Sheboygan County
- Sokaogon Chippewa Community
- St. Croix Chippewa Indians of Wisconsin
- St. Croix County
- Stockbridge-Munsee Community
- Taylor County
- Trempealeau County
- Vernon County
- Vilas County
- Walworth County
- Washburn County
- Washington County
- Waukesha County
- Waupaca County
- Waushara County
- Winnebago County
- Wood County
- All of the above

7. Please describe any specific communities, groups, or populations you plan to serve for this project.

8. Does your organization provide services in Wisconsin in a 'semi-rural' or 'rural' county as defined by the 2020 U.S. Census? *

- Yes
- No

Eligible applicants must provide services in Wisconsin in semi-rural or rural counties.

9. Which of the following best describes your organization? Select all that apply. *

- Federally-qualified health centers and/or community health centers
- Free and charitable clinics
- Hospitals
- Local and Tribal health departments
- Rural health clinics
- Tribal clinics
- Community-based organizations
- School-based health providers
- Other - please specify

10. All applicants are required to have a valid Unique Entity Identifier (UEI) and maintain an active SAM.gov registration. A UEI is required at the time of award; however, if your organization does not currently have one or needs to renew, you must begin the registration process now. Failing to maintain an active registration may result in delayed funding or loss of eligibility. *

- By checking this box, I acknowledge that a valid UEI is required to receive this award.

Application Questions

Validation Max character count = 100

11. Project name *

Validation Max word count = 100

12. Provide a brief executive summary of your project (maximum 100 words). This section is not scored. *

Section 1: Community needs and impact (15 points)

VALIDATION Max word count = 1000

13. Describe how the proposed project will meet the purpose of this funding opportunity, including (as applicable): *

Alignment with program goals

- Describe the community’s medical and non-medical needs or priorities. Include connections to priorities identified in community health needs assessments or related health improvement plans.
- Describe how developing or expanding a CHW program will help support identified community needs.
- Describe collaborations between community and clinical partners and how they will function to support program goals and community needs.
- Describe how developing or expanding a CHW program will impact rural patients in the counties or Tribes you intend to serve for this project. If you identified semi-rural counties, how will you focus your efforts on patients living in rural census tracts?

Section 2: Program design and implementation (40 points)

VALIDATION Max word count = 2500

14. Describe how the proposed project will meet the goals of this funding opportunity, including: Proposed initiatives and implementation *

- Describe the CHW program, team-based care approaches, and the anticipated workflows, activities, or services that will take place to strengthen community-clinical linkages and care coordination in community settings. Applicants who plan to hire CHWs within clinical settings should describe their approach for collaboration with community-based organizations. Applicants who plan to hire CHWs within a community-based setting should describe their approach for collaboration with clinical organizations.
- Describe the organization's plan for CHW team integration.
- Describe how the proposed project initiatives align with the full scope of practice for CHWs based on National Council on CHW Core Consensus Standards.
- Include a timeline for proposed implementation. Provide a detailed plan for the first grant period (through Sept. 30, 2027) and a summary for future grant periods (through Sept. 30, 2031). Please include planned deliverables and expected completion dates for Year 1. Examples of deliverables could include:
 - Two rural facilities will hire three new CHWs by December 2026
 - Referral systems established for services (for example, chronic disease management, transportation, and behavioral health services) by January 2027
 - Three CHWs and two existing supervisors trained by February 2027

Sustainability, evaluation plan, and data collection

- Include a sustainability plan describing how the proposed services could be maintained beyond the grant period. As appropriate to the size and scope of the project, applicants may include details such as potential state or federal funding sources such as Medicaid, partnerships, or operational approaches that would support program continuation.
- Describe plan for CHW team members to have access to data and documentation systems to capture both community-based and clinical referrals and outcomes.
- Describe methodology for creating a workflow that supports referral systems among multi-sector partners, such as using technology platforms to track referrals and documenting completed services.
- Describe barriers that may impact how the anticipated program is developed and implemented.
- Describe how you will demonstrate impact to rural patients (for example, number of patients living in rural census tracts served).

15. Identify a minimum of 3 planned deliverables and estimated completion dates for year 1.

Deliverable 1 *

Estimated completion date (enter a date between 10/01/2026-07/31/2027) *

Deliverable 2 *

Estimated completion date (enter a date between 10/01/2026-07/31/2027) *

Deliverable 3 *

Estimated completion date (enter a date between 10/01/2026-07/31/2027) *

Deliverable 4

Estimated completion date (enter a date between 10/01/2026-07/31/2027)

Deliverable 5

Estimated completion date (enter a date between 10/01/2026-07/31/2027)

Deliverable 6

Estimated completion date (enter a date between 10/01/2026-07/31/2027)

Section 3: Personnel and institutional capacity (20 points)

VALIDATION Max word count = 1000

16. Describe the organization's capacity to implement the proposed project. Applicants must:

- Describe the organizational and/or team structure and institutional environment and resources, specifically as related to program goals.
- Describe the organizational readiness for developing or expanding a CHW program.
- Describe staffing, including new or existing positions and anticipated full-time equivalents.
- Describe the recruitment process and timeline if hiring new staff.
- Explain how the project will continue in the event of staff turnover.
- Describe the role of each partner in achieving project goals.
- Describe the roles, responsibilities, management and monitoring of any subcontractors. *

VALIDATION Max word count = 100

17. List key personnel positions or titles who will have a primary role in the project. *

Section 4: Experience and knowledge (20 points)

VALIDATION Max word count = 1000

18. Describe the organization’s experience with, and/or knowledge relevant to, the proposed project. Applicants must address their experience related to:

- Understanding CHW roles and responsibilities.
- Delivering or coordinating healthcare, behavioral health, or community-based services.
- Working with populations experiencing barriers to care, including rural and semi-rural communities.
- Collecting and using data and evidence to inform service and project improvement.
- Hiring, training, and supervising staff with relevant knowledge or licensure.
- Partnering with other organizations to enhance coordination.

If subcontractors will be used, describe their relevant experience and expertise. If you do not have specific experience with one or more of the above, please outline why your organization is well positioned to carry out this new area of work, how you will gain the necessary expertise to carry out the work, and/or areas where you anticipate requesting additional technical assistance from DHS. *

Section 5: Training and technical assistance needs assessment (not scored)

19. How interested is your organization or program in receiving training and technical assistance in the following topic areas? *

	Not at all interested	Moderately interested	Very interested
General information about the CHW profession (e.g., CHW definition, qualifications, roles, evidence of CHW impact)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHW hiring (e.g., job descriptions, interview questions, identifying trusted CHWs, training, onboarding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHW supervisor training and professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program planning and implementation (e.g., organizational readiness, educating teams about CHWs, developing workflows, referral processes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program evaluation and impact measurement (e.g., documenting CHW activities and outcomes, data collection, reporting strategies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustainable CHW funding strategies (e.g., identifying and securing long-term funding for CHWs, using sustainability tools, Medicare and/or Medicaid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community engagement and partnership development (e.g., engaging community leaders, collaborating with or supporting CHW groups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addressing social drivers of health (e.g., screening, assessing community needs and resources)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership development for CHWs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHW ally leadership development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training related to a specific topic(s) based on community needs (please describe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VALIDATION Max character count = 200

20. Please describe any additional training related to a specific topic(s) based on community needs.

21. How interested is your organization/program in participating in the following types of activities? *

	Not at all interested	Moderately interested	Very interested
Webinars on CHW-related topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drop-in office hours with experts on CHW-related topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individualized coaching to support CHW program goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A CHW learning collaborative with other organizations and/or programs like yours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 6: Budget (5 points)

VALIDATION Accepts 1 file. **Allowed types:** xls, xlsx. Max file size: 50 MB

22. Please fill out the Community Health Workers Grant Budget Template (Excel) with proposed expenditures for year one. For each item include a brief justification for the amount. Applicants will not need to budget for training registration costs but may need to budget for travel and per diem costs for in-person training as applicable. This should include how you arrived at the dollar amount requested for the expense. Example: Personnel: \$10,000; Personnel Justification: Personnel is calculated based on a 0.20 FTE Coordinator at \$24.04/hour = \$10,000.

- **Salary:** Describe your personnel expenses for this project. If none, mark N/A.
 - If CHW salaries are included, provide an estimate of client services that will be covered through this funding vs. other funding.
- **Fringe:** Describe your fringe expenses. If none, mark N/A.
- **Travel:** Describe travel expenses (transportation, lodging, per diem, etc.) for this project. If none, mark N/A.
- **Contractual Services:** Describe any contractual partners you will fund for this project. If none, mark N/A.
- **Equipment:** Describe any equipment purchases that will be made for this project. Equipment is defined as having a per-unit cost that equals or exceeds \$10,000 and requires approval from CMS. If none, mark N/A.
- **Supplies:** Describe your supply costs for this project. If none, mark N/A.
- **Other:** Describe any other costs associated with this project. If none, mark N/A.
- **Indirect:** Describe costs incurred for a common or joint purpose benefiting more than one cost objective and readily assignable to the cost objectives specifically benefitted. Limited to 8% of the total award amount. If none, mark N/A.

The funding opportunity budget template and Addendum Exhibits 2 and 3 (Federal Compliance Requirements and Budget Instructions) can be used as a guide when developing your budget and justification. *

Allowable file types: xls, xlsx

Upload File

Use of Funds

CMS requires that RHTP funds are assigned toward at least three of the specified statutory use categories described in the [Notice of Funding Opportunity \(NOFO\)](#) program requirements and expectations. Note that selected applicants will be required to track and report on these use of funds throughout the program. Hover over each category to read the definition or see Exhibit 3: Budget Instructions within the funding opportunity.

VALIDATION Must be percentage Whole numbers only Positive numbers only

23. Please estimate how much of your budget category totals will be allocated to the use of funds categories below. If a cost category applies to more than one use of funds, please estimate the category it primarily falls into. *

Prevention and chronic disease	<input type="text"/>
Provider payments	<input type="text"/>
Consumer tech solutions	<input type="text"/>
Training and technical assistance	<input type="text"/>
Workforce	<input type="text"/>
IT advances	<input type="text"/>
Appropriate care availability	<input type="text"/>
Behavioral health	<input type="text"/>
Innovative care	<input type="text"/>
Capital expenditures and infrastructure	<input type="text"/>
Fostering collaboration	<input type="text"/>

0 out of 100% Total

Years 2-5 Budget

VALIDATION Must be currency Whole numbers only

24. Please fill out the table below with with proposed expenditures for each cost category for Years 2-5. If a category does not apply, enter \$0. *

	Year 2	Year 3	Year 4	Year 5
Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fringe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contractual services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indirect costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Letter(s) of Support


VALIDATION Accepts up to 10 files. **Allowed types:** doc, docx, pdf. Max file size: 50 MB

25. Please upload letter(s) of support from each partner with an active role in the project.
Allowable file types: doc, docx, pdf

Upload File

Confirm and Submit

26. I confirm that the information provided in this application is accurate to the best of my knowledge. *



Signature of

Thank You!

Thank you for completing the CHW Grants: Strengthening the Rural Health Workforce in Wisconsin application. We appreciate the time you've taken to tell us about your organization. A completed copy of the application will be sent to [email provided in question 5]. You can direct any questions about this application to DHSRuralHealth@dhs.wisconsin.gov.
