WISCONSIN DEPARTMENT of HEALTH SERVICES

Community Health Workers (CHW) Training Providers Application Reference Copy

Funding Opportunity Summary

The Wisconsin Department of Health Services (DHS) seeks applications for training providers to develop, provide, and evaluate high-quality training, education, and professional development for community health workers (CHWs) and CHW supervisors as essential components of CHW workforce sustainability.

There are two main components to this funding opportunity:

- Providing CHW Core Competency training and support
- Providing CHW Supervisor training and support

Key dates

- Application release: July 31, 2026
- Application submission due: August 21, 2026
- Estimated date for award notification: October 2026

Background

The Wisconsin Rural Health Transformation Program is focused on improving health care access and health outcomes in rural communities across Wisconsin. This funding opportunity is part of the Rural Health Transformation Program (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 health care workforce, enhancing technology innovation, and cultivating coordinated care partnerships. Through collaboration among health care 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, including Tribal Community Health Representatives (CHRs) and Promatores de Salud, 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 health care provider shortages and geographic isolation are common, community health workers strengthen outreach and promote healthier communities through support and connection to essential services.

Eligible applicants

- Applicants must be able to reach and provide training to CHWs and CHW Supervisors in rural communities. Applicants eligible for this funding opportunity include, but are not limited to, the following potential applicants:
  - Training organizations
  - Academic institutions
  - Community-based organizations
  - Local and Tribal health departments

Application submission

This application must be completed by 11:59 p.m. on August 21, 2026. Only complete applications submitted through this survey will be considered.

Letters of support from project partners are encouraged but not required. Letters of support can be uploaded at the end of the application. It is recommended that applicants use a word processing program to complete the sections of the application to ensure word limits are observed for each question and pasted into the online submission format. Do not include personally identifiable information (PII) or protected health information (PHI) in your responses.

Applications must include:

- Responses to the statements in the Application Questions section. Any information beyond the word count limits will not be read, reviewed, or scored.
- Proposed budget and justification
- Letters of support from key partners (minimum of two)

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

Applicants should reach out directly to DHS at DHSRuralHealth@dhs.wisconsin.gov for questions regarding technical difficulties with the application submission process.

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.

Application Questions: Contact and Summary

1. Name of lead organization applying *

2. 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

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

- Training organizations
- Academic institutions
- Community-based organizations
- Local and Tribal health departments
- Other - Write In

4. Address of lead organization applying *

Street

City

Stafe

ZIP code

Please provide contact information for the primary point of contact regarding this application.

5. First name *

6. Last name *

7. Email *

Confirm email *

8. 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

VALIDATION Max word count = 100

9. Provide a brief executive summary of your project. *

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: Narrative Response

VALIDATION Max word count = 1500

11. Section 1: Experience and Knowledge Describe how the proposed project will meet the purpose of this funding opportunity, including: Alignment with program goals CHW Core Competency Training *

- **Describe your organization's experience with delivering CHW Core Competency Training curriculum development including history of program administration and delivery, number of training cohorts, data showing impact and outcomes of training, current partnerships, training platforms, tools, and techniques used to reach and engage various CHW learners.**
- **Provide examples of training and professional development opportunities your organization has provided or facilitated including topic and method of training delivery (virtual, in-person, small group, interactive, webinar, etc.).**

CHW Supervisor, Employer, and Organizational Training

- **Describe your organization's experience with delivering CHW Supervisor Training curriculum development including partnerships, training platforms, tools, and techniques used to reach and engage various learners.**
- **Provide examples of training and professional development opportunities your organization has provided or facilitated including topic and method of training delivery (virtual, in-person, small group, interactive, webinar, etc.).**

VALIDATION Max word count = 2500

12. Section 2: Training Curriculum Design and Implementation Describe how the proposed project will meet the goals of this funding opportunity, including: Proposed initiatives and implementation CHW Core Competency Training *

- **Describe the CHW Core Competency curriculum design and development process. Include your organization's plan for involving CHWs in developing the training curriculum and training delivery. If your organization already has an established CHW Core Competency curriculum, describe your organization's process for enhancing these practices to engage CHWs in the curriculum review and training delivery.**
- **Describe how your organization's CHW Core Competency training will meet the criteria established by the National Council on CHW Core Consensus Standards (C3).**
- **Describe your approach for recruiting participants into training cohorts including how your organization will center CHW lived experience.**
- **Describe your training curriculum, including anticipated number of CHWs per cohort, time commitment, participant eligibility and vetting process, and participant expectations for completing the training.**
- **Describe how you will provide post-training support and assistance to the graduates of the training program.**

CHW Supervisor, Employer, and Organizational Training

- **Describe the CHW Supervisor training curriculum including anticipated number of participants per cohort, time commitment, participant eligibility and vetting process, and participant expectations for completing the training.**
- **Describe your plan for developing new or expanding existing CHW Supervisor training offerings.**

VALIDATION Max word count = 1500

13. Section 3: Sustainability, Evaluation Plan, and Data Collection CHW Core Competency Training *

- **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, partnerships, or operational approaches that would support program continuation.**
- **Applicant should describe how the CHW Core Competency training offerings will align with the Wisconsin CHW workforce Curriculum and Training Committee efforts to establish statewide training and credentialing standards.**
- **Describe the evaluation methods that will be used to assess the effectiveness and impact of CHW Core Competency and CHW Supervisor training, including frequency of data collection and the evaluation tools used.**
- **Describe barriers that may impact how the anticipated training program is developed and implemented.**
- **Describe the process for documenting or tracking CHW Core Competency training completion among cohort participants including platforms and tools utilized.**

CHW Supervisor, Employer, and Organizational Training

- **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, partnerships, or operational approaches that would support program continuation.**
- **Provide examples of how you intend to align CHW Supervision training with Wisconsin and national best practices for CHW onboarding, organizational readiness, and CHW integration.**
- **Describe the evaluation methods that will be used to assess the effectiveness of training from CHWs, including frequency.**
- **Describe barriers that may impact how the anticipated training program is developed and implemented.**

VALIDATION Max word count = 1000

14. Section 4: Personnel and Institutional Capacity Describe the organization's capacity to implement the proposed project. Applicants must: *

- **Describe the organizational and/or team structure and institutional environment/resources, specifically as related to program goals.**
- **Describe the organizational readiness for developing or expanding CHW Core Competency and CHW Supervisor training.**
- **Describe staffing, including new or existing positions and anticipated full-time equivalents as well as CHW involvement in staffing or advisory capacities.**
- **If hiring new staff, describe the recruitment process and timeline.**
- **Explain how the project will continue in the event of staff turnover.**
- **Describe the role of each partner in achieving project goals. Include at least two Letters of Support from key partners. Upload Letter of Support documents as attachments to application below.**
- **If subcontractors are used, describe their roles, responsibilities, and how they will be managed and monitored.**

Upload a minimum of 2 Letters of Support from key partners below.

VALIDATION Accepts 1 file. **Allowed types:** doc, docx, pdf. Max file size: 50 MB

15. Letter of Support 1 *

Allowable file types: doc, docx, pdf

Upload File

VALIDATION Accepts 1 file. **Allowed types:** doc, docx, pdf. Max file size: 50 MB

16. Letter of Support 2 *

Allowable file types: doc, docx, pdf

Upload File

VALIDATION Accepts up to 5 files. **Allowed types:** doc, docx, pdf. Max file size: 50 MB

17. Upload any additional letters of support (maximum of 5 additional letters)

Allowable file types: doc, docx, pdf

Upload File

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18. 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)

VALIDATION Max word count = 100

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

Application Questons: Budget

20. Section 5: Budget

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

Complete the Community Health Workers Core Competency Training Programs Budget Template (Excel) with proposed expenditures for year one. Include a brief justification for the amounts you entered for each item. 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. *

- **Personnel: Describe your personnel expenses for this project. If none, mark N/A.**
- **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 over $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 not readily assignable to the cost objectives specifically benefitted. Limited to 8% of the total award amount. If none, mark N/A.**

The 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

21. Please fill out the table below with with proposed expenditures for each cost category for Years 2 and 3. If a category does not apply, enter $0. *

VALIDATION Must be currency Whole numbers only

	Year 2	Year 3
Personnel		
Fringe		
Travel		
Contractual services		
Equipment		
Supplies		
Other		
Indirect costs		

Review Application

Action: Review

Confirm and Submit

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

Sign name using mouse or touch pad

Signature of

Thank You!

Thank you for completing the CHW Training Providers application. We appreciate the time you've taken to tell us about your organization. A completed copy of the application will be sent to [question("value"), id="183"].