

## Rural Technology Transformation Fund Application

### Funding Opportunity Summary

The Rural Health Transformation Program will award an estimated \$209 million over five years in technology grants. Grants will be rolled out in two rounds to different types of healthcare organizations. Through these grants, Wisconsin Department of Health Services (DHS) seeks to bolster the state's capacity to provide high-quality care to rural residents via technological innovations. Applicants may apply to multiple Rural Health Transformation Program (RHTP) funding opportunities for which their organizations are eligible.

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#### Key dates

- Application release: July 1, 2026
- Application submission due: Aug. 1, 2026
- Application questions due: July 7, 2026. Responses will be posted within one week.
- Please send questions to: [dhsruralhealth@dhs.wisconsin.gov](mailto:dhsruralhealth@dhs.wisconsin.gov) and place Technology Transformation Application Questions in the Subject line.
- Estimated date for award notification: September 2026

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#### Estimated funding

Funds will be distributed to eligible organizations in two separate funding rounds as outlined below.

#### Eligible applicants by funding round

**Round 1:** This funding announcement pertains to Round 1, which includes an estimated \$61 million, pending CMS approval, to be allocated over three years beginning in 2026. Round 1 funds will be allocated to healthcare organizations with one or more Rural Health Clinics and healthcare organizations with one or more Federally Qualified Health Centers (FQHC) serving rural and semi-rural communities as defined in Addendum Exhibits 3 and 4. Only organizations listed in Addendum Exhibit 4 are eligible to apply for Round 1 funding.

**Round 2:** The second round of funds, estimated at \$148 million pending CMS approval, will be allocated over three to four years beginning in the summer or fall of 2027. Round 2 funds will be available to other types of health organizations as outlined in Exhibit 3: hospital organizations with one or more locations, local health departments, Tribal clinics, healthcare organizations with one or more free and charitable clinics, and healthcare organizations with one or more opioid treatment facilities serving rural and semi-rural communities. A separate funding opportunity for Round 2 funds will be announced in 2027, along with a list of eligible organizations.

## Round 1: Estimated funds for FQHCs

- Year 1 (10/1/2026–7/31/2027)
  - Total funding available: \$15,000,000
  - Average anticipated award per organization: \$1,260,000
- Year 2\* (8/1/2027–7/31/2028)
  - Total funding available: \$5,000,000
  - Average anticipated award per organization: \$420,000
- Year 3\* (8/1/2028–7/31/2029 )
  - Total funding available: \$5,000,000
  - Average anticipated award per organization: \$420,000

## Round 1: Estimated funds for rural health clinics

- Year 1 (10/1/2026–7/31/2027)
  - Total funding available: \$28,000,000
  - Average anticipated award per organization: \$1,011,111
- Year 2\* (8/1/2027–7/31/2028)
  - Total funding available:\$6,000,000
  - Average anticipated award per organization: \$216,667
- Year 3\* (8/1/2028–7/31/2029 )
  - Total funding available: \$2,000,000
  - Average anticipated award per organization: \$72,222

\*Pending CMS approval

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## 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 RHTP, a federal funding opportunity provided to states through the Centers for Medicare and Medicaid Services (CMS). 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.

As artificial intelligence, interoperability, and cybersecurity shape how care is delivered, rural facilities need to adopt digital tools that meet their unique clinical and operational needs. Health technology solutions have the potential to accelerate improved quality, expanded access, and reduced cost of care for rural residents. Adopting more efficient and effective technologies increases provider satisfaction and lowers turnover, improving the healthcare experience for providers as well as patients. Investing in next-generation technology will enable rural facilities to streamline workflows, improve interoperability, strengthen data security, purchase hardware, and improve patient care.

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## Purpose

These funds are intended to invest in technology that:

- Removes barriers to care for rural residents.
  - Maximizes provider productivity.
  - Ensures improved patient or community health outcomes.
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## Program requirements

- Successful organizations must use grant funds to:
  - *Benefit rural residents.* A healthcare organization may operate several facilities across the state. In general, funds should be used to benefit rural residents through investments in facilities located outside of metropolitan core areas.
  - *Purchase eligible technologies.* All proposed technologies must be clearly linked to the goals of removing barriers to care, maximizing provider productivity, and improving health outcomes for rural Wisconsinites.
- Examples of eligible program activities include upgrading IT systems, upgrading Electronic Health Records (EHR) systems, subscribing to data analytics or other digital tools, and purchasing patient and provider devices.
  - **Patient devices** could include tools such as Bluetooth-enabled blood-pressure monitors, continuous glucose monitors, and digital weight scales to support patients with chronic disease management.
  - **Provider devices** could include tools such as ambient AI for notetaking to reduce administrative burdens, improve provider well-being, and enhance patient interactions; telehealth-capable computers and tablets to facilitate digital access; and robotic surgical systems to transform in-person care.

Organizations representing more than one health facility should carefully consider the needs and capacities of the different facilities under the organizational umbrella. Applications should clearly outline how the organization will use and distribute the technology to ensure benefit to rural residents and healthcare providers, and which facilities under the organizational umbrella will be included in or benefit from the project.

Group purchasing is encouraged for healthcare organizations interested in achieving economies of scale through shared purchases. For example, local public health departments could partner with their association to purchase shared data analytics tools. Alternatively, if multiple rural hospitals want to purchase new software functions or upgrades, this grant could facilitate a shared purchase between the hospitals and vendors. This could include software solutions or infrastructure that enable participation in data exchanges and interoperability, or larger purchases such as robotic surgical systems.

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## Survey submission

This application must be completed by 11:59 p.m. on Aug. 1, 2026. Only applications submitted through this survey will be considered.

Applications must include:

- Responses to the statements in the Survey Questions section. Any information beyond the word count limit will not be read, reviewed, or scored.
- Proposed budget and justification. The budget justification does 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](mailto:RHTP-evaluation@wisc.edu).

Applicants should reach out directly to DHS at [DHSRuralHealth@dhs.wisconsin.gov](mailto: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 7, 2026, and will be answered through published FAQs.

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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.

# Survey Questions: Contact and Summary

## 1. Organization name \*

Please select your organization's name from the dropdown. Only organizations listed in Addendum Exhibit 4 of the Rural Technology Transformation Fund opportunity are eligible to apply for Round 1 funding.

- Access Community Health Centers, Inc.
- Family Health Center
- Kenosha Community Health Center, Inc.
- La Clinica De Los Campesinos, Inc. (DBA Noble Community Clinics)
- Lake Superior Community Health Center
- Lakes Community Health Center, Inc. (DBA NorthLakes)
- N.E.W. Community Clinic, Ltd.
- Partnership Community Health Center Inc.
- Primary Connection Healthcare, Inc (DBA Bridge Community Health Clinic)
- Rock River Community Clinic, Inc.
- Scenic Bluffs Health Center Inc.
- Aspirus, Inc.
- Black River Health
- Burnett Medical Center
- Cumberland Healthcare
- Door County Medical Center
- Emplify
- Essentia Health
- Fort HealthCare
- Grant Regional Health Center
- HealthPartners
- Hospital Sisters Health System
- Indianhead Medical Center
- Lafayette Hospital and Clinics
- Marshfield Clinic Health System
- Mayo Clinic
- Mile Bluff Medical Center
- Osceola Medical Center
- Reedsburg Area Medical Center
- Sauk Prairie Healthcare
- Southwest Health
- SSM Health
- St. Croix Health
- Tamarack Health
- The Richland Hospital Inc.
- ThedaCare, Inc.
- Upland Hills Health Inc.
- Vernon Memorial Healthcare
- Western Wisconsin Health

## 2. Organization address \*

Street

City

State

WI

ZIP code

Provide contact information for the primary point of contact regarding this application.

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3. First name \*

4. Last name \*

5. Email \*

Confirm email \*

6. 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.

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**7. Counties or Tribal Nations where health facilities benefiting from this project are located. Select all that apply. \***

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

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

**9. Provide a brief executive summary of your project. This section is not scored. \***

**10. Provide a list of partners or facilities that will participate in a shared purchase, including points of contact for each (if applicable).**

	Partner/facility name	Point of contact name	Email
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Survey Questions: Narrative Response

**VALIDATION** Max word count = 1500

## 11. Community needs and impact \*

Describe how your project will meet the purpose of this funding opportunity. Include the following in your response:

- The facilities, sites, and locations (site name, city, and ZIP code) that will use the proposed technologies. Proposed projects that serve rural areas will be prioritized.
- The average number of patients served per month in each facility where the proposed technology will be used.
- The population size of the catchment area for each facility where the proposed technology will be used or for the jurisdiction served.
- What are the specific needs in your clinic, system, or the community served? How will the proposed technology address those needs?
- What are the anticipated outcomes from this technology project? How will you measure results? Please specify outcomes related to provider or organizational capacity, patient experience, and patient or community health.
- Will the technology be used to reach everyone the organization serves, or will there be a target population (e.g., farm workers) or discrete project (e.g., post-partum in-home care support) that will benefit from this technology? If applicable, what is the target population or specific project expected to benefit from this technology?

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## 12. Program design and implementation \*

- Provide an implementation plan that includes the following:
  - A list of the technology or technologies to be purchased
  - The sites and locations (site name, city, and ZIP code) that will use the proposed technologies. Proposed projects that serve rural areas will be prioritized.
  - A timeline and strategy for purchasing the technology, training staff on use (as appropriate), and integrating into routine operations. Grantees must spend funds allocated in the current grant round between Oct. 1, 2026, and Sept. 30, 2029.
  - How your organization will maintain and sustain the technology. If the technology purchased requires continued maintenance or upgrades to remain functional, describe what resources will be used to support this technological investment after the funding period.
  - How your organization will measure and report on outcomes, with a focus on outcomes for rural residents.
  - Your anticipated reach (e.g. number of people served), segmented by rurality if feasible to demonstrate reach in rural areas.
- Briefly describe how each technology will further the Rural Technology Transformation Fund's three goals:
  - Removing barriers to care for rural residents
  - Maximizing provider productivity
  - Ensuring improved patient or community health outcomes
- Describe the organization's technical assistance needs and/or resources relevant to the proposed project. Include the following information:
  - What technical assistance or external resources does your organization need to implement technology projects?
  - What technical assistance or resources could your organization offer other healthcare organizations to help implement technology projects?

## 13. Sustainability plan

Provide a sustainability plan describing how the proposed technology will be maintained beyond the grant period. \*

## Survey Questions: Budget

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

14. Complete and upload the Rural Technology Transformation Fund Budget Template (Excel) with detailed proposed expenditures for Year 1: Oct. 1, 2026–July 31, 2027. For each item include a brief justification for the amount. This should include how you arrived at the dollar amount requested for the expense. 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.

*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.
- **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 budget template and Addendum Exhibits 2 and 5 (Federal Compliance Requirements and Budget Instructions) can be used as a guide when developing your budget and justification. \*

Accepted file types: xls, xlsx

Upload File

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**VALIDATION** Must be currency Whole numbers only Positive numbers only

15. Please fill out the table below with proposed expenditures for each cost category for the following two years: \*

- Year 2: Aug. 1, 2027–July 31, 2028
- Year 3: Aug. 1, 2028–July 31, 2029

If a category does not apply, enter \$0.

	Year 2	Year 3
Salary	<input type="text"/>	<input type="text"/>
Fringe	<input type="text"/>	<input type="text"/>
Travel	<input type="text"/>	<input type="text"/>
Contractual Services	<input type="text"/>	<input type="text"/>
Equipment	<input type="text"/>	<input type="text"/>
Supplies	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Indirect	<input type="text"/>	<input type="text"/>

**VALIDATION** Max word count = 500

16. For any technology expenditures you included above in Year 2 or Year 3, provide a brief description of the purpose for each proposed technology. \*

## Deliverables

17. Identify a minimum of 3 planned deliverables and estimated completion dates for your project during 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)

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

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## Confirm and Submit

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

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## Thank You!

Thank you for completing the Rural Technology Transformation Fund: Allocations to improve health services in rural Wisconsin. 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](mailto:DHSRuralHealth@dhs.wisconsin.gov).

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