

Rural Health Transformation Program (RHTP) Letter of Interest

Alaska Community Foundation

Project Title

Project Title*

Create a brief descriptive title for your application that reflects the project's purpose. If your organization is submitting more than one application, please create different titles for each submission.

Character Limit: 100

Organization Information

UEI Number*

Please enter your UEI number in the box below. A UEI number is required to receive federal funding.

[Click here to learn how to find out whether your organization has a UEI.](#)
[Click here to register your organization with SAM.gov and receive a UEI number.](#)

Character Limit: 12

Single Audit History*

Has your organization had a Federal Single Audit completed in the last five years?

Choices

Yes
No
I don't know.

What is your total operating budget for the current fiscal year?*

Please answer with a single number, no text. For example, 1000000.

Character Limit: 20

Tribal Affiliation*

Choices

Yes

No

Other (You'll be asked to explain in a later question.)

Primary Organization Type*

Please select your organization's primary type from the drop-down options provided. If you select "Health Care Provider" or "Other," you will be asked to provide more detail in a follow-up question. You will also have the opportunity to select all organization types that apply to your organization in a follow-up question.

Health Care Provider includes: hospitals, clinics, dental care, pharmacies, federally qualified health centers, private practitioners, specialist care, family or primary care, maternal health, behavioral health/substance use disorder treatment, as well as home- and community-based services providers.

Choices

Education Organization (Not Public University)
 Emergency Medical Services
 Health Care Providers
 Local Government
 Non-Profit, Social Service, or Community Based Organization
 State Agency or Public University
 Tribe and/or Tribal Health Organization
 Vendor Partnering with an Alaska Organization
 Other

All Organization Types that Describe Your Organization*

Please select all organization types that describe your organization. If you select "Health Care Provider" or "Other," you will be asked to provide more detail in a follow-up question. Please include the primary organization type you selected above.

Health Care Provider includes: hospitals, clinics, dental care, pharmacies, federally qualified health centers, private practitioners, specialist care, family or primary care, maternal health, behavioral health/substance use disorder treatment, as well as home- and community-based services providers.

Choices

Education Organization (Not Public University)
 Emergency Medical Services
 Health Care Providers
 Local Government
 Non-Profit, Social Service, or Community Based Organization
 State Agency or Public University
 Tribe and/or Tribal Health Organization
 Vendor Partnering with an Alaska Organization

Other

Tribal Affiliation Explanation

Tribal Affiliation Explanation*

Above, you indicated "other" in response to whether your organization was tribally affiliated. Please explain.

Character Limit: 250

Health Care Provider Type

Health Care Provider - Primary Type*

What type of health care provider are you? Please select your organization's primary type from the drop-down options provided. You will have the opportunity to check all health care provider types that apply to your organization in a follow up question.

Choices

Behavioral health/substance use disorder treatment
 Clinic
 Dental
 Family or primary care
 Federally qualified health center
 Home- and community-based services provider
 Hospital
 Maternal health
 Pharmacy
 Private practitioner
 Specialist
 Other

All Types of Health care Provided*

Please select all health care provider types that describe your organization, including the primary type selected above.

Choices

Behavioral health/substance use disorder treatment
 Clinic
 Dental
 Family or primary care
 Federally qualified health center
 Home- and community-based services provider
 Hospital

- Maternal health
- Pharmacy
- Private practitioner
- Specialist
- Other

Other Organization Type Details

Other Organization Type Details*

Above, you selected "other" to describe your organization type. Please indicate your organization type in the box below.

Character Limit: 100

Vendor Partnering with Alaskan Organization

Partnerships & User Base*

If you are applying as a vendor, please describe your established user/client base and/or anticipated partnerships.

Character Limit: 500

State Agency or Public University

STOP! State agencies and public universities should not complete this LOI form. State agencies and public universities should contact the Department of Health.

Location

Does your organization have a physical presence in Alaska?*

Choices

Yes, our organization is headquartered in Alaska.

Yes, our organization has staff and at least one office or brick-and-mortar location in Alaska.

Yes, our organization has at least one full-time staff member who is an Alaska resident.

No

Connection to Alaska

Where is your organization located?*

Above you indicated that your organization is not located in Alaska. Where is your organization located?

Character Limit: 250

Please describe your connection to Alaska.*

Above you indicated that your organization is not located in Alaska. Please describe your connection to Alaska.

Character Limit: 500

Headquarters, Brick-and-Mortar Locations, and Offices

Headquarters, Brick-and-Mortar Locations, and Offices in Alaska*

Please list the locations in Alaska where your organization has brick-and-mortar locations or offices. If your organization has staff in Alaska, but no office space, please share those details.

Character Limit: 1000

Organizational Service Area

Service Area*

Please indicate the borough or census area where your organization offers services. If your organization offers services in multiple regions, please indicate "Multi-Region" (the second-to-last option). You will then have the opportunity to select multiple boroughs and census areas. If your organization is not yet operating in Alaska, select the last option on the list.

(Note: this question is about the service area for your organization as a whole; later in this LOI you will be asked about the geographic region for the specific project proposal.)

Choices

Aleutians East Borough
 Aleutians West Census Area
 Anchorage (Municipality)
 Bethel Census Area
 Bristol Bay Borough
 Chugach Census Area
 Copper River Census Area
 Denali Borough

Dillingham Census Area
Fairbanks North Star Borough
Haines Borough
Hoonah-Angoon Census Area
Juneau (City and Borough)
Kenai Peninsula Borough
Ketchikan Gateway Borough
Kodiak Island Borough
Kusilvak Census Area
Lake and Peninsula Borough
Matanuska-Susitna Borough
Nome Census Area
North Slope Borough
Northwest Arctic Borough
Petersburg Borough
Prince of Wales-Hyder Census Area
Sitka (City and Borough)
Skagway (Municipality)
Southeast Fairbanks Census Area
Wrangell (City and Borough)
Yakutat (City and Borough)
Yukon-Koyukuk Census Area
Multi-Region
Not Yet Operating in Alaska

Multi-Region or Statewide Organizational Service Areas

All Areas Served*

Please indicate all boroughs and census areas where your organization offers services.

(Note: this question is about the service area for your organization as a whole; later in this LOI you will be asked about the geographic region for the specific project proposal.)

Choices

Aleutians East Borough
Aleutians West Census Area
Anchorage (Municipality)
Bethel Census Area
Bristol Bay Borough
Chugach Census Area
Copper River Census Area
Denali Borough
Dillingham Census Area
Fairbanks North Star Borough
Haines Borough

Hoonah-Angoon Census Area
Juneau (City and Borough)
Kenai Peninsula Borough
Ketchikan Gateway Borough
Kodiak Island Borough
Kusilvak Census Area
Lake and Peninsula Borough
Matanuska-Susitna Borough
Nome Census Area
North Slope Borough
Northwest Arctic Borough
Petersburg Borough
Prince of Wales-Hyder Census Area
Sitka (City and Borough)
Skagway (Municipality)
Southeast Fairbanks Census Area
Wrangell (City and Borough)
Yakutat (City and Borough)
Yukon-Koyukuk Census Area

Primary Contact Information

Please provide the best point of contact within your organization for this project proposal. If the project is a collaboration with multiple organizations, provide the best point of contact within the lead organization.

Are you the primary contact for this submission?*

Note: if you are the primary contact, but logged in using someone else's email address, please select "no."

Choices

Yes

No

Primary Contact Information Details

Primary Contact First Name*

Character Limit: 50

Primary Contact Last Name*

Character Limit: 75

Primary Contact Title*

Character Limit: 75

Primary Contact Phone Number*

Character Limit: 15

Primary Contact Email*

Character Limit: 254

Fiscal Contact Information

Please provide the best point of contact within your organization *for financial questions*. If the project is a collaboration with multiple organizations, provide the best financial contact within the lead organization.

Are you the fiscal contact for this submission?*

Note: if you are the fiscal contact, but logged in using someone else's email address, please select "no."

Choices

- Yes
- No

Fiscal Contact Information Details

Fiscal Contact First Name*

Character Limit: 50

Fiscal Contact Last Name*

Character Limit: 75

Fiscal Contact Title*

Character Limit: 75

Fiscal Contact Phone Number*

Character Limit: 15

Fiscal Contact Email*

Character Limit: 254

Project Populations & Geography

Geographic Reach of Project*

Earlier you shared your organization's service area. For this project specifically, what is the planned geographic reach of your project?

Choices

Single Community
 Multi-Community or Participating in Regional Hub-and-Spoke
 Statewide
 Other

Project Service Area*

Above, you shared the service area(s) of your organization. Below, please indicate the borough(s) and/or census area(s) where your project will offer services. Check all that apply.

Choices

Aleutians East Borough
 Aleutians West Census Area
 Anchorage (Municipality)
 Bethel Census Area
 Bristol Bay Borough
 Chugach Census Area
 Copper River Census Area
 Denali Borough
 Dillingham Census Area
 Fairbanks North Star Borough
 Haines Borough
 Hoonah-Angoon Census Area
 Juneau (City and Borough)
 Kenai Peninsula Borough
 Ketchikan Gateway Borough
 Kodiak Island Borough
 Kusilvak Census Area
 Lake and Peninsula Borough
 Matanuska-Susitna Borough
 Nome Census Area
 North Slope Borough
 Northwest Arctic Borough
 Petersburg Borough
 Prince of Wales-Hyder Census Area
 Sitka (City and Borough)
 Skagway (Municipality)
 Southeast Fairbanks Census Area
 Wrangell (City and Borough)
 Yakutat (City and Borough)
 Yukon-Koyukuk Census Area

Project Reach*

How many Alaskans will be served by the project?

Choices

- Under 1,000
- 1,000-4,999
- 5,000-9,999
- 10,000-24,999
- 25,000-74,999
- 75,000+

Populations Served*

What populations will be served by your project? Select all that apply.

Choices

- Alaska Native peoples
- Alaskans with behavioral health and substance use disorders
- Alaskans with complex care needs
- Alaskans with or at risk of chronic disease
- Children and youth
- Elders and older Alaskans
- Health care workforce
- Pregnant and postpartum women
- Rural Alaskans
- Other

Serving Rural Alaskans*

Please describe how your project will improve access, quality, or sustainability of health care for rural, remote or frontier communities.

Character Limit: 2500

Other Populations Served

Other Populations Served*

You indicated you serve a population not included in the list above. Please describe that population here.

Character Limit: 100

Other Geographic Reach

Other Geographic Reach Description*

Above, you selected "other" to describe your geographic reach. Please describe your geographic reach here.

Character Limit: 250

Single Community Name

Community Name*

Above, you indicated that the geographic reach of your project is a single community. What is the name of that community?

Character Limit: 100

Project Overview

Project Concept Opportunity*

Briefly describe the problem or opportunity you want to address with this project.

Character Limit: 1500

Project Concept Approach*

Please describe your proposed approach to the above problem or opportunity.

Character Limit: 2500

Project Concept Preliminary Outcomes*

What change would you expect to see if this project is successful and on what timescale?

Character Limit: 2500

Project Concept Sustainability*

How will the change initiated by this project persist after the project ends?

Character Limit: 1500

Project Concept Key Risks or Uncertainties*

What potential risks do you anticipate, and what is your plan to mitigate them?

Character Limit: 1500

Project Partnerships*

Do you have key partners identified for this project?

Choices

No, partners are not needed for this project.

We will need to recruit partners.

Yes, all partners are on board and ready to participate.

Partnership Details

Partnership Details*

Above you indicated that you will be working with key partners to complete this work. If those partnerships are established, please list your anticipated partners. If you still need to recruit partners, please describe your partnership needs.

Character Limit: 500

Readiness & Scope Snapshot

Stage of Development*

Please assess the current stage of your proposed project. Your answer does not commit your LOI to a specific funding pathway but rather informs understanding of the project's development stage.

RHTP funding is available for all pathways.

Concept Formation: The project is taking shape, but key elements are still being developed. Scope, partners, budget and workplan details have not yet been established. Funding at this stage would support refining the project concept, early coordination, and building administrative readiness to prepare for a full project application.

Defined Approach: The project has a defined approach that aligns with RHTP goals. The scope and deliverables are partially defined, there is a general sense of the budget, partners have been identified, and roles are generally understood. Some administrative, staffing, and evaluation infrastructure capacity is in place. Early thought has been given to long-term sustainability and scalability. Funding at this stage supports critical planning efforts to strengthen and refine a detailed project workplan to prepare for implementation.

Ready to Launch: The project has a complete plan aligned with RHTP goals, with clear scope, objectives, budget, milestones, and deliverables. Partners are committed, roles and

responsibilities are clearly defined, and staffing, resources, and infrastructure are in place. The approach is supported by data collection, evaluation, and monitoring systems. Project sustainability is built into the design. Funding at this stage supports immediate execution of projects that advance rural health transformation goals.

Choices

Concept Formation
Defined Approach
Ready to Launch

RHTP Initiative Areas*

RHTP funding supports projects aligned with Alaska's six RHTP initiatives. Funded projects may work across more than one initiative. Based on your current project approach, select all that apply.

Choices

Healthy Beginnings
Health Care Access
Healthy Communities
Pay for Value: Fiscal Sustainability
Strengthen Workforce
Spark Technology & Innovation

RHTP Allowable Uses*

RHTP projects must align with and advance Alaska's goals and six RHTP initiatives and strengthen access, quality, coordination, and sustainability of health care, particularly in rural and remote communities. Federal law allows RHTP funds to be used for the activities listed below in support of these initiatives. Based on your current project concept, select all that may apply. (Note: for more information on the RHTP allowable uses, see the Alaska Department of Health RHTP webpage).

Choices

Appropriate care availability
Behavioral health
Capital expenditures and infrastructure
Consumer tech solutions
Fostering collaboration
Innovative care
IT advances
Prevention and chronic disease
Provider payments
Training and technical assistance
Workforce

Estimated Project Duration*

Based on your project concept, how long do you anticipate needing to complete the proposed work?

Choices

6 months or less
12 months
18 months
2 years
3 years
More than 3 years

Project Duration*

Please explain if your project has multiple phases, dependencies, or other nuances to the project duration.

Character Limit: 1500

Estimated Funding Range for First Year of Funding*

While RHTP is a five-year initiative, funding will be awarded annually. For the project scope you outlined, what resources do you anticipate needing for this funding round's project period?

Choices

Under \$50,000
\$50,000-\$250,000
\$250K-\$1M
\$1M-\$5M
Over \$5M

Future Funding Needs*

Please describe future funding needs for this project (beyond this project period). If you are unsure of future funding needs, please indicate that below. If you do not have funding needs beyond this project period, please write "N/A."

Character Limit: 1500

Potential Support Needs*

In addition to grant awards, RHTP will include opportunities for grantee learning and support. To gauge potential offerings, what potential support might you be interested in?

Choices

Convening with other grantees
Identifying potential partners
Technical assistance in reporting requirements

Technical assistance in project management
 None at this time
 Other

Other Support Needs

Other Support Needs*

Above, you shared that you had other needs for support. Please describe those needs.

Character Limit: 500

Acknowledgements & Certifications

Acknowledgements & Certifications*

I understand that submission of this Registration & LOI does not guarantee funding and may result in an invitation to submit a Full Proposal, a request for refinement, or deferral to a future cycle.

I certify that:

- No funds received under this award will be used for lobbying activities.
- I will not attempt to influence government officials on decisions related to this award or other legislative or administrative matters using awarded funds.
- Awarded funds will not be used for religious proselytizing or activities intended to promote or discourage adherence to a particular religious faith.

Choices

Yes

This project 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 \$272,174,855.72 million, pending approval of revised budget, 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.