

Notice of Funding Opportunity
Application Due Date: 07/20/2026

Oklahoma State Department of Health

Rural Health Transformation Program

Opportunity Number: RHTP2026005

This Emergency Medical Service and Community Paramedicine Vehicles Funding opportunity 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 \$223,476,948.62, 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.

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Attachments

Attachment A: List of eligible counties and communities considered rural under the OK RHTP definition

Attachment B: Subrecipient responsibilities

Attachment C: Budget and expenditures

Attachment D: Grants management materials

Attachment E: Allowable and unallowable cost summary

General Information

Summary

This funding opportunity from the Oklahoma State Department of Health (OSDH) will make funding for EMS / Community Paramedicine vehicles available under the Rural Health Transformation Program (RHTP) to support deployment of Community Paramedics and facilitate improvement across the broader Oklahoma EMS ecosystem. The Rural Health Transformation Program is a five-year, nationwide \$50 billion federal grant program established in H.R. 1, The One Big Beautiful Bill Act. In Year One, Oklahoma received \$223,476,948.62 in funding. Further details on Oklahoma's proposed uses of these funds beyond this funding opportunity are available at [Rural Health Transformation Program](#).

Funding Detail

Type: Competitive

Estimated Total Program Funding: \$3.675 million

Anticipated Individual Award: Up to \$350,000

Payment Structure: Reimbursement

Total Expected Awards: OSDH anticipates allocating up to 20 grants to eligible entities to purchase Community Paramedicine-specific vehicles or ambulances to serve the needs of rural Oklahoma and facilitate deployment of Community Paramedics. **The vehicles purchased with this grant funding must primarily (90%+) serve rural communities in Oklahoma**, defined for the purposes of OK RHTP as communities with populations of 55,000 or fewer that are located outside of Oklahoma and Tulsa counties. Please review **Attachment A** for a full list of eligible communities.

Expenditure Period: Award recipients are expected to expend the award amount and submit invoices with appropriate documentation to OSDH no later than July 31st, 2027. Additionally, award recipients are expected to share a signed contract with the vendor for the vehicle by December 31st, 2026.

Payment Structure: Please note this is a reimbursement-based award. Award recipients are expected to cover eligible costs upfront and then submit documentation to OSDH for reimbursement. This may include paying for the vehicle in tranches (i.e., increments as the vendor builds out the vehicle) and submitting each invoice for reimbursement on an established schedule. If there are extenuating circumstances that would prevent the applicant from participating in a reimbursement-based program, please specify them in the body of the application.

Cost Sharing

This funding opportunity has no cost-sharing component or requirement.

Eligibility

Eligible Applicants

Applicants are required to meet all the criteria below in order to be eligible for vehicles funding:

- Be currently providing emergency medicine, mobile integrated healthcare, community paramedicine, or related services in a rural Oklahoma community.
- Provide services to communities with populations of 55,000 or fewer residents (see **Attachment A**).
- Applicants must have an active Unique Entity Identifier (UEI) and maintain an active registration in SAM.gov throughout the application, review, and award period. The registration process is described here: [Entity Registration | SAM.gov](#). Timelines for registration for a UEI vary significantly. Applicants must not be suspended, debarred, or otherwise excluded from participating in federally funded programs or activities.
- Applicants must have an active Certificate of Insurance. For additional information on the specific insurance types required, please refer to the Oklahoma RHTP website's [procurement information](#).

All applicants must be registered on SAM.gov and have a UEI number. We will accept fiscal sponsorship, but the fiscal sponsor must be the applying entity. All information provided in the application under the “Organization overview and capacity” section must be completed for the fiscal sponsor.

Program Description

Many of Oklahoma’s rural communities are limited in their ability to acquire lasting assets that would demonstrably improve healthcare access, outcomes, and whole-person health. During stakeholder engagement used to develop Oklahoma’s RHTP application, many communities reported hours-long turnarounds when ambulances had to take longer trips, aging vehicles without the funds to replace them, and struggles activating Community Paramedicine programs without diverting existing EMS vehicles. This EMS / Community Paramedicine Vehicles program is intended to help fill that gap and enable emergent and non-emergent healthcare access.

Funding Uses

Applicants can apply for funding for one of the following: ambulance, community paramedicine-specific SUV, or other EMS vehicle. Recipients of funding must demonstrate reasonable usage of vehicles and will be expected to provide utilization reports to OSDH for a period of five years.

Please note that, consistent with 2 CFR § 200.320, successful applicants will be required to obtain price or rate quotations from at least three qualified sources for applicable purchases of under \$350,000. For purchases of over \$350,000 that are partially funded by non-RHTP sources, successful applicants will be required to follow a formal procurement process. Please see **Attachment B** for further information on procurement expectations.

Prohibited and Restricted Funding Uses

This funding is solely for the purchase of vehicles. For the full list of prohibited funding uses for the RHTP please see **Attachment E**.

These funds may not be used to replace (supplant) other federal, state, or local government funds previously awarded for the proposed project/purchase. If the proposed purchase costs more than the limit of this grant and cannot be broken into smaller parts (e.g., a specialized vehicle costing \$500,000), the applicant should explain how they will pay for the remaining amount in **Attachment C**. It is the applicant's responsibility to show that they are not replacing (supplanting) other funds.

Applicants may submit questions regarding funding uses to this [SmartSheet form](#)

All responses will be posted publicly via updates to the OSDH RHTP EMS / Community Paramedicine Vehicles FAQ, available here: [RHTP Program Website](#)

Application Contents and Format

Application Components

You must complete the required information using the fillable form available at this [link](#).

The form does not allow you to save your progress, so the questions are listed below for reference. We recommend drafting your responses in a separate document and then copying and pasting them into the form and uploading all required attachments in one sitting. Upload limit on attachments into Smartsheet is 250 MB per file. The form components include the following:

1. Organization overview and capacity
 - a) Organization Name
 - b) What type of entity are you?

Dropdown options

- Fire Department
- Public Health Department
- Non-profit EMS organization
- For-profit EMS organization
- County / Municipal EMS organization
- Hospital / Health system
- Community Paramedicine organization distinct from other EMS
- Other (provides blank text box for applicant to specify)

c) What is your tax status?

Dropdown options

- For profit
- Non-profit organization-c3
- Non-profit organization-c4
- Government
- Other (provides blank text box for applicant to specify)

d) Unique Entity ID (UEI) number

e) Do you have a Supplier ID with the state of OK? (Y/N) If yes, please provide your supplier ID.

f) Are you able to do a reimbursable award? (Y/N) If no, please explain your circumstances

g) What is your mission?

h) How long has your program or organization been running? Drop down of “Start-up / training in progress”, < 6 months, between 6 months and one year, > one year

- [If not “start-up / training in progress], If you’re a Community Paramedicine entity, how many patients does your entity serve per month on average, and how many visits per patient? What types of services are provided at these visits?
- [If not “start-up / training in progress], If you’re an EMS entity, how many calls do you respond to in this service area per month?

i) How is your EMS service or Community Paramedicine program integrated with other healthcare entities and services in and around the defined service area (e.g., EHR/HIE integration, patient platform, dispatch, coordination with other EMS, partnerships with health systems)? What is your plan for future integration (e.g., applying for HIE integration funding through RHTP)?

j) Staffing

- Do you have sufficient fully trained and certified staff and volunteers to immediately use the vehicle for which you are applying? (Y/N)
 - If no, please explain whether additional staff are needed or if only training is needed, and describe your plan and timeframe to implement the required training and certifications.
- Name of Contact information for this award. Please provide name, email, and phone number.
- Do you have a Communications Point of Contact (POC)? (Y/N)
 - If yes, Communications POC name and contact information. Please provide name, email, and phone number.
- Do you have a Legal Point of Contact? (Y/N)
 - If yes, Legal POC name and contact information. Please provide name, email, and phone number.

k) Service area

- What services do you provide?
- Which counties in the service area will you be serving with this vehicle? (Dropdown of 75 eligible counties, select all that apply)
- Does the service area include partial counties? Please include a description or photo as an attachment if helpful.
- Are you located in an eligible community? If your headquarters is not located in an eligible community, select no, even if your planned service area for this vehicle is in an eligible community. (Y/N) Reference the eligible community list in Attachment A.
- What is your physical address? If applicants have more than one physical address, please list the address of your headquarters and the address(es) of the location(s) in the service area for the desired vehicle.
- What is your mailing address, if different than physical address? If the same as above, put SAME.

2. Proposed Use of Funds

- a) What are you purchasing or investing in? [Drop down to select Community Paramedicine-specific SUV, ambulance, other EMS vehicle]
- b) Please describe your desired purchase and any specific features (e.g., make/model, required add-ons), and provide justification for the request. Please ensure your responses includes all of the budget components in **Attachment C**.
- c) How will the funds be spent and invoiced by July 31st, 2027? Please provide a brief description of the expected timeline to receive quotes / run procurement and purchase your intended vehicle/equipment.

- d) How will this benefit and improve community health? Please provide a brief description of short-, medium- and long-term improvements as a result of this one-time investment.
- e) How will you track the impact of the new vehicles? All awardees will be required to track a set of standardized metrics defined by OSDH. Please share metrics that you currently track and data sources (e.g. number of patients served, ambulance response time, rate of calls diverted to other EMS systems). Awardees will be expected to report on utilization and other metrics following the vehicle purchase and deployment.

3. Evidence of Need

a) [IF Ambulance or Other EMS vehicles selected above]

- a) Explain the gap you are proposing to fill. Please provide a qualitative description of the need in your community / service area.
- b) Have you received State funding for EMS / ambulance purchases in the past five years (e.g., OERSSIRF)?
- c) Does your entity currently have an ambulance or other EMS vehicle? [yes/no]
 - [If yes] How many vehicles does your service area / entity have?
 - [If yes] How old is the vehicle(s)?
 - [If yes] Is this replacing your current vehicle, or do you need an additional vehicle?
 - [If yes] Are there any circumstances that reduce the functionality of your existing vehicle(s) or lead you to require an additional vehicle?
- d) How many residents are in your service area?
- e) What is the population density of your service area (population per mile)?
- f) How far is the closest point in your service area to a level I or level II trauma center, as classified by the State of Oklahoma or the American College of Surgeons? How far is the further point in your service area to a level I or level II trauma center?
- g) What is the average response time within your service area (from receiving call to arrival to the patient)?
- h) What is the average time in transit within your service area?
- i) Please provide any other quantitative data related to the service gap / needs in your area (e.g., EMS wait times, ratio of residents to ambulances).
- j) Is your service area served by any other EMS entities?

b) [IF Community Paramedicine Selected above]

- k) Explain the gap you are proposing to fill. Please provide a qualitative description of the need in your community / service area.

- l) Does your entity currently have a vehicle for Community Paramedicine?
[yes/no]
 - [If yes] How many vehicles does your service area / entity have?
 - [If yes] What type(s) of vehicles?
 - [If yes] How old is the vehicle(s)?
 - [If yes] Are there any circumstances that reduce the functionality of your existing vehicle(s) or lead you to require an additional vehicle?
- m) What is the target population for your services?
- n) How many residents are in your service area?
- o) What is the population density of your service area (population per mile)?
- p) What is the rate of unnecessary emergency room visits in your service area, if tracked? Please explain other metrics you use if this is not available.
- q) Please provide any other applicable information about your Community Paramedicine program, the services you provide or plan to provide, and the needs that you would fill with funding for a vehicle.

4. Sustainability

- a) Please explain your approach to vehicle longevity and maintenance.
- b) Please explain your financial sustainability plan (e.g., insurance, funding source(s) for maintenance costs).

5. Attestations

- **Attestation: Attachment B**
Check box: I attest that I have reviewed and understand Attachment B Subrecipient responsibilities
- **Attestation: Attachment D**
Check box: I attest that I have reviewed and understand all contract clauses within the OSDH Subrecipient Terms and Conditions

Attachment Uploads

Please upload:

- Attachment C: Budget template
- Attachment D: Grants Management Packet
 - SRQ form
 - Provide your Certificate of Insurance
 - Provide your Federally Approved Indirect Cost Rate letter as applicable

- If requesting exceptions to OSDH Subrecipient Terms and Conditions upload the Requested Exceptions to OSDH Subrecipient Terms and Conditions form

Grants Management Packet: Applicants should provide all of the documentation needed for Grants Management purposes, as described in **Attachment D**. This includes documentation such as:

- a) Attestation that you have reviewed the OSDH Subrecipient Terms and Conditions
- b) If requesting exceptions to the OSDH Subrecipient Terms and Conditions, upload the Requested Exceptions to OSDH Subrecipient Terms and Conditions
- c) The subrecipient questionnaire (SRQ)
- d) Certificate of Insurance
- e) Any federally negotiated indirect cost rate agreements

Application Review

Stage One: Basic Requirements Review

Each application is reviewed to ensure it meets basic requirements. Applications will be considered ineligible if:

- Funding requests exceed the maximum award level
- Applicant is suspended, debarred, or otherwise excluded from receiving Federal funds
- Financial statements and/or audits submitted by the applicant show financial mismanagement
- Application is submitted after the deadline
- Applicant does not meet the eligibility criteria
- Application is incomplete

OSDH reserves the right to provide the opportunity to applicants to make minor technical corrections to only the documents submitted as part of **Attachment D** to bring the application into compliance. Applicants will only be contacted for corrections after awards.

OSDH will not fund:

- An application from out of state

- An application from an ineligible applicant
- An incomplete application
- A disqualified application

Stage Two: Merit Review

OSDH will convene review panels to score applications across a common set of weighted criteria, outlined below. Evaluation and scoring teams were chosen based on their knowledge of subject matter and administration of grant funds and will receive training on competitive review processes.

In addition to the scoring criteria, OSDH may consider the diversity of geographic distribution, target populations, and distribution of vehicle types when making final award decisions. OSDH may prioritize awarding funds to entities headquartered and operating in rural Oklahoma counties (see **Attachment A**).

Applications must receive at least 55 of 100 possible points to be eligible for award.

Award Contingencies and Reallocation of Funds

In the event OSDH does not receive sufficient applications meeting Basic Requirements (Stage One of Application Review) or the minimum score (Stage Two of Application Review), OSDH may leverage the following options:

- Refrain from awarding funds through the competitive process and retain funds for a future procurement opportunity consistent with RHTP requirements
- Deploy funds through OSDH or an OSDH-approved EMS / Community Paramedicine investment plan aligned with RHTP goals
- Fund discrete portions of an application at an amount lower than requested, where OSDH determines that the equipment is of value independent of other funds requested and remains aligned with program requirements
- Reopen, revise, or reissue the funding opportunity if OSDH determines a need for clearer requirements or technical assistance

OSDH may also fund applications at a lower amount than requested if any portion of the intended purchase or investment is deemed ineligible, unnecessary, etc.

Scoring Criteria

Criterion	Description	Point Value (100 total)
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Organization Overview and Capacity	The case that your organization is well-positioned to make use of the proposed investment, such as having the necessary clinical staff in place to support the use of the vehicle upon purchase. Preference will be given to applicants located in rural communities and those who meet the needs of wider rural jurisdictions (e.g., entire or multiple counties), reference Attachment A.	25
Proposed Use of Funds	The description of the vehicle / equipment requested and the plan for how it will be integrated into the organization’s scope of services effectively, as well as the theory of change for how it will improve community health.	15
Evidence of Need	The qualitative and quantitative case that this investment would be filling an identified gap. The anticipated additional service and capacity gaps that would be able to be filled via this vehicle being in the field. Additional points will be awarded for entities whose service areas encompass low per-mile population density, and are long distances from trauma centers.	40
Sustainability	The extent that the organization’s plan and funding strategy for vehicle maintenance is complete and reasonable.	10
Budget Reasonableness (First tab of Attachment C)	The demonstration that the requested award amount is based on market research and able to fully cover the vehicle investment required (or if not, the strength and certainty of additional or alternative funding). The demonstration of the ability to spend and invoice the funds by July 31 st , 2027.	10

Award Notices and Submission Deadlines

How We Make Awards

At the end of the application period the process is as follows:

- Submit complete application files via the form linked here: [SmartSheet form](#)

- Initial review by OSDH to ensure application meets Basic Application Requirements (e.g., application completion). If those requirements are not met, applications will be deemed ineligible and applicants will be notified of their status.
- Review for completion and compliance of Attachment D. OSDH may evaluate the quality of this attachment to make funding determination. OSDH may also disqualify an applicant at any stage of the NOFO process if submitted materials are materially inaccurate or raise compliance concerns.
- Evaluation and scoring of all eligible applications.
- Scoring criteria will be consistent across all reviewers.
- Awards will be determined based on available funding and specifications described above.
- Applicants receiving awards will be notified by the RHTP Grants Management Office. Following receipt of a Notice of Award, if required, contract negotiations will be conducted through OSDH Legal Counsel.

Application Timeline

- Application Deadline: July 20th, 2026, at 11:59 pm CT.
- Notice of Award: August

EMS / Community Paramedicine Vehicles NOFO Webinar and Applicant Q&A opportunities

Applicants may submit any questions, up to June 19th 11:59pm, regarding the application to: [SmartSheet form](#)

Responses to questions will be made publicly available via updates to the OSDH RHTP EMS / Community Paramedicine Vehicles FAQ, available here: [RHTP Program Website](#)

OSDH is planning on holding an applicant webinar, which may also be used to answer applicant questions. Dates and additional information will be posted here:

<https://oklahoma.gov/health/rhtp/rhtp-funding.html>

Post-Award Requirements and Administration

All awardees must follow:

- All terms and conditions in the EMS / Community Paramedicine Vehicles Notice of Award (NOA).
- All financial and reporting procedures and requirements and other terms and conditions stipulated in the negotiated contract between OSDH and the awarded entity.
- Awardees must attend a post award webinar, information will be forthcoming

Reporting

See **Attachment B** for an overview of subrecipient responsibilities on reporting.