



Rural Health Provider Technology Enablement Grant Application

Project Summary: Sunshine Health is launching the Rural Health Provider Technology Grant Program to support providers in using technology-driven solutions to improve health outcomes for our members. The project aims to enhance timely access to care, strengthen care coordination, and reduce avoidable emergency department utilization for members living in rural areas. Grant funds can support initiatives such as upgrades to core technology, integration of new workflows with the existing electronic health record (EHR), or training for clinical teams to use technology to proactively engage high-risk rural patients. The proposal must include establishing measurable outcomes and a sustainability plan to ensure continued operations beyond the grant period. Applicants may request up to \$10,000 in funding through this program.

Follow the application carefully. Incomplete, handwritten, or scanned applications will not be accepted. Please email completed application to sm_fl_communityconnections@sunshinehealth.com by 5 p.m. Eastern, Thursday, May 14.

Section A: Applicant Overview

1. Organization's legal name, provider type
2. Physical address, and primary service location(s)
3. Name and title of contact person
4. Contact phone number and email address
5. Provider NPI or TIN
6. Organization website address

7. Description of your organization, size and footprint. (300 words max.)

8. Total number of Sunshine Health members served by your organization in 2025, including Sunshine Health Medicaid and Specialty Plans, Ambetter (Marketplace) and Wellcare (Medicare).

Section B: Rural Eligibility Pathway Certification (Required)

1. **Rural Eligibility Pathway Selection:** *To ensure funding appropriately reaches rural residents throughout Florida, including those living in rural pockets not captured under county level designations, the following expanded rural eligibility definition has been developed. Applicants must demonstrate that their proposed service area meets one or more of the following four pathways.*

[AHCA-Rural Definition March 2026 1.pdf](#)

Indicate **which of the following rural eligibility pathways** your proposed service area meets (select all that apply):

- CMS Goldsmith Modification – Hospital Only
- Florida Statute Rural Area of Opportunity (Section 288.0656, F.S.)
- Florida Commerce Rural Economic Development Initiative (REDI) Designation
- HRSA RUCA Codes / Rural Census Tract ZIP Code Eligibility

2. Narrative Justification of Rural Eligibility (300 words max)

Describe how the proposed service area meets the selected pathway(s). Include geographic characteristics, population context, and any relevant statutory or federal designations.

Documentation may be attached as supporting evidence. (300 words max.)

Section C: Technology Project Description

1. Describe the technology to be implemented or enhanced and how it will support your efforts to proactively engage members in rural areas in care and lead to better health outcomes for your patients. (500 words max.)

2. What system do you currently use? Please describe the difficulties your current technology is causing. For example, are there a limited number of seats? Does it run slow? What other barriers are there? (300 words max.)

Section D: Alignment with Rural Health Transformation Goals

1. Explain how the proposed technology will strengthen rural healthcare delivery, improve care coordination, or support access to high-quality care close to home, consistent with the grant's goals. (300 words max.)

2. Please provide a detailed breakdown of how the awarded funds would be allocated, including specific budget categories and estimated costs. (500 words max.)

3. Do you have any other sources for funds to be used to support this project? (100 words max.)

Attestation and Reporting Requirements (Required)

By submitting this application, the applicant certifies that all information provided is true, accurate, and complete to the best of their knowledge. The applicant further attests that, if awarded funding, the organization agrees to comply with all grant terms and conditions, including reporting and documentation requirements outlined by Sunshine Health.

If selected for funding, the organization agrees to:

- Use grant funds solely for the purposes described in the approved application and budget.
- Maintain appropriate financial records and program documentation related to the use of grant funds.
- Participate in required check-ins or communications with Sunshine Health staff, as requested.

Reporting Requirements

Awardees will be required to submit summary reporting to Sunshine Health within 12 months of receiving grant funds. Reporting may include, but is not limited to:

- A description of grant-funded activities and progress toward stated goals
- The number of individuals or households served using grant funds
- Outcomes, outputs, or impact measures related to the funded program
- Optional materials such as photos, success stories, or program highlights

Reporting templates, and submission instructions will be provided upon award. No protected health information (PHI) or personally identifiable information (PII) should be submitted unless explicitly authorized in writing by Sunshine Health.

Failure to comply with reporting requirements may impact eligibility for future funding or result in recoupment of funds, as applicable.

Certification By signing below, the authorized representative confirms they have the authority to bind the organization and agree to the conditions outlined above.

Authorized Representative Name:

Title:

Organization:

Signature:

Date: