NORTH CAROLINA
RURAL HEALTH TRANSFORMATION

Q&A Publication Date: 8/13/2026

RFAs Questions Pertain To:

- Initiative 1: NCCARE360 Adoption
- Initiative 1: Food is Medicine Community Training Partner
- Initiative 2: Food is Medicine Program Expansion
- Initiative 2: I Gave Birth Implementation
- Initiative 2: LOCATe Implementation

RFA Applicant Questions with Responses - Regions 2 & 5

Related Initiative(s)	Question Category	Question	Trillium Response
All Initiatives			
All Initiatives	Application	Do I need to submit a separate application for each Region if I plan to apply for Region 2 and Region 5?	Yes
All Initiatives	Application	There are two emails listed in the RFA, can you confirm which is correct?	Region 2: Region2NCRootsHub@TrilliumNC.org. Region 5: Region5NCRootsHub@TrilliumNC.org. The RFAs have been updated on the website.
All Initiatives	Application	Is an organization selected for funding through this grant expected to perform the project work in all counties or only locally in its primary service area?	Organizations are not required to serve all counties unless specifically stated in the RFA. You may propose work in select counties based on your capacity and the needs you can address. Clearly identify the specific counties you plan to serve in your application and explain why those counties align with your organizational qualifications and the identified needs.
All Initiatives	Application	Will counties who are tier 1 or considered distressed be prioritized?	Local and county needs are a critical component of the evaluation criteria. Applications should clearly articulate the specific needs of the counties you plan to serve and how you will address the needs of rural and disproportionately burdened communities, including Tier 1 and distressed counties.
All Initiatives	Application	Will sub awardees participate in Exclusion Monitoring? Including those that receive infrastructure support such as a CBO receiving a refrigerator for FiM?	Trillium will conduct exclusion monitoring for all lower-tier subrecipients in accordance with the Prime Award and applicable federal and state requirements. CBOs that receive infrastructure support but are not lower-tier subrecipients are not subject to exclusion monitoring.
All Initiatives	Application	Are Memorandums of Understanding (MOUs) or Letters of Commitment required at the time of application, or is it acceptable to identify prospective partners that will be formalized upon award?	MOUs or Letters of Commitment are encouraged but not required at the time of application. Provide details on the intended nature of partnerships in the application, with the understanding that formal agreements will need to be established upon contract execution.
All Initiatives	Application	Our team contracts with the North Carolina Division of Public Health on training and implementation projects statewide, including implementation of LOCATe and "I Gave Birth." Are these contacts acceptable as clients, or is it preferred to include references from the health care organizations that we provided training and implementation support to as part of the projects?	Yes. References should demonstrate the quality and impact of your work whether from DHHS or other healthcare organizations you directly supported. Choose references that best showcase your capability and track record.
All Initiatives	Application	Is there a quiet period for this RFA, and if so, what communications are permitted during that period?	Yes. A quiet period is in effect beginning on the date this RFA is issued and continuing until the announcement of the award(s) or cancellation of the RFA. During the quiet period, all communications regarding this RFA must be directed solely to the Region 2 and 5 inboxes identified in the solicitation. Applicants and their representatives shall not contact evaluation committee members, executive leadership, employees, consultants, or contractors regarding the RFA, the evaluation process, or the anticipated award, except through the designated inbox. Questions concerning the RFA must be submitted in accordance with the instructions and deadlines set forth in the RFA. Responses to questions that materially affect the solicitation will be issued in writing through the official Question and Answer process or by formal addendum, as applicable. Failure to comply with the quiet period requirements may result in disqualification from further consideration, if Trillium determines that the communication was intended to influence or otherwise compromise the integrity of the procurement process.
All Initiatives	Application	How do I get a Unique Entity Identifier from SAM.gov? Do I need to do the full registration?	Organizations must have a Unique Entity ID (UEI) to apply. You can do this at sam.gov/entity-registration. Since you would be a subrecipient, you do not need to complete a full SAM.gov registration and can instead obtain a UEI only. This typically takes less than two days. To receive a UEI, your organization must first complete the required entity validation process in SAM.gov, which verifies your legal business name and physical address. View the step-by-step guide to request a Unique Entity ID (UEI) only at https://www.fsd.gov/gsafsd_sp/en/entity-registration-what-s-the-difference-between-only-getting-a-unique?id=kb_article_view&sysparm_article=KB0051214
All Initiatives	Application	Because two years of continuous operation is identified as a preferred rather than minimum qualification, how will Trillium evaluate an organization that has operated for fewer than two years but otherwise meets all minimum qualifications?	All responses will be evaluated based on the published evaluation criteria, including organizational qualifications and experience. Your application should clearly outline your qualifications and experience to perform the task areas described in the RFA.
All Initiatives	Budget	What is the budget for each RFA?	Budget allocations are dependent on the responses received and demonstrated need. Respondents should propose a budget that is reasonable, justified, and sufficient to successfully deliver the scope of work and required deliverables outlined in the RFAs.

All Initiatives	Budget	What is the anticipated total funding available and expected award range for each RFA? Is there a maximum budget (ceiling amount) that can be requested for each initiative?	Trillium has established overall Year 1 funding limits for each NC ROOTS initiative. However, there are no predetermined funding amounts or maximum budgets for individual activities or RFAs. Applicants should request the amount of funding they reasonably need to successfully complete the proposed work and required deliverables. Budgets will be reviewed to ensure costs are reasonable, allowable, and appropriate for the proposed activities and expected outcomes.
All Initiatives	Budget	Is there an approved definition of administrative costs?	Administrative costs are subject to the limitations set forth in the Centers for Medicare & Medicaid Services (CMS) Notice of Funding Opportunity (NOFO), the Prime Award, applicable federal requirements, and CMS guidance, including the CMS Rural Health Transformation Program Frequently Asked Questions (FAQs). Administrative costs generally include costs associated with the overall administration and management of the award, including both direct administrative costs and indirect costs that are administrative in nature. Examples of administrative costs may include, but are not limited to, executive and administrative oversight, accounting, budgeting, financial management, grant administration, procurement, audit activities, and other general administrative expenses. In contrast, costs directly attributable to carrying out approved programmatic activities under the Scope of Work are generally considered programmatic costs rather than administrative costs. Applicants are responsible for appropriately classifying proposed costs and ensuring compliance with the administrative cost limitations established by the CMS Notice Of Funding Opportunity, the Prime Award, and all applicable federal guidance.
All Initiatives	Budget	Are indirect costs permitted, and is there an indirect-cost limitation?	Administrative costs cannot exceed 10% of the total awarded budget. The 10% administrative cost cap includes all administrative expenses, whether charged as direct or indirect costs.
All Initiatives	Budget	The RFA describes the award as reimbursement-based while also requiring payment schedules tied to KPIs and milestones. Must an awardee both pay the underlying expenses and complete the applicable KPI or milestone before requesting reimbursement?	Yes. The RHTP is a reimbursement-based program. Trillium's milestone payment methodology is designed to accelerate funding to community partners by tying reimbursements to the successful completion of defined deliverables and milestones rather than requiring reimbursement only after all project activities are complete. Subrecipients will be reimbursed for eligible expenses as they meet required KPIs and milestones outlined in their Implementation Schedule and Performance Schedule. When submitting invoices for reimbursement, subrecipients must document how expenditures align with milestones and KPIs, clearly linking expenses to the budgetary line items and implementation activities outlined in their approved proposal.
All Initiatives	Implementation Plan	What is the anticipated start date and required performance period?	The start date begins upon contract execution. Trillium expects subrecipients to begin rapid mobilization and service delivery immediately upon contract execution, prioritizing timely spend-down of funds according to your approved budget. Propose a realistic timeline that demonstrates how you will begin work promptly, achieve key milestones within the GAP 1 funding cycle, and efficiently utilize funds to meet performance targets.
All Initiatives	Implementation Plan	How do you specify milestones and checkpoints in the excel, could you show an example?	In the Implementation Schedule tab, you can mark milestones in two ways: (1) list them as a separate row underneath the associated task and highlight them clearly, or (2) place a star or symbol in the calendar cell where the milestone occurs and add a text box with the milestone description. Either approach works and will be accepted — choose whichever is clearest for your timeline.
Initiative 1: Food is Medicine Community Training Partner			
Initiative 1: Food is Medicine Community Training Partner	Budget	Under Initiative 1, may funds purchase food or ingredients used specifically for educational demonstrations, given that Initiative 2 prohibits direct food and meal purchases?	Yes. In accordance with Uniform Guidance 2 CFR 200, the purchase of food and ingredients is allowable if the products are being used specifically for instructional/educational purposes such as food safety and cooking classes. This must align with the scope of the RFA and Initiative's purpose and the intent clearly identified in the budget.
Initiative 1: Food is Medicine Community Training Partner	Reporting	Beyond participation and training metrics, are there specific health or behavior outcomes that Trillium expects applicants to measure and report?	Trillium expects applicants to propose specific outcome-level measures that demonstrate progress toward the initiative's broader goals. Selected respondents must adhere to RHTP requirements and measures, which may evolve during the contract period.
Food is Medicine: Initiatives 1 & 2			
Initiative 1: Food is Medicine Community Training Partner Initiative 2: Food is Medicine Program Expansion	Application	May an applicant submit to both RFAs for Food is Medicine (Initiatives 1 and 2), and if so, how should potentially overlapping personnel, curricula, and activities be separated?	Yes, you can respond to multiple RFAs. Proposals must be separate with distinct budgets and clear delineation of scope and personnel for each RFA.
Initiative 1: Food is Medicine Community Training Partner Initiative 2: Food is Medicine Program Expansion	Application	In Food Is Medicine 2, Nutrition Education and Infrastructure are both included. If the organization's focus is the nutrition education, can that be done completely within Food is Medicine 1? Or is there a place to apply for FIM2 and only submit for the Nutrition Education component? And can the nutrition education be done apart from the infrastructure? Or would an applicant have to commit to both for FIM2?	Based on RHTP requirements, Initiative 1 and Initiative 2 serve distinct purposes. For the RFAs, Initiative 1 FIM Community Training Partner focuses on training community members in preparation for future FIM programming, while Initiative 2 FIM Programming focuses on building food infrastructure, serving as an NCCARE360 champion, and supporting nutrition education for FIM programming. You may apply for any and/or all sub-components of Initiative 2 FIM. You do not need to apply to both RFAs. Apply to whichever one or both best align with your qualifications and experience.
Initiative 1: Food is Medicine Community Training Partner Initiative 2: Food is Medicine Program Expansion	Application	May applicants propose serving a single county within Region 2 or 5, or is preference given to proposals that serve multiple counties?	Applicants may propose serving a single county; multi-county coverage is not a requirement.

Initiative 1: Food is Medicine Community Training Partner Initiative 2: Food is Medicine Program Expansion	Application	Does Trillium expect the selected organization to provide direct clinical services, or is it acceptable for the applicant to serve as the community convener by coordinating healthcare providers, nutrition professionals, and community partners while focusing on education, outreach, and program management?	No, the selected organization will not provide direct clinical services as part of the Initiative 1 Food Is Medicine Community Training Partner RFA. Per RHTP requirements, funding cannot be used to replace payment for clinical services that could be reimbursed by insurance.
Initiative 2: Food is Medicine Program Expansion			
Initiative 2: Food is Medicine Program Expansion	Application	Does Trillium encourage applicants to propose innovative Food Is Medicine models that extend beyond the examples provided in the RFA, provided they support the goals of community education, chronic disease prevention, improved nutrition, and increased access to healthy food?	Yes, Trillium encourages creativity and innovation as long as your model supports the core goals of the RFA and the RHTP.
Initiative 2: Food is Medicine Program Expansion	Application	Will applications covering more than one county in a region be prioritized/scored higher or can work be done in one county in a region? Specific to 2:Food is Medicine Program Expansion	Applications will be reviewed based on the evaluation criteria in the RFA and your demonstrated ability to best serve residents in Region 2 and 5 — the work can be done in one county or multiple counties.
Initiative 2: Food is Medicine Program Expansion	Partnerships	Are current CBO partners considered Lower-Tier Subrecipients and have to be named in RFA or are they considered organizations that could receive infrastructure investments to address critical gaps since this is separate funding?	Existing Community-Based Organization (CBO) partners are not automatically considered Lower-Tier Subrecipients solely because they are current partners. Applicants should identify as Lower-Tier Subrecipients only those entities that they propose will receive federal funds under the award to carry out a substantive portion of the Scope of Work and assume programmatic responsibility for performing activities under the award. Organizations that may receive future infrastructure investments or other program funding, but that are not proposed to perform a substantive portion of the Scope of Work as Lower-Tier Subrecipients, are not required to be identified as Lower-Tier Subrecipients in the RFA response. Trillium reserves the right to determine the appropriate classification of funded entities during award negotiations and subaward development, consistent with applicable federal requirements.
Initiative 2: Food is Medicine Program Expansion	Eligibility	Regarding the current RFA's and infrastructure goals, we need to set up a scalable production facility. While that facility would support state-wide usage, it likely would not be set up in either of your regions. Given that information, would such an application be considered in your regions?	Yes, as long the application meets the RHTP and RFA requirements. Applications will be evaluated based on how well they serve residents in Region 2 or 5, align with the initiative's scope, and demonstrate clear benefit to the region.
Initiative 2: Food is Medicine Program Expansion	Budget	Is there some funding mechanism available in advance of the reimbursement phase?	RHTP is a reimbursement-based grant, so there is no separate mechanism for providing funding in advance of reimbursement. Trillium's payment methodology accelerates funding by reimbursing partners as they incur costs and progress towards defined KPIs and milestones, rather than waiting until the full project is complete. Please define milestones that allow you to demonstrate progress towards the overall goals of the initiatives. Additionally, it would be appropriate to front load costs related to start-up, allowing funding to begin flowing early in the implementation period. Trillium will support this with regular invoicing cycles and timely turnaround on payments, so partners can rely on a predictable flow of funds and reimbursement for incurred costs. This approach is intended to move funding to partners as quickly as possible to support on-going implementation.
Initiative 2: Food is Medicine Program Expansion	Budget	May grant funds be used for personnel, transportation, mobile outreach, educational materials, contracted healthcare professionals (such as registered dietitians or diabetes educators), and participant incentives that directly support Food Is Medicine programming?	Yes, as long as the applicant clearly itemizes the associated costs for each component in the budget template and provides a rationale explaining how each budget line item supports program delivery within the proposed scope of service.
Initiative 2: Food is Medicine Program Expansion	Budget	Transportation is a significant barrier for many residents in our rural service area. May applicants include transportation-related activities, such as mobile community outreach or bringing Food Is Medicine education and services directly into underserved communities, as an eligible component of the proposed program?	Yes, as long as the applicant clearly itemizes the associated costs of transportation-support services in the budget template and provides a rationale explaining how these activities support program delivery within the proposed scope of service. Per RHTP requirements, funding cannot be used to replace payment for clinical services that could be reimbursed by insurance.
Initiative 2: Food is Medicine Program Expansion	Budget	When you said none of the funds can be used to purchase food. Were you speaking of these RFAs specifically or no funds for food during the five year RHTP?	The restriction on using program funds to purchase food directly applies across the full five-year NCRHTP program, not just the RFAs. This is a CMS funding rule tied to the RHTP.
Initiative 2: Perinatal - I Gave Birth and LOCATe Implementation			
Initiative 2: I Gave Birth Implementation Initiative 2: LOCATe Implementation	Application	Can you please share the difference in what a DPH Perinatal Nurse Champion is charged with vs. what falls under the LOCATe and I Gave Birth RFAs? Is there collaboration with PNCs (and PNC Community Champions) and these RFA roles?	The Hub anticipates significant collaboration between the DPH PNCs and the work as part of the RFAs. The task areas in the RFAs require the subrecipients to implement the LOCATe Assessment across eligible birthing facilities and implement the "I Gave Birth" post-birth warning signs program.