Request for Application (RFA): Rural Health Transformation Funding Opportunity to Develop Community Health Worker Specialized Certificates

For more information on Kentucky's plan, visit our website: Kentucky Rural Health Transformation. Applications for this funding opportunity will be considered on a rolling basis between now and the response due date. During the initial five years of funding for the Rural Health Transformation Plan, Kentucky RHT will utilize procurement methods permitted under Kentucky Revised Statutes Chapter 45A, Finance and Administration Cabinet policies, and approvals from the Centers for Medicare & Medicaid Services. Multiple procurement methods and phases may be used for each program. Please submit responses by August 5, 2026, by 5 PM ET to be considered for funding anticipated to be available October 7, 2026. Submit to: ashleyn.gibson@ky.gov.

I. Context and Background

The Commonwealth of Kentucky has been awarded funding through a cooperative agreement from the Centers for Medicare & Medicaid Services (CMS) Rural Health Transformation Fund (RHTF). This investment empowers Kentucky to launch and implement its Rural Health Transformation (RHT) Plan, a community-driven strategy to expand access and improve health outcomes for rural residents across the Commonwealth[1].

Kentucky's Plan

Kentucky's RHT launches five interrelated programs designed to build rural health infrastructure and provide sustainable, long-term improvements. This plan directly supports Kentucky's rural counties while advancing statewide impact through innovation, technology-supported care, and strengthened workforce recruitment pipelines for both clinical and non-clinical staff. This strategy will help build a resilient, integrated, and technology-forward health system across the Commonwealth.

1. **Rural Community Hubs for Chronic Care Innovation:** Establishes local "hub-and-spoke" collaboratives focused on obesity and diabetes prevention and management. These hubs will integrate nutrition, physical activity programs, and digital self-management tools.
2. **PoWERing Rural Maternal and Infant Health:** Expands timely prenatal and postpartum care by deploying telehealth-supported maternal care teams who will serve maternity-care deserts and high-risk regions to help mothers and infants receive seamless, high-quality support.
3. **Rapid Response to Recovery: EmPATH Model & Mobile Crisis:** Deploys technology-supported crisis stabilization and mobile behavioral health response teams to connect individuals with community-based treatment and recovery supports.
4. **Rooted in Health: Rural Dental Access:** Increases access to preventive oral health services through expanded dental hygiene training programs, externships, and investment in Public Health Dental Hygiene (PHDH) teams in Local Health Districts (LHDs).

[1] For more information on this funding opportunity, see Governor's Beshear's press release, the CMS Notice of Funding Opportunity, and federal assistance listing 93.798—Rural Health Transformation Program on Grants.gov.

5. From Crisis to Care: Integrated Emergency Medical Services (EMS) and Trauma Response: Enhances emergency medical service capacity and trauma coordination through treat-in-place protocols, improved data connectivity, and workforce training for rural EMS providers.

About RHT

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1, with 100% by CMS/HHS. The RHTF grant spans five budget periods aligned with federal fiscal years (FY2026–FY2030). Funding is disbursed annually by CMS based on achievement of performance metrics. 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. View the Notice of Funding Opportunity from CMS.

Definitions

Community Health Workers (CHWs) are frontline public health workers, as well as trusted and knowledgeable members of the communities they serve. CHWs act as the link between local communities and health and social services, making the services easier to access and improving the quality and cultural competence of service delivery.[2]

The Kentucky Office of Community Health Workers (KOCHW) serves as the official governing authority for Community Health Worker certification and training organization approval in Kentucky within the Department of Public Health. KOCHW issues certification to individuals who meet established requirements, including successful demonstration of the eight core competencies through qualified training programs or documented work experience.

Kentucky Revised Statutes (KRS) 309.460, 309.462, and 309.464 outline the statutory requirements regarding CHW certification, continuing education, certification renewal, and the duties of the Department for Public Health.

CHW specialized certificates are defined as advanced courses/training designed specifically to equip CHWs with skills and knowledge in a particular health area, beyond what the foundational (Tier 1) or continuing education unit (CEU) training provides. These specialized certificates are distinct from Kentucky's CHW certification, which is a competency-based credential issued by KOCHW to recognize individuals who meet statewide core competencies to practice as CHWs. While certification establishes a standardized, foundational workforce, specialized certificates provide additional, topic-specific training that enhances CHWs' ability to address priority health needs.

II. Specialized Certificate Objectives

A key component of Kentucky's Rural Health Transformation (RHT) involves increasing the number of certified community health workers (CHWs) with specialized training in key rural health priorities that disproportionately impact our rural Kentuckians, such as chronic, maternal and infant, behavioral,

[2] For additional details on community health workers, please visit: The Kentucky Office of Community Health Workers.

and oral health. Through this funding opportunity, the Kentucky Department for Public Health (KDPH) is soliciting applications from training organizations to establish a curriculum for new CHW specialized certificates in Kentucky. The overarching goal of this funding opportunity is to build a stronger, more specialized CHW workforce by expanding access to targeted certificates that prepare CHWs to support Kentuckians with specific health and social needs in rural communities statewide.

Kentucky's RHT is looking to fund the development of the following CHW specialized certificates:

1. Healthy Lifestyle Management;
2. Perinatal and Infant Health;
3. Mental and Behavioral Health; and
4. Dental and Oral Health

III. Eligible Applicants

Eligible applicants are Kentucky-based training organizations that demonstrate the capacity to educate and train community health workers in accordance with KOCHW standards.

Required Qualifications

Applicants must:

1. Be based out of Kentucky; organizations based outside of Kentucky are not eligible for this funding opportunity, even if they currently serve the population in Kentucky.
2. Be a non-profit organization.
3. Be one of the following:
    A. A CHW-approved training organization (ATO);
    B. A public or private college, university, or community/technical college;
    C. A local health department or a government agency;
    D. An Area Health Education Center (AHEC);
    E. A community-based workforce organization;
    F. A professional healthcare association, or
    G. A professional training organization, and
    H. Does not need to be a KOCHW-approved CHW foundational training partner prior to applying.
4. Be in good standing with the Commonwealth of Kentucky government as demonstrated by the Kentucky Secretary of State[3].
5. Have demonstrated experience in designing, executing, and marketing public health training programs, but CHW-specific training experience is not required.

[3] For additional details on being in good standing, please visit: Kentucky Secretary of State

6. Agree to deliver the specialized certificate training curriculum via the Training Finder Real-time Affiliate Integrated Network (TRAIN) platform.
7. Ensure that CHWs are meaningfully included in the development of the curriculum.
8. Agree to provide the specialized certificate training free of charge.
9. Identify a single lead organization that will serve as the primary applicant and is responsible for overall program management, reporting, and compliance with all funding requirements when partnering with other organizations to support curriculum development, training delivery, evaluation, or other program components.
10. Clearly identify any subcontracted activities in the application, including their roles and responsibilities, and these must be reflected in the proposed budget. Subcontracting arrangements are subject to review and approval as part of the application evaluation process.
11. Demonstrate how their proposed program will support rural communities in Kentucky.

Preferred Qualifications

An ideal applicant would have prior experience:

1. Delivering tech-supported training modules.
2. Delivering training to adult learners, rural communities, Medicaid populations, or priority populations in Kentucky.
3. Training CHWs or other non-clinical professionals.
4. Improving health outcomes for rural Kentuckians specifically.

IV. Timeline

July 15, 2026	RFA Released
July 16, 2026	RFA Information Session
July 21, 2026	RFA Office Hours
July 24, 2026	FAQ Answers Released
August 5, 2026	Deadline for Receipt of Applications Via Email by 5 PM ET
August 26, 2026	Anticipated Notification of Award to Recipients
October 7, 2026	Anticipated Funding Period Begins
June 30, 2027	Deadline for Specialized Certificates to Be Finalized and Approved by KOCHW

V. Specialized Certificate Standards

Specialized certificates must follow specific requirements for their curriculum and the organization developing them:

1. Curriculum Requirements:
    A. Must be a minimum of 15 hours and offered through CHFS' Training Finder Real-time Affiliate Integrated Network (TRAIN), which is the Commonwealth of Kentucky's learning network that provides training opportunities to public health professionals.
    B. Must integrate each of the eight (8) CHW Core Competencies.
    C. Must include both a course evaluation and a learning assessment.
    D. Must be asynchronous.
    E. Must be developed by subject matter experts and not by artificial intelligence (AI).
    F. Must be approved by KOCHW
2. Organization Requirements:
    A. Must submit their application, curriculum, and fee through KOCHW for approval.
    B. Must include CHWs in the design and facilitation of training.
    C. Must be willing to accept any changes to training content requested by KOCHW.
    D. Must pay an initial applicant fee of $2,250 and a renewal fee of $1,500 every 3 years.

Specialized certificates must reflect a level of knowledge and competency appropriate to the CHW scope of practice and not beyond, such as clinical work. As an extension of the training that CHWs receive when being certified, specialized certificates must demonstrate their ability to train CHWs in these specialized topics, and must address all of the following items listed below:

Healthy Lifestyle Management Certificate

1. Condition-specific knowledge:
    A. Understanding of nutrition, physical activity, sleep, and lifestyle factors that influence overall health and well-being
    B. Awareness of how social drivers (e.g., food access, transportation, housing) impact healthy behaviors
    C. Knowledge of prevention-focused approaches, including early risk identification and long-term wellness support
2. Screening and identification:
    A. Ability to identify lifestyle-related risk factors, including food insecurity, limited physical activity, and barriers to healthy living
    B. Recognition of population-specific risks and disparities in underserved and rural communities
    C. Understanding of escalation thresholds and protocols (i.e., documentation, warm hand-offs)
3. Education and behavioral change support:
    A. Ability to provide practical, culturally relevant education on healthy eating, physical activity, and daily wellness habits
    B. Support for behavior change through coaching techniques, goal setting, and habit-building strategies
    C. Application of community knowledge and relationships to connect individuals with local resources that support healthy lifestyles
4. Care navigation and coordination:

A. Knowledge of local resources related to food access, physical activity, and community wellness programs
B. Ability to use tools and systems (i.e., kynect resources and referral platforms) to connect individuals to services
C. Coordination of referrals for wellness supports and preventive services
D. Follow-up to reinforce behavior change and ensure continued access to resources

5. Team-based care execution:
    A. Understanding of CHW scope of practice and role boundaries within healthcare teams (i.e., what CHWs do vs. what requires clinical judgment)
    B. Ability to collaborate with providers, community organizations, and social service partners
    C. Integration of upstream supports (i.e., food access, housing stability, transportation) into wellness and prevention efforts

Perinatal and Infant Health Certificate

1. Condition-specific knowledge:
    A. Understanding of perinatal and infant care timeline and touchpoints (prenatal, delivery, and postpartum) and types of care needed at each stage
    B. Awareness of common maternal and infant conditions, complications, and risks in the perinatal period
    C. Knowledge of general perinatal and infant health education (i.e., nutrition, breastfeeding/lactation basics, postpartum recovery, infant feeding and sleep, immunizations, and infant visit cadence)
2. Screening and identification:
    A. Ability to identify maternal, postpartum, and infant risk indicators through observation and screening tools/checklists
    B. Ability to understand social, behavioral, and safety-related needs (i.e., depression, anxiety, substance use risk, housing and food insecurity, transportation, social isolation, safe sleep)
    C. Understanding of escalation thresholds and protocols (i.e., documentation, warm hand-offs)
3. Education and behavioral change support:
    A. Competency in trauma-informed, culturally responsive communication that builds trust and supports autonomy with pregnant and postpartum mothers
    B. Competency in providing coaching on birth and postpartum planning (i.e., mandatory appointment scheduling, day-of-birth care planning, postpartum and infant care planning)
    C. Ability to deliver practical caregiver education (i.e., infant hygiene, soothing strategies, car seat basics, infection prevention)
4. Care navigation and coordination:
    A. Knowledge of perinatal and infant wraparound supports and eligibility pathways (i.e., Medicaid benefits, supply support, lactation support, behavioral health resources, HANDS referrals, Kentucky Moms MATR, WIC referrals, transportation, and childcare support)
    B. Ability to navigate local prenatal, postpartum, and pediatric ecosystem and assist with referrals (i.e., telehealth resources, dietary needs related to pregnancy complications, mental health support, NICU support and transition home, infant care support)

C. Use of structured follow-up and closed-loop referral practices (i.e., tracking referral status, confirming uptake, documenting outcomes, and escalating to care teams)

5. Team-based care execution:
    A. Understanding of CHW scope of practice and role boundaries within healthcare teams (i.e., what CHWs do vs. what requires clinical judgment)
    B. Ability to coordinate with clinical, community, and social service partners (i.e., maternal health councils, community support groups, Milk Banks)
    C. Familiarity with state and local maternal and infant health resources, along with insurer services

Mental and Behavioral Health Certificate

1. Condition-specific knowledge:
    A. Foundational understanding of common mental and behavioral health conditions and presentations relevant to CHW settings (i.e., depression, anxiety, trauma-related symptoms, substance use, psychosis)
    B. Understanding of crisis states and acute symptom escalation, and the immediate safety priorities in non-clinical capacity
    C. Knowledge of behavioral health systems and levels of care (i.e., outpatient therapy, community-based supports, crisis lines/mobile crisis, crisis stabilization, inpatient) and typical referral pathways
2. Screening and identification:
    A. Ability to recognize mental and behavioral health needs through observation and screening tools/checklists
    B. Ability to identify imminent-risk indicators (i.e., self-harm intent, suicidal ideation, panic attacks, severe disorientation) and differentiate urgent vs. non-urgent concerns
    C. Understanding of escalation thresholds and protocols (i.e., documentation, warm hand-offs)
3. Education and behavioral change support:
    A. Competency in trauma-informed, culturally responsive communication that builds trust and reduces stigma
    B. Knowledge of de-escalation strategies appropriate for CHWs (i.e., grounding, calm verbal strategies, environmental safety checks, and boundary setting)
    C. Ability to reinforce coping strategies and recovery supports (i.e., wellness routines, trigger awareness, crisis planning basics, adherence supports)
4. Care navigation and coordination:
    A. Knowledge of local mental health and substance use resources and referral entry points (including crisis services, peer support, and community-based programs)
    B. Ability to coordinate referrals to the appropriate level of care based on need and urgency
    C. Use of structured follow-up and closed-loop referral practices (i.e., tracking referral status, confirming uptake, documenting outcomes, and escalating to care teams)
5. Team-based care execution:

A. Understanding of CHW scope of practice and role boundaries within healthcare teams (i.e., what CHWs do vs. what requires clinical judgment)
B. Ability to work alongside EMS, crisis response, behavioral health providers, and community teams using clear handoffs and appropriate communication
C. Knowledge of clear role boundaries relative to clinicians and peer specialists (i.e., scope limits, supervision touchpoints, confidentiality expectations)

Oral and Dental Health Certificate

1. Condition-specific knowledge:
    A. Knowledge of preventative and basic dental procedures, including familiarity with CDT-coded service categories when billing or referrals are relevant
    B. Understanding of core dental terminology, oral structures, dental risks, and recommended prevention across life stages (i.e., pediatrics, pregnancy, adulthood, aging)
2. Screening and identification:
    A. Recognition of common oral health risks, age-specific needs, and access barriers
    B. Identification of eruption patterns, trauma risk, denture and post-operative care needs, and when dental referral is required
    C. Understanding of escalation thresholds and protocols (i.e., documentation, warm hand-offs)
3. Education and behavioral change support:
    A. Ability to understand oral hygiene instruction and nutrition guidance for caries prevention, tailored by age, dexterity, and caregiver role
    B. Ability to understand evidence-based oral prevention options (i.e., fluoride varnish, sealants, routine dental visits, and first dental visit by age 1 or first tooth)
4. Care navigation and coordination:
    A. Knowledge of how to navigate local preventive, treatment, and community dental resources (i.e., school-based programs, public health dental hygiene teams, emergency dental access points)
    B. Ability to coordinate referrals to the appropriate level of care based on need and urgency, alongside an understanding of specialty care
    C. Use of structured follow-up and closed-loop referral practices (i.e., tracking referral status, confirming uptake, documenting outcomes, and escalating to care teams)
    D. Knowledge of dental insurance terminology and coverage trends
5. Team-based care execution:
    A. Understanding of CHW scope of practice and role boundaries within healthcare teams (i.e., what CHWs do vs. what requires clinical judgment)
    B. Ability to work alongside dentists, dental hygienists, and community teams using clear handoffs and appropriate communication
    C. Knowledge of clear role boundaries relative to clinicians and peer specialists (i.e., scope limits, supervision touchpoints, confidentiality expectations)

Specialized certificate programs must be reviewed and approved by KOCHW prior to delivery, in alignment with established KOCHW criteria, and are intended to supplement, rather than replace, existing CHW certification and workforce structures. As such, applicants must also demonstrate how the proposed specialized certificate program will adhere to the eight core competencies for CHWs in Kentucky[4]:

1. **Communication:** Effective and purposeful communication involves listening carefully and communicating respectfully in ways that build trust and rapport with clients, community members, colleagues, and other professionals. Effective communication includes a mix of listening, speaking, gathering, sharing information, and resolving conflict.
2. **Use of Public Health Concepts and Approaches:** The knowledge base for CHW practice is strongly influenced by the field of public health. Public health is a science-based discipline that focuses on protecting and promoting population health, preventing illness and injury, eliminating health inequities, and working to improve the health of vulnerable communities and populations.
3. **Organizational and Community Outreach:** Outreach is the process of contacting, engaging with, and helping people to learn about and use resources to improve their health and well-being. Outreach may be conducted with individuals, groups, organizations, and at the community level. In outreach, CHWs "meet people where they are," building relationships based on listening, trust, and respect.
4. **Advocacy and Community Capacity Building:** Advocacy is working with or on behalf of people to understand their rights and gain access to resources. Capacity building is empowering people to develop the confidence and ability to assume increasing control over decisions and resources that affect their health and well-being.
5. **Care Coordination and System Navigation:** The CHWs help address practical problems that may interfere with people's abilities to follow provider instructions and advice. CHWs help bridge cultural, linguistic, knowledge, and health literacy differences and improve communications involving community members and agency or institutional professionals.
6. **Health Coaching:** Health coaching promotes education for healthy behavior change by providing people with information, tools, and encouragement to empower them to improve their health and stay healthy over time.
7. **Documentation, Reporting, and Outcome Management:** CHWs help to promote coordinated and effective services by documenting their work activities and/or writing summaries of client and community assessments. CHWs often present data outcomes and other relevant information about their clients and the issues they face to their agency, community partners, local, state, and federal stakeholders about their clients and issues they face.
8. **Legal, Ethical, and Professional Conduct:** Legal, ethical, and professional conduct for CHWs includes methods to handle ethical challenges as they address legal and social challenges facing the clients and communities they serve. Client confidentiality and privacy rights must be protected in the context of employer and legal reporting requirements. Care for clients must be balanced with care for self.

Applicants do not have to include completed curriculum, lesson plans, training materials, case studies, and/or assessment tools as part of their application, but should present an outline of the curriculum to demonstrate the proposed approach and alignment with program requirements.

[4] For more information about the CHW core competencies, please refer to the Kentucky Department for Public Health Community Health Worker Certification Manual

VI. Funding Requirements

The period of performance for FY 2027 awards begins October 7, 2026, and goes through August 31, 2027. The maximum award amount for this funding opportunity is $200,000 per specialized certificate that addresses all required components, and the total maximum for four specialized certificates is $800,000. Awards may vary depending on the proposed budget provided by the applicant, but will not exceed the maximum amount of $200,000 per specialized certificate

Applicants must propose a cost per certificate as part of their budget submission. Funding will be distributed through milestone-based payments, with disbursements issued upon completion of defined deliverables and submission of required reporting. If milestones are successfully achieved, awardees will receive the corresponding funding. Awardees that do not meet established enrollment, training delivery, or certificate completion milestones may not receive associated payments.

VII. Reporting

There will be a contractual agreement with the selected awardees that details our expectations, the amount of funding, and reporting for this time period. Training organizations will be required to report on RHT implementation progress periodically throughout the funding period. Additional reporting guidance will be provided as CMS requirements are further determined. Additionally, selected awardees will be required to participate in monthly meetings with KOCHW and TRAIN and submit monthly progress reports that summarize implementation status, key activities, and outcomes in a standardized template.

Funding will be distributed in phased payments tied to milestone achievement, including progress updates aligned with monthly reporting, curriculum development and approval, and training delivery. Selected awardees are expected to maintain comprehensive records of training activities, including participant enrollment, attendance, completion, assessment results, and certificate issuance. These records must be summarized and submitted as part of monthly reporting. Monthly reports will be reviewed by program teams to assess participant progress and confirm that training outcomes align with program expectations and competency requirements.

This RFA is competitive, and not all applicants may be funded. RHT reserves the right to reduce, modify, or terminate funding based on performance, enrollment levels, completion rates, or availability of funds. All funded activities must comply with applicable CMS, federal, and state funding requirements. Awardees will be required to include the Stevens Amendment disclosure in all program materials and deliverables, which is a federally required statement acknowledging the source and amount of federal funding supporting the program.

VII. Allowable Uses of Funds

Costs are allowable to the extent that they are related to the development of a CHW specialized certificate training and adhere to guidance from the Centers for Medicare & Medicaid Services (CMS) related to the RHT funding. Allowable costs include:

- Personnel costs for instructors, facilitators, project managers, evaluators, and administrative support as needed
- Contract costs for subject matter resources (SMRs), CHW advisors, or community reviewers
- Marketing and recruitment costs
- Equipment to support learning (e.g., computers, screens)
- Teaching supplies (e.g., instructor instrument set)
- License fees associated with learning management systems and other training technology
- Fees associated with translation, interpretation, and accessibility accommodations
- Fees associated with evaluation, data collection, and reporting
- KOCHW application fees ($2,250 for the initial application)

Indirect costs are allowable up to 10% of total costs. This limitation applies even if the awardee has a higher negotiated indirect costs rate. Further, the total amount of administrative costs, or costs not directly related to implementing, executing, and delivering activities described within the proposal, funded by the award through direct and indirect costs, cannot exceed 10% of the total award value.

This funding opportunity is subject to restrictions from CMS per federal guidance[5]. If awarded, applicants will be expected to execute the funding agreement in compliance with federal rules, laws, and regulations and specific requirements established by CMS and the state.

Response Scoring

5 Points *Application Parameters*

(2 Points) The pages requested are clearly marked.
(3 Points) The budget provided is in the requested template (“Attachment A”).

30 Points *Program Readiness*

(10 Points) Subject Matter Expertise: Organization demonstrates expertise in the proposed specialty area through staff qualifications, lived experience, certifications, partnerships, prior programming, or demonstrated impact related to the topic.

[5] For more detail on funding limitations, reference the CMS Notice of Funding Opportunity, CMS Frequently Asked Questions, and CMS Notice of Award.

(10 Points) Curriculum Development Capacity: Organization has experience developing curriculum, training modules, continuing education content, online learning, or structured educational programming with clear educational objectives and learner outcomes.
(5 Points) Educational Infrastructure and Delivery Model: Organization demonstrates the systems, technology, staffing, operational processes, and delivery infrastructure necessary to support training implementation.
(5 Points) Partnership and Stakeholder Engagement: Organization demonstrates meaningful collaboration with community partners, employers, educational institutions, professional organizations, or subject matter experts that support curriculum relevance, sustainability, and implementation.

10 Points *Rural Reach and Impact*

(10 Points) Training content clearly addresses workforce, health, or community needs impacting rural Kentucky populations and demonstrates an understanding of Kentucky-specific systems, policies, workforce structures, available resources, and the unique barriers and service environments present in rural communities across the Commonwealth.

50 Points *Quality of Proposed Approach*

(10 Points) Training content sufficiently covers the five categories of capabilities listed for each specialized certificate.
(10 Points) Training content aligns with the KOCHW curriculum criteria and sufficiently covers the eight CHW core competencies.
(10 Points) Training content demonstrates an ability to train and educate CHWs in innovative ways.
(10 Points) Outline of curriculum module sufficiently covers its topic in a quality and effective manner.
(10 Points) Timeline to develop training content is comprehensive, contains detailed milestones, and is feasible.

5 Points *Budget Development*

(5 Points) Using the provided budget template ("Attachment A"), the budget is reasonable for the intent of the program.

IX. Application Instructions

Applicants should submit the following information as a clearly labeled application packet as a PDF to ashleyn.gibson@ky.gov by August 5, 2026. Applicants should submit one proposal with all of the required components for each specialized certificate they seek to develop.

1. A one-page cover sheet that includes:
    A. Name of organization
    B. Name, title, and email address of main point(s) of contact
2. An application narrative **not to exceed ten (10) pages** that includes:
    A. Description of certificate purpose and audience
    B. Overview of curriculum and delivery approach, including key development steps, partners and roles, how CHWs and rural/community stakeholders will be incorporated into design

C. Description of how the curriculum aligns to the CHW core competencies and KOCHW required curriculum standards
D. An outline of a sample module from the curriculum to demonstrate the scope and quality of the training content
E. An evaluation plan, including outcomes to be measured (e.g., enrollment, completion, learner knowledge or skill gains based on assessments, participant satisfaction, and reach across rural areas)
F. Workplan and timeline with identified milestones for implementation from October 7, 2026, through June 30, 2027.
G. Proposal pages must be sized 8 ½ inches x 11 inches, and proposal content must use no smaller than 11-point font, except tables included in the response may use 10-point font.

3. Supporting documentation not included in the ten (10) pages:
   A. Budget for FY27 using the provided budget template ("Attachment A")