



From Vision to Funding
Why Experience Matters in Iowa Rural Health Transformation Grant Writing

Iowa Hospital Association – 10/06/2026

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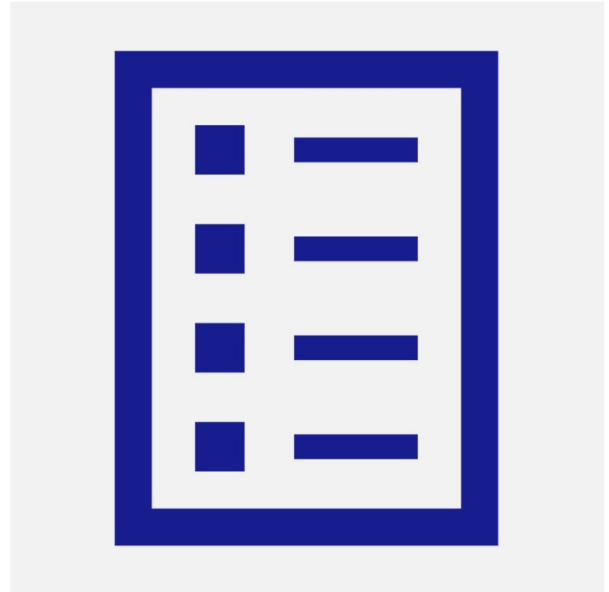
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Agenda

1. The Funding Reality
2. What Experienced Grant Writers Actually Do
3. Building a Competitive Application
4. Common Pitfalls & Lessons Learned



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Learning Objectives

- 
 Align proposals with IRHT priorities and scoring criteria
- 
 Avoid pitfalls that lead to disqualification or low scores
- 
 Assess the ROI of an experienced grant writer

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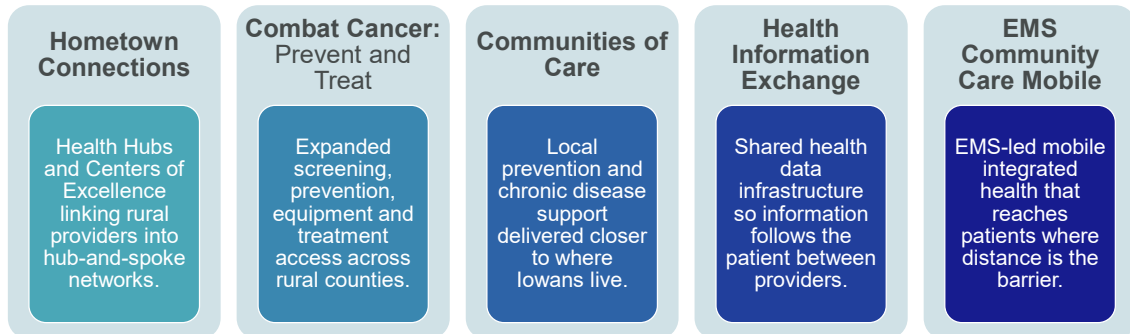
The Funding Reality

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The Funding Reality

Rural Health Transformation Program In Iowa

- **Healthy Hometowns** – Iowa's Rural Health Transformation Program
- CMS awarded Iowa \$209 million in year one
- It advances through five initiatives:



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The Funding Reality

Where Iowa Stands Today

Year one is largely committed – the opportunity now is being ready for the RFPs still to come.

- Iowa became the first state in the nation to award RHTP funding
- More than \$101.27 million has been awarded
- Another roughly \$80,000,000 had applications due on 9/1/26
 - Awards have yet to be announced
- Additional RFPs are still coming
 - Iowa HHS has said further Healthy Hometowns solicitations will be released

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The Funding Reality

Strong Projects vs. Strong Applications

Strong Project  Strong Application

A good project becomes a fundable application through six deliberate steps.



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The Funding Reality

Balancing Compliance with Competitiveness

A **Compliant Application** meets the minimum, but a **Competitive Application** earns the points.

Application Consideration	Compliant	Competitive
Project Description	Describes the Project Accurately The narrative explains what the hospital intends to do	Proves the Project's Value Iowa rural data, partners and outcomes carry the argument.
Completeness	Answers Every Question Asked Each required section is present and complete	Answers Against the Criteria Each section is written to the dimension it will be scored on
Submission	Submits On Time, in the Right Format Forms, attachments and certifications are in order	Makes the Evidence Easy to Score Headings and figures point a reviewer straight to the proof.

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The Funding Reality

What Reviewers Actually Want

Dimension Reviewers Assess	The Question the Reviewer is Asking
Community Need	Is this a real, documented Iowa rural gap?
Project Quality	Is the approach sound, specific and the right fit?
Outcomes	What will change, and how will we know?
Feasibility	Can this hospital actually execute it?
Sustainability	What happens when the grant funding ends?
Budget Alignment	Do the dollars match the work described?

A strong idea is not a strong application until all six questions are answered.

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What Experienced Grant Writers Actually Do

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What Experienced Grant Writers Actually Do

Common Misconceptions

The Narrow View

The grant writer just writes the narrative.

Hand them the idea and they take it from there.

The budget is finance's job, separate from the words.

A final proofread is the quality step.

What the Role Actually Is

They set the strategy first.

They read the Healthy Hometowns RFPs, decode scoring, and shape which Iowa initiatives to pursue.

They facilitate the application team.

They pull clinical, operations, finance, and IT into structured working sessions.

They translate across functions.

They turn clinical and cost detail into language a state reviewer can score.

They own quality control throughout.

They check eligibility, allowable costs, attachments, and rubric coverage as it is built.

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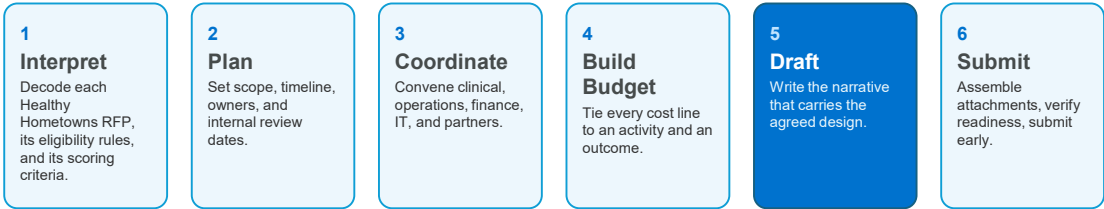


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What Experienced Grant Writers Actually Do

Grant Writing – Only One Piece

Drafting is one segment of a six-part development cycle.



The narrative is only as strong as the five steps around it.

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What Experienced Grant Writers Actually Do

Building the Right Application Team

Build a cross-functional application team aligned to organizational priorities and strategies, and the state's RHTP goals.

Assign an Executive Sponsor to ensure enterprise alignment, signal leadership commitment, and remove barriers.

Pair clinical and operational leadership to validate the care model, feasibility, workflow integration, staffing implications, and implementation readiness.

Include finance, quality/analytics, and IT to ensure a defensible budget, measurable outcomes and reporting, interoperability, and cybersecurity readiness.

Consider designating a project manager to manage timelines, translate requirements into a cohesive narrative, and keep the application aligned to evaluation criteria.

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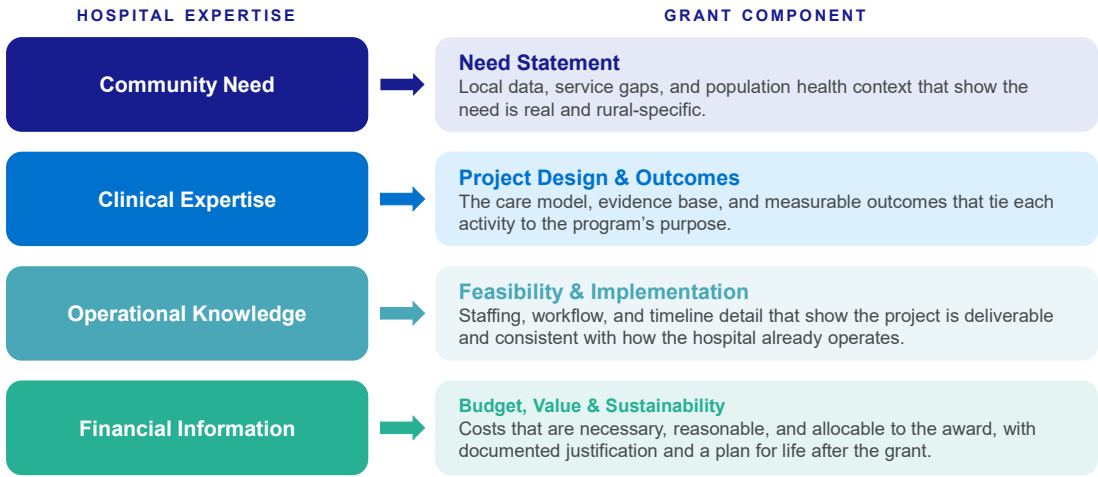
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What Experienced Grant Writers Actually Do

From Expertise into Application Components



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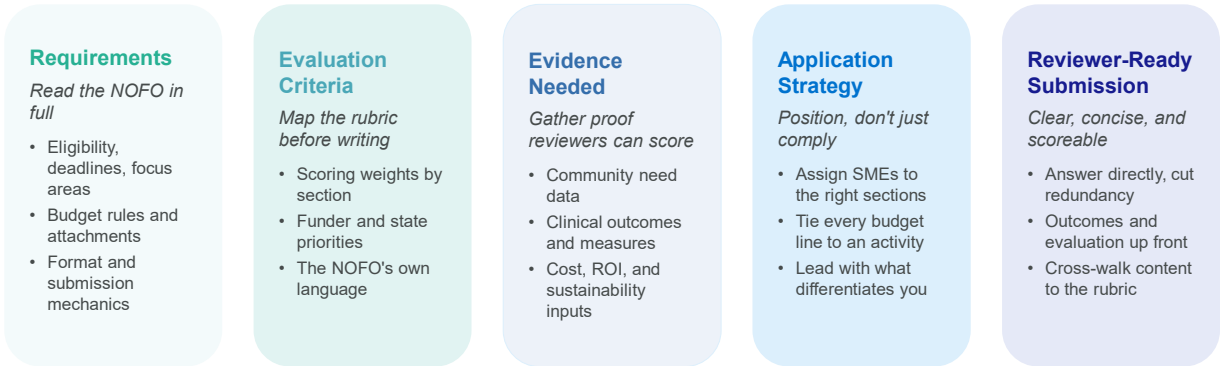
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What Experienced Grant Writers Actually Do

Turning Requirements into Strategy



Each step earns the next.

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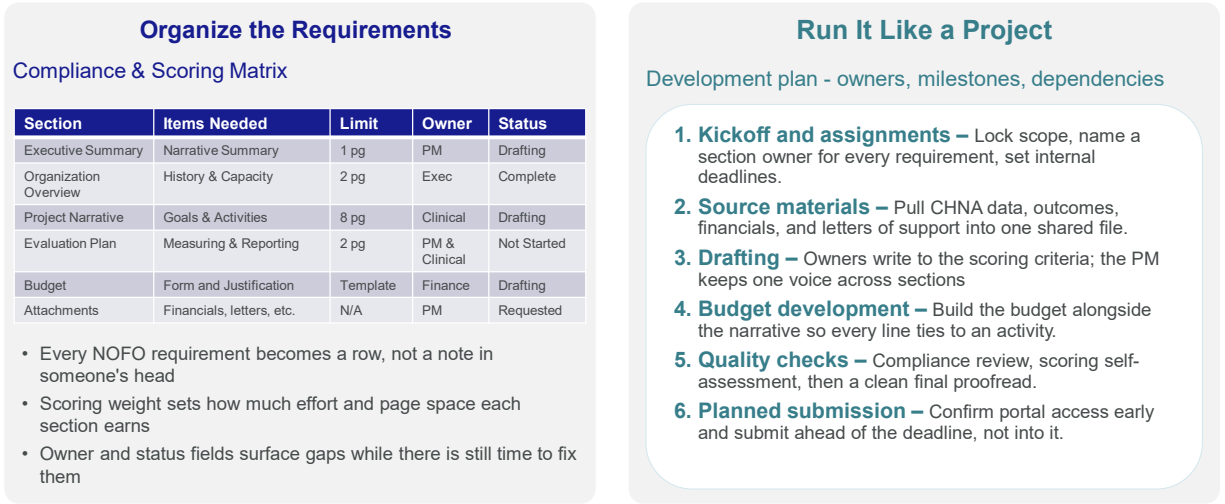
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What Experienced Grant Writers Actually Do

The Application Development Framework



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What Experienced Grant Writers Actually Do

Maintaining One Application Story

One story, carried without contradiction through every document.

- **Need** — the gap the community can document, in the same terms every time.
- **Solution** — the model chosen to close that gap, described once and not restated differently.
- **Work Plan** — the activities, owners, and milestones that deliver the solution.
- **Budget** — costs that match the activities named in the work plan, line for line.
- **Partners** — roles stated the same way in the narrative, the letters, and the budget.
- **Outcomes** — metrics drawn from the stated need, with baselines and targets.
- **Sustainability** — how the work continues after the award, funded by something you can name.

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What Experienced Grant Writers Actually Do

Quality Control

Technical

Is it complete and submittable?

- Every required question and prompt answered
- Exhibits and attachments gathered and uploaded
- Page limits, format, and portal fields met

Compliance

Will it survive a closer look?

- Costs allowable, necessary, and within the period of performance
- Procurement and conflict-of-interest rules followed
- Documentation on file for every claim

Budget

Does the math hold?

- Each line ties to an activity in the narrative
- Shared costs allocated on a documented, proportional basis
- Totals and calculations recomputed, not assumed

Consistency

Does it tell one story?

- Narrative, budget, and attachments agree
- Numbers, dates, and scope match across sections
- Outcomes promised equal outcomes measured

Readability

Can a reviewer score it fast?

- Plain language, direct answers, no redundancy
- Grammar and formatting clean throughout
- Self-scored against the evaluation criteria

Proofreading catches typos. These checks catch the findings.

- Have someone who was not deeply involved in the writing perform the review.
- Build the time in and submit early - the weaknesses auditors cite later, like no evidence of review and approval, start here.

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What Experienced Grant Writers Actually Do

The Value Experienced Grant Writers Bring

- **Stronger alignment** — The request maps to the Healthy Hometowns initiative, the needs, and organizational strategy.
- **Structured development** — A calendar with owners, draft dates, and internal review built in.
- **Focused stakeholder time** — SMEs answer narrow questions and give their input once.
- **Integrated budget** — Costs, activities, and outcomes are built together, not stitched later.
- **Fewer preventable errors** — Eligibility, allowable costs, and attachments are checked as you go.
- **Reviewer-ready submission** — Written to the criteria, in plain language, complete at upload.

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Building a Competitive Iowa RHTP Application

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Building a Competitive Iowa RHTP Application

Start with Funding Priorities

- Start with priority first, not purchase
- Frame your project inside one of the five Healthy Hometowns initiatives before anything is priced.
 - Hometown Connections
 - Combat Cancer: Prevent and Treat
 - Communities of Care
 - Health Information Exchange
 - EMS Community Care Mobile

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Case Study

Project – Chemo-Therapy Hub

Priority First – “Rural patients are skipping chemo cycles because treatment is 70 minutes away. We’ll partner with a regional hub to deliver it here.”

Purchase First – “We want an infusion suite and an oncology nurse. Combat Cancer has cancer money — let’s fit our request to it.”

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Building a Competitive Iowa RHTP Application

Building the Case: From Need to Solution

- Draw a straight line from need to solution
- Each documented need should drive one funded activity that answers a state priority.
 - **Document the Need** – local data, not general claims about rural health
 - **Name the Response** – one specific activity, not a category of work
 - **Tag the Priority** – the Healthy Hometowns initiative it falls under
 - **Keep them Paired** – every need has a response, every response has a need
 - **Check for Orphans** – an activity with no documented need behind it is a lost point

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Case Study

Project – Chemo-Therapy Hub

- **The Need** – patients travel 70 minutes each way for infusion, and treatment cycles get delayed or skipped
- **The Response** – a four-chair infusion suite delivering chemotherapy locally as a spoke site
- **The Priority** – Combat Cancer: Prevent and Treat, hub-and-spoke Health Hubs
- **The Link** – Iowa funds networks that bring cancer treatment closer to home; this is that network in one county
- **The Proof** – cycles completed locally, measured against the baseline of patients now traveling out

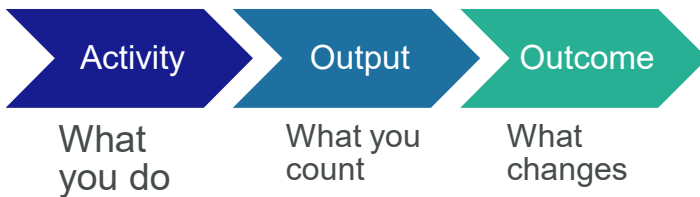
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Building a Competitive Iowa RHTP Application

Developing Outcomes and an Evaluation Strategy



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Case Study

Project – Chemo-Therapy Hub

- **Activity** – Chemotherapy delivered locally as a spoke site, under a regional hub's protocols.
- **Output**

Measure	Baseline	Target	Data Source
Round-trip miles per cycle	140	Under 20	Patient registry
Cycles completed on schedule	71%	90%	Oncology schedule
Patients treated locally	0	45 annually	EHR
Treatment starts within 14 days of referral	58%	85%	Referral log

- **Outcome** – Patients finish treatment, on schedule, in-county instead of driving 70 minutes each way.

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Building a Competitive Iowa RHTP Application

Work Plans that Support Success

- A workplan should contain the following:
 - **Phases with real dates** – the award period broken into stages, not a list of intentions
 - **Activities under each phase** – specific enough that a reviewer can picture the work
 - **A named lead per phase** – who is accountable, by role
 - **Milestones that can be verified** – a checkable event that marks the phase complete
 - **The order the work happens in** – what has to finish before the next thing can start
 - **A closing phase that outlasts the award** – measurement, reporting, and what sustains the service

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Case Study

Project – Chemo-Therapy Hub

- **Months 1–3** – Sign the hub agreement; pull baseline data Lead: Project director
- **Months 4–8** – Build the infusion suite; credential oncology nursing Lead: Facilities and HR
- **Months 9–15** – Open the site; begin infusions under hub protocols Lead: Oncology service line
- **Months 16–24** – Measure against targets; confirm the path past the award Lead: Quality and finance

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Building a Competitive Iowa RHTP Application Using Data Strategically

- More data is not more persuasive.
- Run every number through three questions:
 1. Does it document the need we claim?
 2. Does it justify this solution over another one?
 3. Will we baseline it and report it as an outcome?

If it fails all three, it is background, not evidence.
- Lead with the finding, then the number. Use data you can produce again.
 - Anything in the narrative may become something you report on for five years.

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Case Study

Project – Chemo-Therapy Hub

- **What data earned a place**
 - 140 round-trip miles per cycle – proves the access gap is real and specific to our patients
 - 71% of patients finish treatment on schedule – proves the travel burden has a clinical cost, not just an inconvenience
 - Patients referred out for infusion each year – sizes the demand, so the four-chair scope is justified
 - Hub partner's current capacity – proves the partner can actually take us on
- **What got cut** – Statewide mortality trends, payer mix, ED volumes. While these numbers can be related, they are not central the project or program.

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Building a Competitive Iowa RHTP Application Scope Drives Budget

- **Build the budget from the scope, never the reverse.**
 - If a cost has no home in the implementation plan, it doesn't belong in the budget
- **Show the basis for every estimate.**
 - Rate times quantity, a vendor quote, or salary times effort. An unexplained round number reads as a guess.
- **Costs must be necessary, reasonable, and allocable.**
 - Tie each one to an approved use and the population you actually serve.
- **Name the same things everywhere.**
 - The narrative, the work plan, and the budget should reference the same sites, staff, and equipment

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Case Study

Project – Chemo-Therapy Hub

- **Every cost traces to a scope element**

Cost	What it Supports	Illustrative Amount
Four infusion chairs & pumps	The treatment capacity	\$120,000
Pharmacy hood & compounding build-out	Safe handling required to treat on site	\$85,000
1.0 FTE oncology-certified RN	Staffing the suite	\$95,000
Suite alteration in existing space	Repurposing an existing space	\$70,000
Tele-oncology connection to the hub	Physician oversight under the hub agreement	\$25,000

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Building a Competitive Iowa RHTP Application

Connecting Costs to Outcomes

- A budget line is an argument, not an expense. Each cost should answer:
 - What does this buy the patient?
- **Four links in the chain:**
 - Cost → Activity → Output → Outcome.
 - Most applications stop at output, which counts effort. The state is funding the outcome.
- **Outcomes should echo the state's own metrics.**
 - Iowa says it wants more rural residents receiving care locally. Say it back in their terms.

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Case Study

Project – Chemo-Therapy Hub

- Every cost traces to a scope element

Connecting Element	Infusion Pumps & Chairs	1.0 FTE RN
Cost	\$120,000 for four infusion chairs & pumps	\$95,000 for a 1.0 FTE oncology-certified RN
Activity	Chemotherapy delivered on site	Infusion delivery and between-cycle patient follow-up
Output	45 patients treated annually	45 patients treated annually
Outcome	Round-trip travel drops from 140 miles per cycle to under 20	On-schedule cycle completion rises from 71% to 90%

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Building a Competitive Iowa RHTP Application

Sustainability Matters

Reviewers are funding something that lasts.

Consider the four following elements:

- 1. Continued Operations**
 - Name who runs the service after the award ends and how those hours sit in the operating budget.
- 2. Integration, not add-on**
 - Build the work into existing clinic workflow, scheduling and the EHR so it does not depend on grant staff.
- 3. Future funding**
 - Show the mix: reimbursement for telehealth and chronic-care services, health-system support, and follow-on funding.
- 4. Partnerships**
 - Document written commitments from referring clinics, EMS, public health and tertiary partners.

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Case Study

Project – Chemo-Therapy Hub

- **Who will run it?**
 - The RN will continue to run it, with salary expenses being absorbed into the operating budget.
- **How it pays for itself?**
 - Chemotherapy is reimbursable. The funds cover the start up, not the operation.
- **Why it doesn't unwind?**
 - The suite is in existing clinic space, and the hub agreement continues beyond the award period, so protocols and oversight continue.
- **What the award leaves behind?**
 - A rural cancer service line patients can continue to use.

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Common Pitfalls & Lessons Learned

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Common Pitfalls & Lessons Learned

Why Applications Lose Points

Most lost points are avoidable and come from four common weaknesses.

Misalignment	Weak Evidence & Plan	Budget Problems	Assembly Problems
• Misread intent • Wrong framing • Partial answers to prompts	• Generic need • Unsupported claims • Vague activities and outcomes	• Costs that do not match the narrative or the allowable rules	• Late start • Missing form • Inconsistent attachments • Rushed review

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Common Pitfalls & Lessons Learned

Misalignment

The Risk

Misreading program intent



The Prevention Practice

Read the Healthy Hometowns RFP against its stated scope of work and confirm project fit before any writing starts.

Choosing the wrong framing



Frame the project in the funder's language — rural access and sustainability — not in internal department terms.

Partially answering prompts



Map every prompt to the stated evaluation criteria and answer each sub-question explicitly, in order.

Organizational wants over funder priorities



Score the concept on a crosswalk, then hold a structured go/no-go before development begins.

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Common Pitfalls & Lessons Learned

Weak Evidence & Plan

Need & Evidence

Where points are lost:

- Generic need statements that could describe any hospital
- Claims asserted without data behind them
- So much data that the point is buried

Prevention Practice

- Define the target population and baseline need
- Use only evidence that drives a reviewer decision
- Lead with the finding, then show the number

Project Plan & Scope

Where points are lost:

- Activities described too vaguely to picture
- Scope larger than the award period allows
- No named owner for the work

Prevention Practice

- Test the logic from need to activity to outcome
- Validate staffing and capacity before committing
- Assign an owner and a due date to every activity

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Common Pitfalls & Lessons Learned

Budget Problems

The Risk		The Prevention Practice
Estimates with no basis	➡	Build the budget alongside the work plan so every line has an activity behind it.
Ineligible or unexplained costs	➡	Confirm allowability and funding restrictions before the cost enters the budget.
Totals that disagree across files	➡	Reconcile the budget, narrative and attachments against one controlling total.
Costs that drift from scope	➡	Trace each major cost to a named activity and the result it is meant to produce.
Justification written last	➡	Document the basis for estimates as you go – rates, quantities, quotes, sources.

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Common Pitfalls & Lessons Learned

Application Assembly Problems

Stage	Don't	Do
Attachments	Assume every required form is in	Work a submission checklist, item by item
Consistency	Let documents contradict each other	Assign one owner per document, one reconciler
Formatting	Ignore page, font, and margin limits	Run a technical compliance check before review
Completeness	Answer part of a multi-part prompt	Re-read each prompt and check response coverage
Narrative vs. budget	Treat the budget as a separate task	Reconcile narrative claims against the numbers
Portal & timing	Test access on submission day	Register early; submit ahead of the deadline

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Common Pitfalls & Lessons Learned

Key Insights



Answer clearly & concisely



Use NOFO language and buzz words



Avoid redundancies



Emphasize outcomes & evaluation



Alignment with funder's priorities

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Questions?

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