

NETECH Rural Health Catalyst Fund. Company Application, Cohort 1.

Administered on behalf of the Nebraska Department of Health and Human Services (DHHS).

Printable copy for reference only. Applications are submitted online at nebraskaruralhealthtech.com/apply. Questions marked * are required in the online form. This copy was generated from the published online form on September 25, 2026.

Instructions: NETECH is a single competitive, non-dilutive, milestone-based grant program aligned to the CMS Rural Health Transformation Rural Tech Catalyst Fund Resource Guide. Complete all sections; incomplete applications may not be considered. Responses are reviewed through a competitive and transparent evaluation process. Attach the Budget & Milestone Workbook and the supplemental materials listed in Section 11. Mark any question that does not apply “N/A” and briefly explain.

Program at a glance

Award type	Competitive, non-dilutive, contingent milestone-based grant (no equity or ownership taken).
Target award size	Initial target awards of \$250,000 – \$1,000,000.
Payment structure	Kickoff payment at award execution (20% of total); the balance is earned through a standardized schedule of at least three sequential milestones, at least one of which is outcome-based. Cohort 1 payments: 20% at kickoff, 20% after completion of Milestone 1, 25% after completion of Milestone 2, and 35% after completion of Milestone 3.
Performance period	All Cohort 1 funds must be expended, with all milestone payments completed, by September 30, 2027. Projects extending beyond that date will not be considered.
Program focus	Funded solutions must: (1) serve rural communities, with a focus on or special consideration for their particular needs and challenges; (2) benefit Medicaid, low-income, and/or vulnerable rural consumers; (3) focus on prevention and management of chronic diseases; (4) be significantly different from, or fulfill an unmet need compared to, the existing landscape of products and solutions; and (5) increase quality, affordability, and access to care.

Novelty	A New Capability: A breakthrough approach that creates a new way to enable care in rural communities. This is often achieved by combining existing technologies in a new way, adapting technology from other industries that haven't been applied in healthcare, or building fundamentally new technology with rural communities in mind. A New Delivery Model: A solution that changes how or where care is delivered to solve for rural realities such as patient travel distance and limited access to specialists. Market-Defying: A solution that addresses a critical unmet need that the private market has not met due to low population density, low profitability, or hesitation to design solutions for the rural infrastructure environment. A Bridge to Commercial Viability: A seed-stage innovation that, with RTCF funding, has a clear and realistic path to becoming a self-sustaining product that can be deployed in the real world.
Product stage	Proof of Concept through Minimum Viable Product: a functional prototype exists, feasibility has been demonstrated, Technology Readiness Level (TRL) is 4 or higher, and the product is not yet fully commercialized.
Entity	Prioritization given to Nebraska based companies; application open to all U.S.-based and U.S.-owned entities (company, nonprofit, academic institution, or government entity). The applicant must have been founded/established less than 10 years ago and raised less than \$50 million in prior funding since founding.
Milestones	• Milestone payments are triggered by achieving pre-defined, observable processes and outcomes, not by the passage of time or submission of routine reports. • Milestones track activities significant to the progress towards achievement of the program focus (the five rural health pillars above). They must be observable technical events or quantifiable outcomes. • A given program track should include a minimum of 3 milestones within a performance period, with at least one being an outcome-based milestone. Milestones are sequential.
Application Scoring	Applications will be scored based on competitiveness of the items above, in addition to the following items addressed in the application: (1) Market size and competitive landscape (2) Technology differentiation and intellectual property (3) Management team capabilities (4) Product-market fit and commercial traction (5) Regulatory considerations (6) Financial projections and capital requirements (7) Adherence to state and local requirements (8) Project / technology sustainability in rural settings after award

Section 1. Applicant & Contact Information

Legal Applicant Name *

Applicant Address / Headquarters (City, State, ZIP) *

Primary Contact Name & Title *

Email *

This address is used for the submission confirmation.

Phone *

Year Founded / Established *

State of Incorporation *

Entity Type *

- ☐ For-profit
- ☐ Nonprofit
- ☐ Academic
- ☐ Government

Industry / Sector *

EIN (Employer Identification Number) *

Website *

Number of Employees: Total *

Number of Employees: Nebraska-based *

Number of Employees: Full-time *

Total Prior Non-Dilutive Funding Raised to Date (\$) *

Total Prior Dilutive Funding Raised to Date (\$) *

Last Calendar Year Revenue (\$) *

Last Calendar Year Net Income (\$) *

Current Calendar Year Projected Revenue (\$) *

Current Calendar Year Projected Net Income (\$) *

Section 2. Applicant Overview

Entity Overview & Value Proposition *

Problem(s) Being Solved *

Describe the problem your organization addresses, with specific attention to how it manifests in rural health care settings.

The Solution / Technology Description *

Describe your product or technology and how it works.

Stage of Development & Technology Readiness Level (TRL) *

State the current TRL and justify it. Is there a functioning prototype? Is the technology in use with initial customer validation? Describe the evidence of feasibility. (Reminder: TRL 4+ with a functional prototype is required; fully commercialized products are ineligible.)

Target Market and Opportunity *

Competition and Competitive Advantage *

Revenue / Business Model *

Identify the payor, purchaser, and end user of the product or service.

Traction / Validation to Date *

Include customers, pilots, partnerships, deployments, clinical evidence, or other validation.

Go-To-Market and Commercialization Strategy *

Include pilot/patient trials, regulatory approvals, reimbursement strategy, certifications, workflow changes required for adoption, and other barriers to entry.

Team *

Provide brief bios of founders and key team members, including relevant health care, technology, startup, fundraising, and rural experience. Identify which team members are full-time.

Section 3. Regulatory & FDA Status

Complete this section for the product or technology proposed for Catalyst Fund support. If a question does not apply, mark N/A.

3.1 FDA Oversight *

Is your product subject to FDA regulation (e.g., as a medical device, Software as a Medical Device (SaMD), diagnostic, or drug/biologic)?

- ☐ Yes
☐ No
☐ Uncertain

If Yes (or Uncertain), describe: (a) the anticipated product classification (e.g., Class I, II, or III device); (b) the regulatory pathway (e.g., 510(k), De Novo, PMA, exempt); (c) current status (pre-submission, submitted, cleared, approved, exempt); and (d) expected timeline to clearance/approval, if applicable.

3.2 Other Regulatory & Compliance Considerations *

Describe your compliance posture with respect to other applicable requirements, including HIPAA and data privacy/security, CLIA (if laboratory testing is involved), state licensure or scope-of-practice requirements (including telehealth), reimbursement/coding status (e.g., CPT/HCPCS codes, Medicaid coverage), and human-subjects protections (IRB approval must be provided prior to release of funding if research involves human subjects).

3.3 Regulatory Risks & Mitigation *

Identify any known regulatory risks, pending matters, or prior enforcement actions, and how you plan to mitigate them.

Section 4. Intellectual Property

4.1 IP Portfolio Summary

List issued and pending patents, trademarks, and registered copyrights relevant to the product. Include application/patent numbers, jurisdictions, and status. Mark N/A if none.

IP item 1: Type (Patent / TM / ©)

IP item 1: Title / Description

IP item 1: Number & Jurisdiction

IP item 1: Status

IP item 2: Type (Patent / TM / ©)

IP item 2: Title / Description

IP item 2: Number & Jurisdiction

IP item 2: Status

IP item 3: Type (Patent / TM / ©)

IP item 3: Title / Description

IP item 3: Number & Jurisdiction

IP item 3: Status

☐ N/A, none

4.2 Trade Secrets & Proprietary Technology *

Describe any material trade secrets, proprietary data, algorithms, or know-how, and the measures in place to protect them.

4.3 IP Ownership & Licenses *

Confirm that the applicant owns or has valid license rights to all IP required to develop and commercialize the product. Describe any in-bound or out-bound licenses, joint ownership, university/employer claims, or encumbrances, and confirm that all founders, employees, and contractors have executed IP assignment agreements.

4.4 Freedom to Operate & Disputes *

Describe any freedom-to-operate analysis performed and disclose any known, pending, or threatened IP disputes or infringement claims.

Section 5. Rural Health Program Fit

Funds awarded under the Catalyst Fund must support innovations that meet ALL of the criteria below. Describe how your organization and technology adhere to each of the following:

5.1 Serving Rural Communities *

Describe how your innovation serves rural communities, with a focus on or special consideration for their particular needs and challenges. (Applicants do not need to exclusively serve rural communities to be eligible.)

5.2 Benefit to Medicaid, Low-Income, and/or Vulnerable Rural Consumers *

Describe how your innovation benefits Medicaid beneficiaries, low-income patients, and/or vulnerable rural consumers, and how you will measure that impact.

5.3 Prevention and Management of Chronic Disease *

Describe how your innovation focuses on the prevention and/or management of chronic diseases, using evidence-based, measurable interventions.

5.4 Differentiation / Unmet Need *

Describe how your innovation is significantly different from, or fulfills an unmet need compared to, the existing landscape of products and solutions.

5.5 Quality, Affordability, and Access *

Describe how your innovation increases the quality, affordability, and access to care.

Section 6. Novelty

Provide an overview of the existing solutions landscape and articulate why your approach is fundamentally novel. Per the CMS RTCF Resource Guide, a novel solution is a new capability, a new delivery model built for rural realities, market-defying (addressing critical unmet needs the private market has not met), and a bridge to commercial viability – not an incremental improvement, a surface-level UI redesign, a market-following tool that assumes high-speed internet or high digital literacy, or a purely academic project. Include the underlying verified science and evidence that supports the feasibility of the proposed solution. *

Section 7. Use of Funds, Milestones & Budget

All uses of funds must be compliant with the CMS Rural Tech Catalyst Fund Resource Guide:
<https://www.cms.gov/files/document/rural-tech-catalyst-fund-resource-guide.pdf>

All Catalyst Fund awards are non-dilutive and contingent: funding is earned through the standardized Cohort 1 milestone schedule – a kickoff payment (20% of total) at award execution, followed by at least three sequential milestones (at least one outcome-based) tied to observable technical events or quantifiable clinical/access outcomes. Awardees must document expenditures (receipts and use-of-funds reporting) and provide executed agreements with the health systems, hospitals, or clinics where the technology will be implemented. All funds must be spent by September 30, 2027.

Allowability: all costs must be reasonable, necessary, allocable to the project, adequately documented, and compliant with 2 CFR Parts 200 and 300 (including the Subpart E cost principles) and CMS RHTP funding policies (NOFO CMS-RHT-26-001, Funding Policies and Limitations).

Allowable costs (illustrative, when tied to the approved milestone plan and budget):

- Personnel and benefits for project staff; contractual and vendor costs.
- Equipment, supplies, and materials (per the 2 CFR 200.1 equipment/supplies thresholds).
- Software, cloud, and data costs; regulatory, quality, and validation costs.
- Clinical pilot and rural implementation site costs; project-related travel.

Unallowable costs include, among others:

- Pre-award or past expenses.
- Construction or building expansion, purchase or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value or useful life of capital assets.
- Supplanting existing federal, State, local, tribal, or private funding of infrastructure or services (including staff salaries).
- Replacing payment for clinical services that could be reimbursed by insurance, duplicating billable services, or changing payment amounts of existing fee schedules; payments for direct health care services must be justified as gap-filling (e.g., uncompensated care or services not covered by insurance).
- Clinician salaries or wage supports at facilities that subject clinicians to non-compete contractual limitations.
- Costs of independent research and development, including their proportionate share of indirect costs (2 CFR 300.477).
- Lobbying or any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive orders (2 CFR 200.450).
- Meeting matching requirements for other federal funds; goods or services not allocable to the project; services, equipment, or supports that are the legal responsibility of another party.
- Purchase of covered telecommunications and video surveillance equipment (2 CFR 200.216), and financial assistance to households for broadband installation or monthly internet costs.
- Meals, except in limited approved circumstances (e.g., as part of a per diem or subsistence allowance with allowable travel).

This summary is not exhaustive; the Funding Policies and Limitations of the RHT Program NOFO control. See the NETECH Notice of Funding Opportunity, posted with this application on the

Nebraska DHHS Rural Health Transformation Program page (dhhs.ne.gov/Pages/Rural-Health-Transformation.aspx).

7.1 Requested Award Amount *

7.2 Description of Use of Funds *

Describe specifically what the requested funds would be used for, and complete and attach the Budget & Milestone Workbook (template provided with this application).

Budget & Milestone Workbook *

Upload the completed workbook. Download the template above if you have not already.

Attachment: upload this file in the online form.

7.3 Proposed Milestones & Measurable Benchmarks

Propose your applicant-specific definitions within each standardized Cohort 1 milestone stage. Each milestone must be a clear, observable technical event or quantifiable clinical/access outcome – not the passage of time or a routine report. Include the employees, vendors, and partners who will execute each stage. Final milestone definitions, dates, and tranche amounts are set in the award agreement and are consistent across the cohort.

PLEASE NOTE: A MORE DETAILED MILESTONE AND BUDGET WORKBOOK MUST ALSO BE SUBMITTED WITH YOUR APPLICATION.

Kickoff (at execution): project mobilization; finalized work plan. Measurable outcome / verification method: executed award agreement; final project work plan. Tranche: 20%.

Tranche % by milestone: Milestone 1 – Technical Validation, 20%; Milestone 2 – Rural Pilot Deployment, 25%; Milestone 3 – Outcome Validation, 35%.

Milestone 1 – Technical Validation: Applicant-Specific Milestone Definition *

Milestone 1 – Technical Validation: Measurable Outcome / Verification Method *

Milestone 1 – Technical Validation: Target Date *

Date: ____ / ____ / ____

Milestone 2 – Rural Pilot Deployment: Applicant-Specific Milestone Definition *

Milestone 2 – Rural Pilot Deployment: Measurable Outcome / Verification Method *

Milestone 2 – Rural Pilot Deployment: Target Date *

Date: ____ / ____ / ____

Milestone 3 – Outcome Validation: Applicant-Specific Milestone Definition *

Milestone 3 – Outcome Validation: Measurable Outcome / Verification Method *

Milestone 3 – Outcome Validation: Target Date *

Date: ____ / ____ / ____

* NOTE: Illustrative, but at least one of the milestones must be outcome-based. Non-competitive milestones will not be considered for funding.

7.4 Rural Implementation Partners *

Identify the Nebraska health systems, hospitals, clinics, or community sites where the technology will be piloted or deployed, and the status of each relationship (executed agreement, LOI, in discussion). Executed agreements are required before the deployment milestone payment.

7.5 Co-Investment

Identify any secured or anticipated co-investment or matching sources, including investor names and amounts (not required).

7.6 Other RHTP Funding (Disclosure Only) *

Disclosure does not affect eligibility; it is used to verify there is no conflict of interest, no duplication of program funds across awards, and no resource constraints in executing responsibilities across multiple awards. Has the applicant applied for, received, or does it expect to receive funding from any other Rural Health Transformation Program opportunity (in Nebraska or any other state)?

- ☐ Yes
- ☐ No

If Yes, list each opportunity, state, status, and amount:

Section 8. Outcomes & Sustainability Plan

8.1 Commercialization Outcomes at the End of the Performance Period *

Describe the specific commercialization outcomes that will be achieved by the conclusion of the performance period. Awardees are required to track and report this metric quarterly.

8.2 Health Outcomes at the End of the Performance Period *

Describe the specific health outcomes that will be achieved (e.g., reduction in chronic disease risk factors; improved prevention/management metrics in pilot phases). Awardees are required to track and report this metric quarterly.

8.3 Anticipated Demographic & Geographic Reach in Nebraska *

Describe the anticipated demographic and geographic reach of your product in Nebraska by county, including a breakdown of Medicaid beneficiaries and/or low-income patients that will be served.

8.4 Sustainability Plan *

Demonstrate your plan to sustain progress after the award: how this funding will be leveraged for continued development and deployment; your strategy to secure follow-on capital (dilutive and non-dilutive); the ability of government or commercial payers to procure the product based on your payment and delivery model; staffing requirements; and any complementary initiatives that align with and amplify RHTP goals.

8.5 Three-Year Outlook *

Describe the commercialization outcomes and specific health outcomes anticipated within the next three years, and the expanded demographic/geographic reach in Nebraska over that period. Awardees report these metrics annually after the performance period.

Section 9. Reporting & Data-Sharing Commitments

Awards are contingent on data-sharing and reporting with Nebraska DHHS and on product accessibility requirements. If funded, the applicant agrees to provide QUARTERLY performance and financial data including, but not limited to, the following:

- Number of Medicaid beneficiaries and/or low-income patients served in rural areas through the funded innovations.
- Improved patient outcomes from funded innovations, with a focus on chronic disease management.
- Applicable technology user engagement metrics.
- Number and status of deployments in pilot rural communities.
- Number of co-investment matching sources obtained, amount of co-investment secured, and names of those investors on an ongoing basis as new funds are received.
- Expenses tracked against the approved budget, including submission of receipts.

Reduced-frequency progress reporting continues after the performance period ends to monitor implementation, sustainability, and outcomes. Failure to submit complete and accurate reports in a timely manner will delay funding and may impact future ability to receive funding.

☐ The applicant acknowledges and agrees to the quarterly reporting and data-sharing requirements described above, to post-performance-period reporting, and to product accessibility requirements.

Section 10. Applicant Attestations

Check each box to attest to the following requirements. All attestations are required conditions of funding. For any specific questions, please consult your legal counsel.

- ☐ Intangible Property (2 CFR 200.315): The applicant will comport with federal regulations on intangible property in 2 CFR 200.315, including, without limitation, that CMS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use a copyrighted work developed with RHT Program funds for federal purposes, and to authorize others to do so.
- ☐ Patents and Inventions (37 CFR Part 401): The applicant is subject to applicable regulations governing patents and inventions, including those in 37 CFR Part 401. The applicant may own the product developed, including associated intellectual property, and may commercialize it, to the extent consistent with these and all other applicable federal requirements.
- ☐ Domestic Entity & Performance: The applicant is a U.S.-based and U.S.-owned entity, and all RHT Program-supported work will be performed in the United States with U.S. employees and, if applicable, U.S.-based contractors.
- ☐ Spending Deadline: All awarded funds will be expended by September 30, 2027, and any unspent funds will be returned.
- ☐ Public Announcements (Stevens Amendment): The applicant will comply with the Stevens Amendment (Section 505, Division H of Consolidated Appropriations Act, 2021, Public Law 116-260) and will NOT release any statement or announcement of receiving an award – or any other public information related to the Catalyst Fund – without the prior written consent of Invest Nebraska, DHHS, and CMS.
- ☐ Executive Order 14151: The applicant is in full compliance with Executive Order 14151, “Ending Radical and Wasteful Government DEI Programs and Preferencing” (signed January 20, 2025).
- ☐ Executive Order 14173: The applicant is in full compliance with Executive Order 14173, “Ending Illegal Discrimination and Restoring Merit-Based Opportunity” (signed January 21, 2025).
- ☐ Truth and Accuracy: All information provided is true, complete, and accurate; false, misleading, incomplete, or deceptively unresponsive statements are sufficient cause for rejection of the application, withdrawal of an award, and/or repayment of funds advanced.

Section 11. Attachments

Attach the following:

Budget & Milestone Workbook: Required, template provided with this application. The workbook is uploaded in Section 7.

Pitch deck *

Attachment: upload this file in the online form.

Most recent financial statements and financial projections *

Attachment: upload this file in the online form.

Capitalization table

N/A for nonprofit, academic, or government applicants.

Attachment: upload this file in the online form.

Supporting clinical or outcomes evidence *

Attachment: upload this file in the online form.

Certification

The undersigned hereby submits this application and certifies that (1) he or she has the authority to apply for this grant on behalf of the applicant organization; and (2) all information provided is true and accurate to the best of the Authorized Representative’s knowledge.

Authorized Representative (Name) *

Title of Authorized Representative *

Signature of Authorized Representative *

Date *

Date: ____ / ____ / ____