



KENAITZE INDIAN TRIBE
REQUEST FOR PROPOSAL
Recovery and Transitional Housing Planning Consultant
Issued: October 9, 2026

1. INTRODUCTION

1.1 ORGANIZATION

The Kenaitze Indian Tribe is a federally recognized tribal Government, reorganized in 1971 under the statutes of the Indian Reorganization Act of 1934, as amended for Alaska in 1936. The Tribe serves over 5,000 community members, Alaska Natives, and American Indians in the central and upper Kenai Peninsula. The Tribe's Headquarters is located at 150 N Willow Kenai, Alaska 99611. Nothing in this RFP is a waiver of the Tribe's sovereign immunity.

1.2 MISSION STATEMENT

1.2.1 To assure Kahtnuht'ana Dena'ina thrive forever.

2. OVERVIEW

The Kenaitze Indian Tribe has received Rural Health Transformation Program (RHTP) planning funding for the Kenaitze Indian Tribe Recovery and Transitional Housing Planning Project. The RHTP is administered under cooperative agreements between states and the Centers for Medicare & Medicaid Services (CMS) under the authority of Section 71401 of Public Law 119-21. The Award Agreement is between the State of Alaska Department of Health and the Kenaitze Indian Tribe and is a Subaward from the State of Alaska Department of Health as a pass-through entity to a subrecipient. The Subaward is 100% federally funded.

The project is intended to assess recovery, transitional housing, and related service needs and to develop recommendations for an appropriate future program model.

The planning process is intended to begin with community need and available evidence rather than a predetermined program, level of care, or facility. Potential responses may include recovery housing, supportive or transitional housing, residential treatment, another model, or a staged combination of services. Existing Tribal property may be considered as part of feasibility planning, but the selected consultant should

independently assess the model or models best supported by the findings. The RHTP Subrecipient Performance Period 1 is July 1, 2026 through June 30, 2027.

3. INQUIRIES

Questions regarding this RFP must be directed in writing to Tami Murray Procurement Manager, (907) 335-7213 or by email at tmurray@kenaitze.org. All emails must identify the RFP title in the subject line, include the contact information for the person submitting the question, and indicate any relevant RFP section number. **All questions must be submitted using this format and must be received no later than 5:00 pm Alaska Daylight Time (AKDT), November 2, 2026 5:00 pm.** Tribe will review the submitted questions and respond to all inquiries in writing by replying via email to all inquirers and interested consultants at one time. The email will provide every question received and each accompanying response. This will ensure all potential consultants receive the same information.

4. PROPOSAL SUBMISSION DEADLINE

To be considered, a complete proposal package must be received by the Tribe by the deadline via either of the following methods:

- a) Hand-delivered or mailed to: Kenaitze Indian Tribe
Attention: Tami Murray
Procurement Manager
150 N. Willow St.
Kenai, Alaska 99611
- b) Electronically transmitted to: tmurray@kenaitze.org

The deadline for submission is 5:00 PM Alaska time, November 16, 2026. Any proposals received after the deadline may not be accepted. Proposals sent via email should be sent in a single PDF document format, with the RFP title noted in the subject line.

5. SCOPE OF WORK

The Scope of Work may be further defined in the final agreement between the selected consultant and the Kenaitze Indian Tribe.

5.1 Project Initiation and Work Plan

- a) Meet with designated Tribal representatives to confirm project goals, available information, key stakeholders, project schedule, and decision points.
- b) Review relevant RHTP planning materials, existing Tribal programs and services, available community data, and other background information necessary to understand the project.

- c) Develop a written work plan describing the proposed methodology, engagement process, data sources, milestones, and deliverables.
- d) Identify additional information or data needed to complete the assessment.

5.2 Community Needs Assessment

The consultant will conduct and complete a community needs assessment and gap analysis focused on recovery housing, transitional housing, supportive housing, and related step-down supports for Alaska Native people on the Kenai Peninsula. The assessment must identify the population or populations needing these services, describe the nature and extent of those needs, and identify priority gaps in the behavioral health and recovery support continuum. This phase is expected to be completed during Q2 of the State of Alaska's RHTP timeline, with a target completion date of December 30, 2026.

The assessment should consider, as appropriate, Alaska Native people served by the Kenaitze Indian Tribe and the surrounding service area who are:

- a) People with behavioral health and substance use disorder needs.
- b) Individuals transitioning from incarceration, detoxification, residential treatment, hospitalization, or other structured settings.
- c) People experiencing housing instability or other barriers that interfere with recovery.
- d) From Rural Alaska and have access issues that may affect continuity of care.

The consultant will use existing demographic, service-utilization, housing, behavioral health, justice/reentry, and other relevant data.

The consultant should use an appropriate combination of quantitative and qualitative methods and clearly describe the methods, data sources, limitations, and basis for conclusions.

5.3 Tribal Member and Stakeholder Engagement

Community voice should be a central component of the assessment. The consultant will develop and conduct a culturally responsive engagement process that may include interviews, listening sessions, focus groups, surveys, or other appropriate methods.

Engagement should include, as appropriate:

- a) Kenaitze Tribal Members and Elders.
- b) People with lived experience of recovery, housing instability, incarceration, detoxification, residential treatment, or related systems.

- c) Tribal leadership and designated Kenaitze staff.
- d) Behavioral health, substance use disorder, recovery support, medical, housing, and social-service providers
- e) Corrections, reentry, public safety, and other community partners.
- f) Other stakeholders identified during project planning.

The consultant should explain how community input will be analyzed and incorporated into findings and recommendations. The Tribe will assist the consultant to identify those community partners most frequently utilized to give priority to their input.

5.4 Existing Services and Gap Analysis

The consultant will identify and describe the existing continuum of relevant services and determine where meaningful gaps exist.

The review should include, as appropriate:

- a) Outpatient behavioral health and substance use disorder services.
- b) Recovery support and peer services.
- c) Detoxification and withdrawal-management resources.
- d) Residential substance use disorder treatment.
- e) Recovery residences and sober living resources.
- f) Transitional and supportive housing.
- g) Homelessness services.
- h) Corrections, reentry, and transition services.
- i) Transportation and other practical supports affecting access and continuity of care.

The analysis should identify where individuals are most likely to lose continuity of care or recovery support and distinguish unmet housing need from unmet treatment, supervision, recovery-support, or other service needs.

5.5 Housing and Service Model Analysis

During Q3 of the State of Alaska's RHTP timeline, using the completed needs assessment and gap analysis, the consultant will compare reasonable recovery housing and treatment-related models rather than assume a predetermined solution. The analysis should support the Tribe in identifying a preferred program approach or a defined set of model options for further feasibility review and leadership consideration by March 30, 2027.

Models considered may include:

- a) Recovery residences or recovery housing, including models aligned with National Alliance for Recovery Residences levels of support where applicable.
- b) Transitional housing.
- c) Supportive housing.
- d) Residential substance use disorder treatment.
- e) Step-down or bridge models for individuals leaving higher levels of care or incarceration.
- f) Other models identified through the assessment.
- g) A staged or combined approach when supported by the findings.

The comparison should address, as applicable:

- a) Population served and eligibility.
- b) Intended outcomes and role within the continuum of care.
- c) Level of supervision and support.
- d) Staffing and workforce requirements.
- e) Clinical versus non-clinical services.
- f) Recovery and peer-support components.
- g) Cultural supports and opportunities for integration of Dena'ina values and community priorities.
- h) Length of stay and transition planning.
- i) Regulatory, licensing, accreditation, or certification considerations.
- j) Relationship to existing Kenaitze services.
- k) Potential reimbursement and other sustainability considerations.
- l) Advantages, limitations, and implementation challenges.

5.6 Preliminary Feasibility Analysis

During Q4 of the State of Alaska's RHTP timeline, for the model or models best supported by the assessment, the consultant will provide facility feasibility review, a preliminary operational framework, and final planning recommendations sufficient to support Tribal decision-making. This work must be completed in time for final project completion by June 29, 2027.

The analysis should consider, as appropriate:

- a) Estimated demand and potential program capacity.
- b) Staffing model and major operational requirements.
- c) Potential facilities or locations, including building configuration, infrastructure needs, resident privacy and dignity, safety, space requirements, and access to Dena'ina Wellness Center services.
- d) Transportation and access.
- e) Safety and risk considerations.

- f) Potential regulatory or licensing requirements.
- g) Potential operating costs, revenue sources, reimbursement opportunities, and other sustainability considerations.
- h) Implementation dependencies and major risks.
- i) Preliminary operational guidance, including referral pathways, eligibility considerations, staffing needs, service expectations, coordination with Tribal departments, potential implementation phases, and next steps if Tribal Leadership chooses to move forward.

If Kenaitze identifies an existing property for consideration, the consultant may evaluate that property against the program requirements identified through the assessment. The existence of an available property should not determine the consultant's recommendation.

5.7 Findings and Recommendations

The consultant will synthesize the research and engagement findings and provide clear recommendations addressing:

- a. The populations and needs identified.
- b. Significant gaps in the existing continuum.
- c. The program model or models best supported by the evidence.
- d. Models considered but not recommended and the reasons for those conclusions.
- e. Preliminary feasibility and sustainability.
- f. Recommended next steps, priorities, and implementation sequence.
- g. Additional analysis or planning needed before implementation.

Recommendations should be traceable to the evidence gathered during the project and should distinguish research findings from professional judgment or assumptions.

6. PROPOSAL SUBMISSION REQUIREMENTS

All consultants interested in submitting a proposal in response to this RFP must adhere to the following requirements. Failure to do so may result in the Tribe deeming the proposal to be non-responsive and therefore not eligible for consideration.

6.1 Proposal Submittal Items

Consultants must only submit one proposal, follow the format outlined below, and clearly identify each of the following criteria within the submittal.

Tab 1. Cover Letter - Proposals must be signed and include the firm name, local address, telephone number, the name of the person authorized to submit the proposal,

along with the person's title and telephone number, and the name and title of the person authorized to execute a contract.

Tab 2. Executive Summary - Each proposal shall include an Executive Summary section indicating the respondent's:

- a) Brief understanding of the scope of the proposal,
- b) General overview of the proposed plan to provide the requested services,
- c) A statement as to the respondent's qualifications to perform the services,
- d) Proposed team and resources available to perform the services, and the principal contact.

Tab 3. Qualifications and Experience

- a) Describe the qualifications of the firm (persons) to perform these services.
- b) Each proposal shall include a fully detailed resume of proposed primary and backup resources, including job assignments, educational backgrounds, and certifications.
- c) The proposal shall also include a listing of support personnel, if applicable, and a brief description of their technical qualifications and professional experience.
- d) Names and contact information for two (2) references from clients of a similar size/nature. Include a brief description of scope of work provided for each.
- e) Provide at least two examples of comparable completed community needs assessments, feasibility studies, behavioral-health assessments, housing assessments, or similar research products for which the proposed project lead or key team members were principally responsible.

At least one example should involve an Alaska Tribe, Tribal health organization, Alaska Native organization, or rural Alaska community when available.

For each work sample, identify the role of the proposed team member(s) in study design, data collection, analysis, report writing, and recommendations.

Tab 4. Scope of Work - Submit a written, detailed description of how each subsection within section 5 Scope of Work will be accomplished. Please refrain from using marketing information in this part of the proposal submittal.

Tab 5. Proposed Fees - Provide a proposed budget sufficient to understand the cost of major project activities, personnel, subcontractors, travel, engagement activities, and other anticipated costs.

The approved RHTP budget places the full \$250,000 project amount in the Contractual category. Kenaitze therefore prefers an all-inclusive fixed-

price or not-to-exceed professional services proposal organized by major phase and deliverable so proposals can be compared on both scope and cost. All consultant labor, subcontractor, travel, engagement, reporting, and other costs necessary to complete the proposed scope should be included within the proposed contractual amount. Consultants should provide:

- a) Total proposed project price.
- b) Price by major phase and/or deliverable.
- c) Professional labor assumptions, including personnel, billing rates, and estimated hours when applicable.
- d) Subcontractor costs.
- e) Community-engagement costs.
- f) Travel, lodging, per diem, and other anticipated expenses, separately identified for cost transparency but included within the proposed total contractual price unless Procurement expressly authorizes another arrangement.
- g) Any other direct costs or assumptions affecting price.

The final contract may establish milestone or deliverable-based payments. Kenaitze will pay only for work accepted in accordance with the agreement. Consultants should identify any proposed payment schedule in their response.

6.2 Proposal Preparation Cost

The Tribe shall not be responsible for any costs associated with preparing and/or submitting a proposal in response to this RFP, in any manner or for any reason.

6.3 Proposal Validity

A consultant's price proposal will remain valid for 45 calendar days from the RFP submission deadline or until an award is made to the successful consultant, whichever is sooner. No price proposal will be accepted if marked "price prevailing at time of delivery", "estimated price", or something similar. All price proposals must be in US dollars.

7 GENERAL REQUIREMENTS

7.1 Term of Service

The agreement resulting from this RFP shall be effective from the date of execution of the agreement through the completion of services. In no event shall services under the agreement extend beyond June 29, 2027 without an option to extend. In the event the work is not completed within this timeframe, the Tribe, in its sole opinion, may determine the consultant to be in breach of the terms of the agreement.

7.2 RFP Modification

The Tribe reserves the right to:

- a) Modify or otherwise alter any or all of the requirements herein. In the event of a modification, consultants will be given an equal opportunity to modify their proposals as identified in writing by the Tribe.
- b) Reject any proposal not adhering to the requirements set forth within this RFP, either in whole or in part.
- c) Reject any or all proposals received.
- d) Terminate this RFP at any time, without reason.

7.3 Order of Precedence in the Event of a Conflict

If an agreement is awarded, all terms and conditions herein shall be incorporated into the award along with the consultant's proposal. Any change to the agreement must be through a written amendment agreed upon by both Parties. In the event of a conflict between the RFP and the consultant's proposal, the more stringent language shall apply.

7.4 Subcontracting

The consultant must disclose to the Tribe the use and identity of all subcontractors it uses in carrying out the requirements herein. The Tribe reserves the right to approve all subcontractors if it so chooses. The consultant is solely responsible for the satisfactory performance of and compensation to any and all subcontractors.

7.5 Insurance

The consultant shall have, maintain, and provide proof of Commercial General Liability Insurance and Workman's Compensation Insurance, in addition to any applicable insurance required by the State of Alaska or the consultant's primary state of location. The consultant must provide the Tribe with proof of the insurance required herein. The consultant shall be financially responsible for all deductibles, costs, and self-insured retentions and/or self-insurance required herein.

The Tribe is a sovereign nation, and as such the consultant waives all rights against the Tribe and its officers, employees, and agents for recovery of damages to the extent these damages are covered by the required policies.

7.6 Indemnification

Except in the case of the sole negligence or willful misconduct of the Tribe, the consultant shall indemnify, defend and hold harmless the Tribe, and the Tribe's officers, agents, and employees from and against any and all liability, claims, damages, losses, expenses, actions, attorney fees and costs and lawsuits whatsoever (including without limitation all claims involving damage to real or personal property, civil rights claims, or claims of infringement of a patent, copyright, trade secret or trademark) caused by or arising out of the performance,

acts, or omissions under this RFP by the consultant or any of its officers, agents, representatives, employees or subcontractors or arising from or related to a failure to comply with the requirements herein, and/or applicable state or federal statute, law, regulation, or rule. Nothing in this RFP is a waiver of sovereign immunity.

8 SUPPORT SERVICES AND IMPLEMENTATION ASSISTANCE

- 8.1** The consultant's support responsibilities will include;
- a) Project management and coordination meetings as reasonably required.
 - b) Assistance interpreting findings and recommendations during the Tribe's review.
 - c) A presentation or briefing of final findings to designated Kenaitze representatives if requested.
 - d) Transfer of agreed supporting data, instruments, summaries, analytical files, and editable final materials.
 - e) Reasonable clarification of final findings and recommendations during the contract period.

This RFP is for planning, assessment, model evaluation, facility feasibility, preliminary operational design, and final recommendations. The approved budget does not fund construction, capital expenditures, direct clinical service delivery, or operation of a future housing or treatment program. Ongoing implementation, staff training, architectural or engineering design, construction, and program operations are outside this scope unless separately authorized in writing and permitted by the award.

9 CONSULTANTS QUESTIONNAIRE

Consultants should answer the following questions directly and concisely. Responses may reference other sections of the proposal when appropriate

9.1 Qualifications and Team

- a. Describe your organization's experience conducting community needs assessments, gap analyses, feasibility studies, or comparable mixed-method research in Alaska.
- b. Describe your experience working with Alaska Tribes, Tribal health organizations, Alaska Native organizations, and rural Alaska communities.
- c. Identify the individuals who will actually perform the research, engagement, quantitative analysis, qualitative analysis, model comparison, feasibility work, and final report writing. What percentage or portion of the project will each person perform?
- d. Identify all proposed subcontractors and explain why each is needed.

9.2 Understanding of the Project

- a. In your own words, what decisions should this project enable the Tribe to make?
- b. What do you see as the principal research questions that must be answered before the Tribe selects a recovery, transitional housing, supportive housing, residential treatment, or other model?
- c. How will you distinguish a housing gap from a treatment, supervision, recovery-support, reentry, transportation, or other service gap?
- d. Describe how you will avoid allowing an available facility or an initially preferred model to predetermine your findings.

9.1 Research and Engagement Approach

- a) Describe the quantitative and qualitative methods you propose and why they are appropriate.
- b) What existing data would you seek from Kenaitze and external sources, and how would you address incomplete or limited data?
- c) Describe how you will engage Tribal Members, Elders, people with lived experience, Kenaitze staff, and community partners in a culturally responsive manner.
- d) How will you analyze community input and demonstrate how it affected findings and recommendations?
- e) Describe a comparable project in which research or community findings led you to recommend a different solution than the client initially anticipated.

9.2 Housing, Recovery, and Behavioral Health Expertise

- a) Describe your experience evaluating recovery residences, supportive housing, transitional housing, residential substance use disorder treatment, or comparable models.
- b) Explain how you would compare models with different levels of clinical service, supervision, recovery support, staffing, and regulatory requirements.
- c) Describe your familiarity with Alaska-specific behavioral health, substance use disorder, housing, reentry, reimbursement, licensing, workforce, and rural-service considerations relevant to this project. Identify any areas for which you would use a subject-matter expert or subcontractor.

9.3 Deliverables and Quality

- a) Who will be principally responsible for writing the final report?
- b) Describe your internal process for quality assurance, fact checking, data validation, and editorial review.
- c) Provide the comparable work samples required in Section 9.4 and identify exactly what role the proposed project personnel had in producing each work product.

- d) Describe how you will ensure that recommendations are traceable to evidence and clearly distinguish findings from professional judgment.

9.4 Schedule and Capacity

- a) Provide a realistic project schedule and identify major dependencies or risks to timely completion.
- b) Describe your current capacity to begin and complete the project within the proposed period.
- c) Identify any tasks for which timely Kenaitze action or information will be critical.

10 EVALUATION AND SELECTION

10.1 Proposals will be evaluated by staff based upon the responsiveness to the submission requirements described in Section 6, and/or the following point system, and/or any other manner deemed appropriate by the Tribe to determine the proposal most advantageous to the Tribe. Proposals should be suitable for a presentation to Tribal Leadership and Tribal Council.

10.2 Recommended programmatic factors include:

- a) Quality, rigor, and relevance of comparable completed work and submitted report samples.
- b) Demonstrated experience with Alaska Tribes and Alaska Native communities.
- c) Strength and appropriateness of the proposed needs-assessment and research methodology.
- d) Quality and cultural responsiveness of the proposed Tribal/community-engagement approach.
- e) Behavioral health, SUD, recovery, reentry, and housing expertise.
- f) Qualifications and experience of the personnel who will actually perform the work.
- g) Ability to conduct model comparison and feasibility analysis.
- h) Ability to translate findings into clear, actionable recommendations.
- i) Proposed schedule and ability to complete the work within the project period.
- j) Cost and overall value.

Point System:***Capability and Experience (20 points)***

Provide a summary of the proposed project team, identifying the primary point of contact for the Tribe throughout the project and relevant experiences for the identified individual. List all subcontractors that will play a key role in the project and describe their relevant experiences. Include: Tribal, Alaska Native, Rural, or Culturally Responsive Engagement Experience

Needs Assessment Methodology and Work Plan (20 points)

Provide a detailed work plan that outlines the timeline for all phases of the project, including, but not limited to, a plan for interviews, listening sessions, surveys, focus groups, document review, service data review, or other appropriate methods.

Proposal and Professionalism (30 points)

Provide a comprehensive and professional proposal with all key elements as stated herein. The proposal should demonstrate a clear understanding of the Tribe's RHTP planning project and the gap this project is intended to examine

Cost Reasonableness, Organizational Capacity, and Overall Fit (30 points)

The Tribe will award these points based on the consultant's capacity to complete the work well within the available budget and project period

Alaska Native, American Indian AN/AI Member (15 points) or Tribal Member (25 points) Preference

Provide proof of AN/AI membership or Tribal membership for the consultant's owner to receive preference. To be considered for preference, proof of membership and at least 51% ownership must be submitted with the proposal.

The Tribe reserves the right to waive informalities and minor inaccuracies and reject any and/or all proposals which it deems to be not in the best interests of the Tribe and to proceed with the next proposer or to utilize an entirely different process at any time during the process.

11. COMPLIANCE

Consultant represents its present compliance, and shall have an ongoing obligation to comply, with all applicable federal, State, and local laws, rules, regulations, ordinances, and orders, as amended, including but not limited to Section 14. "Compliance" of the award documents (Attachment B)

12. ATTACHMENTS

- a) Sample Standard Professional Service Agreement
- b) RHTP award information

"This project [is/was] supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$272,174,855.72 with 100 percent funded by CMS/HHS. The Alaska RHTP Grant Agreement Page 13 of 20 Rev 7/27/2026 Docusign Envelope ID: EBE443D2-A33C-844B-803A-B419C91426D5 Docusign Envelope ID: 86BEAD03-F022-845E-8250-C5E76CAA6E1C 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";

End of proposal



Congratulations on Receiving Your RHTP Award Agreement! Please review both this cover sheet and the full agreement before signing so you're familiar with all items included in your agreement. Once you've signed, the agreement goes to the Department of Health for final signature and you will receive a completed copy of your award agreement. As a reminder, your organization is eligible to begin using funds as soon as the award agreement is finalized. We look forward to supporting you throughout the award performance period.

1. Download the Payment Request Form Before you Sign

To initiate payment process, please download this [Payment Request Form](#) complete and return it to rhtp@alaskacf.org. This is the form you will use any time you are ready to request funds whether that is a standard advance, an enhanced advance, or a reimbursement. Most subawardees will qualify for the standard advance.

- You may request up to 25% of your award, once per quarter.
- The Payment Request Form is the only thing you need to submit.
- There is no separate application and no supporting documentation required.
- Submit completed forms to rhtp@alaskacf.org.

2. What to Expect in Your DocuSign Packet

Your packet includes several attachments and appendix items. They appear in the following order:

- Appendix 1: A copy of your full, original application. Because it is a copy of the application as originally submitted, it necessarily includes the documents that were attached at that time, even if you have since submitted updated versions.
- Appendices that follow: Any and all revised documents you have submitted since your original application. These may include, but are not limited to, a final budget, a final workplan, or a Waiver of Sovereign Immunity (WOSI).

3. Authorized Signers Must Sign

This agreement must be signed by the organization's authorized signatory. If you've received this packet but are not the authorized signer, please do not sign it.

Instead, contact us immediately at rhtp@alaskacf.org and include the correct signatory's:

- Full name Rudolph O. Wilson Jr.
- Title Executive Director
- Email address rwilson@kenaitze.org

We will reissue the packet to the correct person as quickly as possible.

Please direct any questions to rhtp@alaskacf.org.

**PLANNING AWARD AGREEMENT
RURAL HEALTH TRANSFORMATION PROGRAM**

Subrecipient Name (must match UEI) Kenaitze Indian Tribe		Subrecipient Unique Entity Identifier (UEI) UWLMMPTKNZN1	Award Agreement Number BP1-PL-018
Subaward Period of Performance and Budget Period Effective Date through June 30, 2027		Federal Award Project Description State of Alaska Rural Health Transformation Program	
CMS RHTP Budget Period	Budget Period 1	Amount of Federal Funds Obligated in This Subaward	\$250,000.00
Indirect Cost Rate	Not applicable; all costs budgeted as direct.		
Total Amount of the Federal Award Committed to the Subrecipient by the Pass-Through Entity	\$250,000.00	Total Amount of Federal Funds Obligated to the Subrecipient By the Pass-Through Entity (including this subaward)	\$250,000.00
Federal Award Project Title	State of Alaska Rural Health Transformation Program	Federal Assistance Listing Number and Name	93.798 – Rural Health Transformation Program
Federal Award Date	12/29/2025	Pass-Through Entity and Unique Entity Identifier	State of Alaska Department of Health LNQNF7PKBV13
Federal Award Identification Number (FAIN)	RHTCMS332062	Federal Agency	Office of Acquisitions and Awards Management
Subrecipient Contact		State of Alaska Contact	
Name Kenaitze Indian Tribe		Name Lisa Morley	
Street/PO Box 150 North Willow Street		Title Grants and Procurement Manager	
City/State/Zip Kenai, AK 99611		Street/PO Box 3601 C St #902	
Contact Person Rudolph Wilson		City/State/Zip Anchorage, AK 99503	

Phone 907-283-0707	Fax	Phone (907) 269-7800	Fax
E-mail RWilson@kenaitze.org		E-mail lisa.morley@alaska.gov	

This is not a research and Development Award under 2 CFR 200.332(b)(1)(xiii).

1. **The Agreement.** This Award Agreement (Agreement) is between the State of Alaska Department of Health (the State) and Kenaitze Indian Tribe (Subrecipient). This Agreement is a subaward from the State of Alaska Department of Health as a pass-through entity to a subrecipient. The subaward is 100% federally funded.
2. **Rural Health Transformation Program.** The Rural Health Transformation Program (RHTP) is administered under cooperative agreements between states and the Centers for Medicare & Medicaid Services (CMS) under authority of Section 71401 of Public Law 119-21.
3. **Period of performance.** The Period of Performance under this Agreement begins the date the Agreement is signed by both parties ("Effective Date") and shall be completed by June 30, 2027 ("End of Term"). The Subrecipient shall be responsible for completing all project deliverables by the End of Term. By July 31, 2027, the Subrecipient shall complete all close-out activities as provided under this Agreement.
4. **Scope of Service.**
 - a. **Project Deliverables:** The Milestones, attached as Appendix A, describes the project deliverables. It is the Subrecipient's responsibility to ensure continuous progress and compliance with the Project Deliverables throughout the term of the Award. The Subrecipient must request prior approval from the State for deviations from the approved project or program scope or objectives.
 - i. **Program Revisions Requiring Prior Approval:** Consistent with 2 CFR § 200.308(f), the Subrecipient must request prior approval from the State for the following programmatic reasons:
 - A. Change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval).
 - B. Change in key personnel (including employees and contractors).
 - C. The disengagement from a project for more than three months, or a 25 percent reduction in time and effort devoted to the Federal award over the course of the period of performance, by the approved project director or principal investigator.
 - D. Subaward activities not in Milestones.

- b. **Performance Monitoring:** The Subrecipient will be subject to performance monitoring under this Agreement as directed by the State. The Subrecipient understands that performance monitoring parameters may be adjusted at any time at the sole discretion of the State, based on the State's ongoing assessment of risk.
 - i. **Risk Assessment.** The State will evaluate the Subrecipient's fraud risk and risk of noncompliance to determine the appropriate subrecipient monitoring consistent with 2 CFR 200.332. Subrecipient will cooperate fully with the State on an ongoing basis to provide information relevant to the risk assessment(s), including:
 - A. The subrecipient's prior experience with the same or similar subawards;
 - B. The results of previous audits. This includes considering whether or not the subrecipient receives a Single Audit in accordance with subpart F and the extent to which the same or similar subawards have been audited as a major program;
 - C. Whether the subrecipient has new personnel or new or substantially changed systems; and
 - D. The extent and results of any Federal agency monitoring (for example, if the subrecipient also receives Federal awards directly from the Federal agency).
- c. **Reports.** The Subrecipient shall, at such times and in such forms as the State may direct, provide periodic reports pertaining to the activities undertaken pursuant to this Award Agreement, including the final close-out report, the costs and obligations incurred in connection therewith, financial reporting, programmatic reporting, and any other matters covered by this Award Agreement. The Subrecipient shall also comply with any reporting requirements established by CMS and flowed down by the State, including requirements adopted or clarified after execution of this Award Agreement.
- d. **Close-Out.** The Subrecipient shall closeout its use of the Award and its obligations under this Agreement by complying with the closeout procedures in 2 CFR § 200.344. Activities during this closeout period may include, but are not limited to:
 - i. Reconcile all subaward accounts and ensure all obligations are paid or otherwise resolved;
 - ii. Dispose of program assets (including the return of all unspent cash advances, program income balances, and accounts receivable to the State and dispose of or return any property purchased with federal funds in accordance with CFR Part 200.310 through 200.316 and 200.330);

- iii. Submit all reports (financial, performance, and any other reports) within 30 days after the end of each performance period, in accordance with the reporting schedule established by the State; and
 - iv. Determine the custodianship of records.
 - v. Resolve all outstanding audit, monitoring, and compliance findings.
- 5. **Funding.** The subaward amount provided in this Agreement is subject to change based on the availability of funding from CMS and terms and conditions of the RHTP. Pursuant to the terms and conditions of the RHTP Cooperative Agreement between CMS and the State, continued federal funding is conditional on the availability of appropriated funds, satisfactory performance, and compliance. At any time, CMS can decrease funding, recover funding, or terminate an award. The award may be terminated if CMS determines the award no longer effectuates program goals or agency priorities. The State will promptly provide the Subrecipient with written notice if the subaward amount is decreased or terminated. All funding provided under this Agreement must be used by the Subrecipient exclusively for the project as described in the project narrative, which includes any approved revisions.
- 6. **Budget.** Subject to funding limitations and changes as described in this Agreement, the State and Subrecipient agree the amount awarded for the Award is as indicated below.
 - a. **Approved Budget:** The Subrecipient agrees to abide by the approved budget narrative incorporated by reference in Appendix B.
 - b. **Budget revisions.** The Subrecipient must request prior approval from the State for deviations from the approved budget. Request for budget revisions should be made consistent with 2 CFR 200.308. Items that require prior approval include:
 - i. The inclusion of costs that require prior approval in accordance with 2 CFR 200 Subpart E as applicable.
 - ii. The transfer of funds budgeted for participant support costs to other budget categories.
 - iii. The need arises for additional Federal funds to complete the project.
 - iv. Transferring funds between the construction and non-construction work.
 - c. The Subrecipient may transfer awarded funds between approved budget line items for allowable costs without prior approval from the State, provided that (1) the cumulative amount of the transfers does not exceed 10% of the total award; and (2) the transfer does not involve a cost requiring prior written approval under 2 CFR 200.407. Transfers exceeding this threshold require prior written approval from the State. Upon request, the Subrecipient must provide supporting detail and justification for any transfer.

- d. **RHTP Initiatives:** All activities funded with RHTP funds must meet one of the RHTP initiatives (Healthy Beginnings, Health Care Access, Healthy Communities, Pay for Value, Strengthen Workforce, and Spark Technology and Innovation). The Subrecipient certifies that the activities carried out under this Agreement will align with the initiative(s) identified as project focus areas in the Subrecipient's application.
- e. **Use of Funds:** The Subrecipient agrees to use funds under this Award only for allowable costs consistent with 2 CFR Part 200 Subpart E or 48 CFR Part 31, Subpart 31.2 as applicable; the RHTP Notice of Funding Opportunity (NOFO), CMS-RHT-26-001; and the federal Notice of Award, including the terms and conditions, all of which are incorporated into this Agreement by reference. Funds may not be used for:
 - i. Pre-award costs
 - ii. Meeting matching requirements for any other federal funds or local entities
 - iii. Services, equipment or supports that are the legal responsibility of another party under federal, State, or tribal law, such as vocational rehabilitation or education services.
 - iv. Services, equipment or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law.
 - v. Duplicate payments: Funds may not be used to replace payment for clinical services that could be reimbursed by insurance. Funds also may not be used for payments to clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules.
 - vi. Goods or services not allocable to the project.
 - vii. Supplanting existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries.
 - viii. Construction: Funds may not be used for new construction. Capital expenditures are allowed only as specifically described in your budget narrative in Appendix B.
 - ix. The cost of independent research and development, including their proportionate share of indirect costs. See 2 CFR 300.477.
 - x. Profit to any recipient even if the recipient is a for-profit organization. Profit is any amount in excess of allowable direct and indirect costs.
 - xi. Purchase of covered telecommunications and video surveillance equipment (see 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs.
 - xii. Meals, unless in limited circumstances, such as:

- A. Subjects and patients under study;
 - B. Where specifically approved as part of the project or program activity, such as in programs providing children's services;
 - C. As part of a per diem or subsistence allowance in conjunction with allowable travel.
- xiii. Activities prohibited under 2 CFR 200.450 and HHS Grants Policy Statement, including but not limited to:
 - A. Payments related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any State government, State legislature, local legislature or legislative body, including but not limited to paying the salary or expenses of the Subrecipient or agent acting for such Subrecipient for such activity;
 - B. Lobbying, but the Subrecipient can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.
- xiv. Costs of promotional items and memorabilia, including models, gifts, and souvenirs.
- xv. Costs of advertising and public relations designed solely to promote the Subrecipient.
- xvi. Funding cannot be used for initiatives that fund certain cosmetic and experimental procedures that fall within the definition of a specified sex-trait modification procedure at 45 CFR 156.400.
- xvii. Funds may not be used for clinician salaries or wage support for facilities that subject clinicians to noncompete contractual limitations.
- xviii. None of the funding shall be used by the Subrecipient for an expenditure that is attributable to an intergovernmental transfer, certified public expenditure, or any other expenditure to finance the non-Federal share of expenditures required under any provision of law.
- xix. 42 USC 1397ee(c)(1) (general limitations), (7) (limitations on payments for abortions), and (9) (citizenship documentation requirements for payments) apply to this Agreement.
- f. Award funds must supplement, not replace (supplant) non-federal funds. The Subrecipient must ensure that Award funds do not supplant funds that have been budgeted for the same purpose through non-Award sources. The Subrecipient may be required to demonstrate and document that a reduction in non-federal resources occurred for reasons other than the receipt of Award funds.

- g. Indirect cost rates and overhead percentages are not allowable under this Agreement. The Subrecipient agrees to spend Award funds consistent with its approved budget in Appendix B, where all costs approved to operate, manage, and deliver the Milestone objectives are budgeted as direct costs rather than applying an indirect cost rate or overhead percentage.
- h. **Program Income.** The Subrecipient must comply with 2 CFR 200.307 and 2 CFR 300.218 as applicable.
- i. Funding caps
 - i. Minor Renovations or Alterations. The Subrecipient will only use Award funds for minor renovations or alterations as approved in its budget in Appendix B.
 - ii. Electronic Medical Records (EMR). The Subrecipient will only use Award funds to replace a previously-certified HITECH EMR system in place as of September 1, 2025 as approved in its budget in Appendix B.
 - iii. Direct Care Services: The Subrecipient will only use Award funds for provider payments, defined in the NOFO as providing payments to health care providers for the provision of health care items or services, as approved in its budget in Appendix B.
 - iv. Administrative Costs. The Subrecipient will only use Award funds for administrative costs as approved in its budget in Appendix B.
 - v. No Award funds shall be used to pay the salary of an individual at a rate in excess of Executive Level II for the applicable year. This salary cap applies to direct salaries. The Subrecipient may pay salaries at a rate higher than the Executive Level II if the amount beyond the HHS salary cap is paid with non-HHS funds. Please consult the OPM website (<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>) for the current salary cap.

7. Payment

- a. **Payment method.** Consistent with 2 C.F.R. 200.305, the Subrecipient will be paid by advance payment, provided the Subrecipient maintains the written procedures and financial management systems required by 2 C.F.R. 200.302 and .305. Otherwise, the Subrecipient will be paid by reimbursement.
- b. **Advance payments.** Advance payments will be limited to the minimum amount needed to meet the Subrecipient's actual and immediate cash requirements for carrying out the approved project. Advanced funds must be deposited in an insured, interest-bearing account where feasible, in accordance with 2 CFR 200.305(b)(10)– (11). Receipt of advance funds from the State does not constitute earnings of these funds. The Subrecipient's

project costs are earned only when the cost is incurred and expended to the Award project.

- c. **Reconciliation.** Within 30 days after the end of each quarter, the Subrecipient must submit a financial report reconciling actual expenditures against advanced funds. The reconciliation must be submitted as part of the quarterly fiscal report, on a form acceptable to the State, and must include expenditure detail by approved budget line item sufficient to reconcile actual expenditures against funds advanced. The State will offset any unexpended balance against the next advance or require its return. If a Subrecipient's actual expenditure falls short of advances received, the State may reduce future advances. Continued advances are contingent on timely, complete reconciliation and on the Subrecipient first disbursing any program income, rebates, refunds, or interest as required by 2 CFR 200.305(b)(5).
 - d. **Interest.** Consistent with 2 CFR 200.305(b)(12), the Subrecipient may retain up to \$500 per year of interest earned on advanced federal funds for administrative purposes. Amounts above this threshold must be returned to the State.
 - e. **Invoices.** If the Subrecipient is paid by reimbursement, it must submit a properly completed invoice 30 days after the end of the month in which services were delivered or products were provided. The invoice must identify the allowable costs requested, and include supporting documentation required by the State.
 - f. **Certification.** All requests for payment will comply with the certification requirements in 2 CFR 200.415.
 - g. **Overpayments and underpayments.** If an overpayment or underpayment has been made to Subrecipient any subsequent payments to Subrecipient under the Contract may be adjusted to correct the account. A written explanation of the adjustment will be issued to Subrecipient.
 - h. **Reasons to withhold or delay payments.** The State may withhold or delay payment to any Subrecipient failing to provide required programmatic documentation and/or requested financial documentation
8. **Cooperation with State Designees.** The State may designate contractors or other entities to perform administrative, monitoring, assessment, technical assistance, and reporting, or other Award administration functions on behalf of the State. The Subrecipient agrees to cooperate fully with and provide all requested information to these designees of the State.
9. **Order of Precedence.** Award Agreement documents shall be read to be consistent and complementary. Any conflict among the Agreement documents shall be resolved by giving priority to Agreement documents in the following order of precedence:

- a. any Amendment or written modifications to the Agreement including imposition of Specific Award Conditions under 2 CFR 200.208;
- b. this Agreement document, including all Appendices and attachments;
- c. Subrecipient's Award application materials, incorporated herein in Appendix C, that are consistent with the approved Milestones and budget narrative;
- d. the Subrecipient's Letter of Intent.

10. Amendments and Modifications.

- a. This Agreement may be modified by mutual agreement upon execution of a written Amendment. Any modification must, to the extent applicable, conform to 2 CFR 200.308.
- b. The State may, in its sole discretion, amend this Agreement without the consent of the Subrecipient to conform with CMS requirements or other Federal, state or local governmental guidelines, policies, for good cause, or based on an assessment of available funding amounts. The State will include with any such amendment an explanation of the reasons for the amendment. To the extent practicable, the State will provide the Subrecipient with advance written notice of any unilateral amendment, which must specify the amendment's effective date.

11. Specific Award Conditions. Consistent with 2 CFR 200.208, the State may impose specific conditions on this subaward with notice including a reconsideration process, based on an analysis of the Subrecipient's compliance history and ability to meet expected performance goals. Specific conditions may include:

- a. Requiring payments as reimbursements rather than advance payments;
- b. Withholding authority to proceed to the next phase until receipt of evidence of acceptable performance;
- c. Requiring additional or more detailed financial reports;
- d. Requiring additional project monitoring;
- e. Requiring the recipient or subrecipient to obtain technical or management assistance; or
- f. Establishing additional prior approvals.

12. Clawback/Recoupment.

- a. In the event of a Subrecipient's noncompliance with applicable law, the terms and conditions of the RHTP award, or this Agreement (including the Mandatory Disclosures requirements), the State may terminate further Award funds, seek the repayment of Award funds, or take other available remedies pursuant to 2 CFR §200.339. These remedies may include one or more of the following:
 - i. Temporarily withhold payments until the recipient or subrecipient takes corrective action.

- ii. Disallow costs for all or part of the activity associated with the noncompliance of the recipient or subrecipient.
 - iii. Suspend or terminate the Federal award in part or in its entirety.
 - iv. Initiate suspension or debarment proceedings as authorized in 2 CFR part 180 and the Federal agency's regulations, or for pass-through entities, recommend suspension or debarment proceedings be initiated by the Federal agency.
 - v. Withhold further Federal funds (new awards or continuation funding) for the project or program.
 - vi. Pursue other legally available remedies.
- b. Consistent with the RHTP NOFO and the NOA, the State may initiate such action based on a failure of the Subrecipient to use funds consistently with the project narrative or make satisfactory progress according to its project narrative. The Subrecipient shall:
 - i. Reimburse the State immediately upon demand all funds not expended in accordance with the terms of this Agreement as determined by the State or CMS.
 - ii. Reimburse the State immediately upon demand for any recoupments imposed by the State or the federal government and passed through to the Subrecipient. If the State determines that the Subrecipient is not the party responsible for the recoupment, the Subrecipient and the State shall collaborate to identify the responsible party.

13. Termination and Suspension.

- a. **Termination by Mutual Agreement and Convenience.** This Agreement may be terminated, in whole or in part, prior to completion when both parties agree that continuation is not feasible or would not produce beneficial results commensurate with the further expenditure of RHTP funds. The parties must agree on the termination conditions, including effective date and the portion to be terminated. The Subrecipient shall not incur new obligations for the terminated portion after the effective date of the termination and shall cancel as many outstanding obligations as possible. The State shall make RHTP funds available to the Subrecipient to pay for allowable expenses incurred before the effective date of termination.
- b. **Termination for Cause by the State.** If the Subrecipient fails to comply with the terms of this Agreement or the terms and conditions of the federal award, fails to use Award for only those purposes set forth herein, fails to maintain satisfactory performance, or if the State decides that the award does not continue to effectuate program goals or agency priorities, the State may take the following actions:

- A. Suspension - After notice in writing to the Subrecipient, suspend the Award and withhold any further payment or prohibit the Subrecipient from incurring additional obligations of Award Funds, pending corrective action by the Subrecipient or a decision to terminate. The Subrecipient shall respond within fifteen (15) days of receipt of the written notice.
 - B. Termination - Terminate the Award in whole or in part, at any time before the final Award payment is made. The State shall promptly notify the Subrecipient in writing of its determination to terminate, the reason for such termination, and the effective date of the termination. Payments made to the Subrecipient or recoveries by the State shall be in accordance with the legal rights and liabilities of the parties.
 - c. **Termination by the Subrecipient.** The Subrecipient may terminate this Agreement by sending the State a written notification of the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. If the Subrecipient terminates only a portion, the State may terminate the Award in its entirety.
 - d. Consistent with Section 12 of the Agreement, the State may pursue recovery upon termination.
- 14. Compliance.** As long as Subrecipient has an obligation under the terms of the Agreement and in connection with performance of its obligations, the Subrecipient represents its present compliance, and shall have an ongoing obligation to comply, with all applicable federal, State, and local laws, rules, regulations, ordinances, and orders, as amended, including but not limited to the following:
- a. The Notice of Award, including the Program Terms and Conditions
 - b. The CMS Standard Grant and Cooperative Agreement Terms and Conditions, issued December 31, 2025.
 - c. The RHTP Notice of Funding Opportunity (NOFO), CMS-RHT-26-001.
 - d. The HHS Grants Policy Statement in effect at the time of the Agreement.
 - e. CMS guidance related to the RHTP program.
 - f. Statutes and regulations prohibiting discrimination, including but not limited to, 42 C.F.R. Part 60; Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d, et seq.) and Treasury's implementing regulations at 31 C.F.R. Part 22; Fair Housing Act, Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601, et seq.); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794); Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101, et seq.), and Treasury's implementing regulations at 31 C.F.R. Part 23; Title II of the Americans with Disabilities Act of 1990, as amended (42 U.S.C. §§ 12101, et seq.); Protections for Whistleblowers, 41 U.S.C. § 4712,

- including the requirement that employers inform their employees in writing of the rights and remedies provided in the predominant native language of the workforce; Executive Order No. 13279, as amended (Executive Order No. 14173); Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 et seq.), including the requirements set forth in Presidential Executive Order 14168 title Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government; and Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116).
- g. The Subrecipient must maintain a current SAM.gov registration and have an active Unique Entity ID generated by SAM.gov. This must be in place prior to execution of the Award and must be current during the term of the Award.
 - h. Subrecipients shall comply with the requirements of the Federal Funding Accountability and Transparency Act of 2006 (FFATA) as set forth in 2 CFR Part 170. Subrecipients may be required to submit additional information to satisfy FFATA compliance, including subaward reporting and executive compensation reporting.
 - i. The Medicare and Medicaid Anti-Kickback Statute, 42 USC § 1320a-7b, is incorporated by reference.
 - j. The Single Audit Act (31 U.S.C. §§ 7501-7507) and all related provisions of the Uniform Guidance, 2 CFR § 200.303 regarding internal controls and §§ 200.330 through 200.332. Audit Requirements of the Uniform Guidance, implementing the Single Audit Act, shall apply to this award.
 - k. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR § 200 or 48 CFR 31.2, as applicable.
 - l. The HHS specific Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 2 CFR Part 300.
 - m. Governmentwide Requirements for Drug-Free Workplace, 31 CFR § 20.
 - n. All applicable restrictions on lobbying certifications per 31 CFR § 21.
 - o. Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (42 U.S.C. §§ 4601-4655) and implementing regulations.
 - p. Prospective participant requirements set at 45 C.F.R. part 76 in connection with Debarment, Suspension and other responsibility matters;
 - q. Publications. Any publications produced with funds from a Federal award must display the following language: "This project [is/was] supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$272,174,855.72 with 100 percent funded by CMS/HHS. 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";

- r. Requirements of Internal Revenue Service Publication 1075 regarding use, access and disclosure of Federal Tax Information (as defined therein);
- s. The prohibition in 2 CFR § 200.216 on certain telecommunications and video surveillance equipment or services.
- t. Requirements of the Health Insurance Portability and Accountability Act of 1996; Health Information Technology for Economic and Clinical Health Act; Payment Card Industry Security Standards; Criminal Justice Information System Security Policy and Security Addendum; and Family Educational Rights and Privacy Act.
- u. All applicable federal and state labor standards and requirements.
- v. Applicable requirements or limitations in appropriations acts.
- w. Health Information Technology and Interoperability requirements.
- x. The requirements of 45 CFR Part 87.

15. Obligations Regarding Third-Party Relationships. The Subrecipient shall ensure that all applicable federal statutes, regulations, Federal award terms and conditions, and this Agreement are incorporated into any lower-tier subawards and contracts. The Subrecipient shall remain fully obligated under the provisions of this Agreement notwithstanding its designation of any third party or parties to undertake all or any part of the Milestones described in Appendix A. Each subcontract for work to be performed with Award Funds shall specifically include a provision that the State is not liable for damages or claims from damages arising from any subcontractor's performance or activities under the terms of the subcontracts. The Subrecipient shall bind all subcontractors to each and every applicable Agreement provision. The Subrecipient will monitor all subcontracted services on a regular basis to ensure contract compliance. Results of monitoring efforts shall be summarized in written reports and supported with documented evidence of follow-up actions taken to correct areas of noncompliance.

16. Licenses, Permits and Certifications. The Subrecipient is required to obtain all relevant Federal, State, and local licenses, permits, or certifications. If at any time during the term of this agreement, the required licenses, permits or certifications are in jeopardy for any reason, or have been revoked, rescinded or canceled, or the Subrecipient otherwise loses the credentials necessary to receive an Award under either State or Federal law, the State may take whatever corrective action is necessary to protect the best interests of the State of Alaska.

17. Insurance requirements: The Subrecipient is required to comply with the insurance requirements in 2 CFR 200.310.

18. Accounting Standards. The Subrecipient agrees to comply with 2 CFR 200, 2 CFR 300, and/or 48 CFR Part 31, Subpart 31.2 as applicable and agrees to adhere to the

accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred. Funding authorized by this award is subject to any future financial management review or audit. The Subrecipient must establish and maintain separate accounting for the use of Award funds. If the Subrecipient has multiple RHTP Awards, it must maintain separate accounting for each.

- 19. Audit.** To the extent required, the Subrecipient hereby agrees to have an annual agency audit conducted in accordance with the requirements of 2 CFR 200 and provide the resulting audit to the State. If the Subrecipient is not required to do an annual audit under 2 CFR 200.501, it will provide notice of this to the State.
- 20. Access to Records and information.** The State, the Awards Administrator, Inspectors General, the Comptroller General of the United States, or any of their authorized representatives have the right of access to any records of the Subrecipient pertinent to the RHTP Award to perform audits, execute site visits, or for any other official use. This right also includes timely and reasonable access to the Subrecipient's personnel and persons or organizations with which the Subrecipient may contract for the purpose of interview and discussion related to such documents or the RHTP award in general.
- 21. Retention of Records.** The Subrecipient must maintain all Award records consistent with 2 CFR 200.334. To the extent not inconsistent with 2 CFR 200.334, the Subrecipient will comply with 7 AAC 78.250. Records subject to retention include but are not limited to financial records, supporting documentation, information pertaining to Award awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays and income, information pertaining to project performance and efforts to comply with the provisions of the Award Agreement, and any other records as directed by the State.
- 22. Privacy, Security, and Confidentiality.**
 - a. Generally.** The Subrecipient must comply with all applicable federal state statutes, regulations, and conditions of this subaward with respect to privacy, security, and confidentiality of records.
 - b. Internal Controls.** In accordance with 2 CFR 200.303(e), the Subrecipient must take reasonable measures to safeguard protected personally identifiable information and other confidential or sensitive personal or business information created or obtained in connection with this Award.
 - c. HIPAA.** The Subrecipient must have policies and procedures that are at least as stringent (i.e., protective of privacy) as those governing the use and disclosure of protected health information by HIPAA covered entities and their business associates as those required under 45 CFR Part 160 and 45 CFR Part 164. The Subrecipient shall ensure that these privacy standards are met by any and all subcontractors it engages.

- d. **Part 2.** Where applicable, the Subrecipient must have policies and procedures in place to keep confidential and prevent unauthorized disclosure of alcohol and drug abuse patient records subject to 42 U.S.C. §290dd-2 and 42 CFR Part 2.
 - e. **Notification.** If the Subrecipient becomes aware of a potential privacy breach or disclosure of protected information, it will promptly notify the State and affected individuals.
- 23. Procurement.** Consistent with 2 CFR 200.318, the Subrecipient must maintain and use documented procedures for procurement transactions, including for acquisition of property or services. These documented procurement procedures must be consistent with State, local, and tribal laws and regulations and the standards identified in 2 C.F.R. §§ 200.317 through 200.327.
- 24. Use of Name.** Neither party shall use the other party's name, trademarks, or other logos in any publicity, advertising, or news release without the prior written approval of an authorized representative of that party. The parties agree that each party may use factual information regarding the existence and purpose of the relationship that is the subject of this Subaward for legitimate business purposes, to satisfy any reporting and funding obligations, or as required by applicable law or regulation without written permission from the other party. In any such statement, the relationship of the parties shall be accurately and appropriately described.
- 25. Data.** Upon request, the Subrecipient must provide copies of any data collected, acquired, or generated under the Award, including analytic files with appropriate documentation.
- 26. Personnel.** The Subrecipient must promptly notify the State in writing of any change in Key Personnel. "Key Personnel" includes the individuals identified by name or position title in the approved application and budget for this Award, including at minimum the individual with primary responsibility for direction of the Award and the individual with primary responsibility for financial management of Award funds.
- 27. Duty to Track Key Personnel and Subcontractors.** As required by 2 CFR 200.214, the Subrecipient is subject to the nonprocurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, as well as 2 CFR part 180. Consistent with 2 CFR Part 180 and 2 CFR Part 376, the Subrecipient must check SAM.gov to ensure that its key personnel and any subcontractors are not debarred, suspended, or ineligible. The Subrecipient must report immediately to the State anyone that cannot participate in federal programs or receive federal funds. The Subrecipient shall provide the State with the National Provider Identifier (NPI), Tax ID, and EIN, as applicable, of all Key Personnel within 15 days from the start of the RHTP Award and must be updated regularly through the Award period.
- 28. Notification of Risks or Problems.** The Subrecipient shall immediately upon discovery notify the State in writing of any significant problems or risks relating to the

administrative, financial, and programmatic aspects of the award, including any adverse audit finding. If the Subrecipient enters bankruptcy proceedings, whether voluntary or involuntary, the Subrecipient agrees to provide written notice of the bankruptcy to the State immediately upon initiation of the proceedings.

29. Notification of Significant Developments. Consistent with 2 C.F.R. 200.329(e), the Subrecipient must notify the State when a significant development occurs between performance reporting due dates, including events that enable meeting milestones and objectives sooner or at less cost than anticipated or that produce different beneficial results than originally planned.

30. Mandatory Disclosures. Consistent with 2 CFR 200.113, Subrecipients must promptly disclose, in a timely manner, in writing to the State and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the State RHTP@alaska.gov and the HHS OIG at the following addresses:

U.S. Department of Health & Human Services

Office of Inspector General

ATTN: Mandatory Grant Disclosures, Intake Coordinator

330 Independence Avenue, SW, Cohen Building

Room 5527

Washington, DC 20201

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line)

or

Email: MandatoryGranteeDisclosures@oig.hhs.gov

31. Conflict of Interest. The Subrecipient must have a written conflict of interest policy that conforms to the CMS Conflict of Interest Policy, available at <https://www.cms.gov/files/document/cms-conflict-interest-policy-october-1-2025.pdf>. The policy must require its employees, officers, agents, board members, immediate family members, spouses or partners, potential employers, and subcontractors to disclose in writing to the State any outside activity or interest that conflicts or may conflict with the administration of the RHTP Award.

- a. Conflict of Interest obligations are continuing throughout the period of performance and any real or potential conflicts must be promptly reported to the State consistent with the CMS Conflict of Interest Policy.
- b. No RHTP funds may be expended prior to the report of these conflicts and the State's decision concerning them
- c. The Subrecipient must require any of its subawardees or contractors for this Award to adhere to the CMS Conflict of Interest Policy, retain records related to conflict-of-interest disclosures and determinations, and make them available to the State.

- d. Any conflict of interest shall, at the sole discretion of the State, be grounds for partial or whole termination of the Contract.

- 32. Indemnification.** The Subrecipient shall indemnify, hold harmless, and defend the State from and against any claim of, or liability for error, omission or negligent or intentional act of the Subrecipient under this Agreement. The Subrecipient shall not be required to indemnify the State for a claim of, or liability for, the independent negligence of the State. If there is a claim of, or liability for, the joint negligent error or omission of the Subrecipient and the independent negligence of the State, fault shall be apportioned on a comparative fault basis. The terms "Subrecipient" and "the State", as used within this section, include the employees, agents, and other contractors, or Awardees who are directly responsible, respectively, for each. The term "independent negligence" is negligence other than in the grantor's selection, administration, monitoring, or controlling of the Awardee and in approving or accepting the Awardee's work.
- 33. Waiver.** No conditions or provisions of this Agreement can be waived unless approved by the State in writing. The State's failure to insist upon strict performance of any provision of the Agreement, or to exercise any right based upon a breach thereof, or the acceptance of any performance during such a breach, shall not constitute a waiver of any of the State's rights under this Agreement.
- 34. Assignability.** The Subrecipient shall not assign or transfer any interest in this Agreement without the prior written consent of the State.
- 35. Severability.** If any provision of this Agreement is declared invalid, illegal, or unenforceable by any court having jurisdiction under this Agreement, such invalidity, illegality, or unenforceability will not affect any other term or provision of this Agreement.
- 36. Limited Waiver of Sovereign Immunity.** If applicable, a Limited Waiver of Sovereign Immunity is attached as Appendix D and incorporated herein.
- 37. Legal Authority.** By signing this Agreement, the Subrecipient certifies that it possesses legal authority to accept the Award funds and to carry out and deliver the project described in this Agreement. The Subrecipient's relation to the State shall be at all times as an independent Subrecipient.

DOH RHTP Review Complete

Rudolph Wilson Executive Director

Authorized Subrecipient Representative Name Authorized Subrecipient Title

Signed by: Rudolph O. Wilson Jr. 9/21/2026 | 12:54 AKDT
6F376440E99F434...

Authorized Subrecipient Representative Signature Date of Signature

Lisa Morley Grants and Procurement Manager
Authorized State Representative Name Authorized State Representative Title

Authorized State Representative Signature Date of Signature

BP1-PL-018
Grant Agreement Number

Programmatic Notes:



APPENDIX ITEMS:

SUBRECIPIENT APPLICATION

MILESTONES

BUDGET

WAIVER OF SOVEREIGN IMMUNITY – AS NEEDED

RHTP Budget Narrative – Spring 2026 Planning Pathway

ORGANIZATION INFORMATION

Item	Information
Applicant Organization	Kenaitze Indian Tribe
UEI	UWLMMPTKNZN1
Project Title	Recovery and Transitional Housing Planning Project
Period of Performance	July 1, 2026 – June 30, 2027
Primary Initiative	Behavioral Health
Authorized Representative	

PRIMARY INITIATIVE - Health Care Access: Behavioral Health

Federal Cost (Expense) Category A — (Personnel) Salaries and Wages

Cost Table (add rows, as needed):

Position Title & Type (see list)	Name (If known)	Location	Annual Salary	FTE %	Months Charged	Amount Requested
			\$	%		\$0

Narrative Justification: No RHTP funds are requested for personnel salaries or wages. Existing Tribal staff will provide project oversight, coordination, and participation as part of their regular duties.

Alignment with RHTP Allowable Uses: Not applicable

Federal Cost (Expense) Category B — Fringe Benefits

Cost Table (add rows, as needed):

Benefit Type	Rate	Salary Requested	Amount Requested
	%	\$	\$0

Narrative Justification: No RHTP funds are requested for fringe benefits because no personnel salaries or wages are charged to this project at this time.

Alignment with RHTP Allowable Uses: Not applicable

Federal Cost (Expense) Category C — Travel

Cost Table (add rows, as needed):

Purpose	Location	Item (Mileage, Airfare, Hotel, Per Diem, etc.)	Basis of Calculation	Amount Requested
				\$0

Narrative Justification: No RHTP funds are requested for travel. Any necessary local coordination will be managed through existing Tribal resources or included within the contracted consultant’s scope of work, if applicable.

Alignment with RHTP Allowable Uses: Not applicable

Federal Cost (Expense) Category D — Equipment

Unallowable for the Planning Pathway

Federal Cost (Expense) Category E — Supplies

Cost Table (add rows, as needed):

Supply Item	Basis of Cost (monthly estimate, participants x unit cost, estimated annual usage)	Amount Requested
		\$0

Narrative Justification: No RHTP funds are requested for supplies.

Alignment with RHTP Allowable Uses: Not applicable

Federal Cost (Expense) Category F — Contractual

Cost Table (add rows, as needed):

Contractor / Service Type	Scope of Work Summary	Procurement Method	Cost Basis	Amount Requested
Contracted consultant for community needs assessment and recovery/transitional housing planning support.	The Tribe will use RHTP planning funds to contract with a qualified consultant to support the Kenaitze Indian Tribe Recovery and Transitional Housing Planning Project. The consultant will conduct a community needs assessment focused on recovery housing,	The Tribe will follow applicable procurement policies and procedures to identify and select a qualified contractor/consultant. The selection process will prioritize experience with Alaska Native or rural Alaska communities, behavioral health and substance use disorder systems, recovery housing or supportive housing	Estimated fixed-price or negotiated professional services contract for a 12-month planning period. Cost is based on the anticipated scope of work, including project launch, community engagement, data collection, analysis, model comparison, reporting, presentation of findings, and support for final	\$250,000

	transitional housing, supportive housing, and related step-down supports for Alaska Native people on the Kenai Peninsula. The consultant's scope of work is expected to include community and stakeholder engagement, Tribal Member input, interviews or listening sessions with relevant partners, review of current behavioral health and recovery support services, analysis of gaps in the continuum of care, and identification of needs affecting individuals returning from incarceration, detoxification, residential treatment, or other structured care settings. The consultant will also help the Tribe compare potential program models, including	planning, community needs assessment, stakeholder engagement, and development of leadership-ready recommendations.	planning recommendations.	
--	--	---	----------------------------------	--

	supportive housing, transitional housing, recovery residence models, and residential treatment-related options. This work will include consideration of target population, level of structure and supervision, staffing needs, service expectations, cultural and recovery supports, integration with existing Tribal services, and sustainability considerations. The final deliverables will include a community needs assessment report, analysis of priority gaps, housing model comparison, preliminary program design considerations, and final recommendations for Tribal leadership. These recommendations will support future decisions regarding			
--	--	--	--	--

	program model, facility feasibility, operational structure, and potential implementation funding needs.			
--	---	--	--	--

Narrative Justification: Contracted consultant support is necessary because the project requires specialized expertise in community needs assessment, recovery housing model evaluation, rural behavioral health systems, stakeholder engagement, and planning for sustainable program development. An outside consultant will also provide a neutral and structured process for gathering input from Tribal Members, staff, leadership, referral partners, and community stakeholders.

This approach will help the Tribe avoid beginning with a predetermined program model or facility. Instead, the planning process will begin with community voice, data, and operational analysis. The consultant's work will help clarify whether the most appropriate next step is supportive housing, transitional housing, recovery housing, residential treatment, or a staged approach that strengthens the continuum of care over time.

Alignment with RHTP Allowable Uses: This cost aligns with RHTP allowable uses for Behavioral Health, Appropriate Care Availability, Fostering Collaboration, Innovative Care, and Training and Technical Assistance. The contracted work will support behavioral health system planning by identifying recovery housing and step-down service gaps, engaging Tribal and community partners, evaluating models of care, and developing recommendations to improve access, quality, and sustainability of care for rural Alaska Native people on the Kenai Peninsula.

Federal Cost (Expense) Category H — Other Direct Costs

Cost Table (add rows, as needed):

Item	Basis of Cost	Amount Requested
		\$0

Narrative Justification: No RHTP funds are requested for other direct costs.

Alignment with RHTP Allowable Uses: Not applicable

ADMINISTRATIVE COSTS

Federal Cost (Expense) Category A — (Personnel) Salaries and Wages

Cost Table (add rows, as needed):

Position Title & Type (see list)	Name (If known)	Location	Annual Salary	FTE %	Months Charged	Amount Requested
			\$	%		\$0

Narrative Justification: No RHTP administrative funds are requested for personnel salaries or wages.

Federal Cost (Expense) Category B — Fringe Benefits

Cost Table (add rows, as needed):

Benefit Type	Rate	Salary Requested	Amount Requested
	%	\$	\$0

Narrative Justification: No RHTP administrative funds are requested for fringe benefits.

Federal Cost (Expense) Category C — Travel

Cost Table (add rows, as needed):

Purpose	Location	Item (Mileage, Airfare, Hotel, Per Diem, etc.)	Basis of Calculation	Amount Requested
				\$0

Narrative Justification: No RHTP administrative funds are requested for travel.

Federal Cost (Expense) Category D — Equipment

Unallowable for the Planning Pathway

Federal Cost (Expense) Category E — Supplies

Cost Table (add rows, as needed):

Supply Item	Basis of Cost (monthly estimate, participants x unit cost, estimated annual usage)	Amount Requested
		\$0

Narrative Justification: No RHTP administrative funds are requested for supplies.

Federal Cost (Expense) Category F — Contractual

Cost Table (add rows, as needed):

Contractor / Service Type	Scope of Work Summary	Procurement Method	Cost Basis	Amount Requested
				\$0

Narrative Justification: No RHTP administrative funds are requested for contractual administrative costs.

Federal Cost (Expense) Category H — Other Direct Costs

Cost Table (add rows, as needed):

Item	Basis of Cost	Amount Requested
		\$0

Narrative Justification: No RHTP administrative funds are requested for other direct costs.



**Kenaitze Indian Tribe
Resolution No. 2026-23**

**Authorizing a Limited Waiver of Sovereign Immunity Solely for the Purposes of
Entering Into a Rural Health Transformation Program Grant Agreement with
the State of Alaska**

KENAITZE
INDIAN
TRIBE

www.kenaitze.org

P.O. Box 988 • Kenai, AK 99611 Phone: 907-335-7200 • FAX: 855-335-8865

WHEREAS, Kenaitze Indian Tribe is a Federally recognized tribal government reorganized in 1971 under the statutes of the Indian Reorganization Act of 1934, as amended for Alaska in 1936, and the Tribal Council is the governing body of Kenaitze Indian Tribe; and,

WHEREAS, Kenaitze Indian Tribe has established long-term goals to enhance the health, social, and economic well-being, education, and cultural concerns of its people by administering programs that serve over 5,000 Alaska Native and American Indian (AN/AI) and other people who reside in the central and upper Kenai Peninsula, including 2,168 enrolled Tribal Members; and,

WHEREAS, the Kenaitze Indian Tribe, a federally recognized tribe (the Tribe) wishes to enter into a Grant Agreement to receive grant funds under the State Department of Health program: Rural Health Transformation Program; in State Fiscal Year 2027 and such additional periods as may be indicated in the applicable application, but in no event longer than 3 years; and,

WHEREAS, the State of Alaska, Department of Health requires under 7 AAC 78.030 (e), a resolution approved by the entity's governing body that waives the entity's sovereign immunity from suit with respect to claims by the state arising out of the activities related to the grant; and,

WHEREAS, the proposed waiver is narrowly tailored to apply only to legal claims directly arising from or related to this Grant Agreement, and shall not be construed as a general waiver of sovereign immunity; and,

NOW THEREFORE BE IT RESOLVED that in the event that a Rural Health Transformation Program grant is awarded in State Fiscal Year 2027 to Kenaitze Indian Tribe, the Tribe hereby issues a limited waiver of its sovereign immunity and consents to suit in Alaska State Courts or in a state administrative agency proceeding for any cause of action (including any allowable interest, costs and Rule 82 attorneys fees) or claim filed by the state arising out of or related to the grant, to enforcement of any court or agency order entered in such action or agency proceeding and to levy and execution of any judgment entered in any such lawsuit or agency proceeding against all property and funds of the Tribe not otherwise restricted for a particular purpose that is inconsistent with their use to pay such judgment, e.g., federal grant or program funds limited to a specific purpose, however held and wherever located, provided that such execution of judgment shall not exceed the program payment; and,

BE IT FURTHER RESOLVED that except as otherwise provided by Federal law, causes of actions or claims arising out of or related to the Grant shall be governed by State law, and allowed solely in State courts or State administrative agencies unless otherwise required by law; and,

BE IT FURTHER RESOLVED that this limited waiver of sovereign immunity shall not be construed as an agreement or concession by Kenaitze Indian Tribe to



KENAITZE
INDIAN
TRIBE

www.kenaitze.org

Phone: 907-335-7200 • FAX: 855-335-8865

P.O. Box 988 • Kenai, AK 99611

limit, waive, or alter the coverage of the Federal Claims Tort Act for any claim to which such laws apply; and,

BE IT FURTHER RESOLVED that no personal assets of Kenaitze officials or employees are subject to levy or execution, or other mechanisms to enforce a judgment; and,

BE IT FURTHER RESOLVED that Rudolph O. Wilson Jr., Executive Director, is hereby authorized to negotiate, execute, and administer any and all documents and contracts required for granting funds to the Tribe and managing funds on behalf of this entity, including any subsequent amendments to said agreement, and including such additional periods as may be indicated in the application; and,

BE IT FURTHER RESOLVED that this waiver shall remain in effect so long as the Grant Agreement, and any extension periods thereof not to exceed 3 years, remains in effect, plus the longest records retention period applicable to the Grant. The statute of limitations on any cause of action or claims shall begin to run after any final reporting related to the Grant is submitted; and,

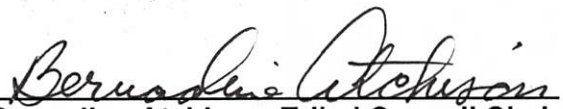
BE IT FURTHER RESOLVED that no provision of this limited waiver of sovereign immunity shall be interpreted as granting the Tribe's consent for a suit to be brought directly against the Tribe by any party other than the State, nor shall any provision in this limited waiver be construed as creating in the public or any person a third-party benefit or to otherwise authorize any person not a party to the Grant Agreement to maintain a suit for personal injury or other cause of action under the terms of this limited waiver or the Grant Agreement; and,

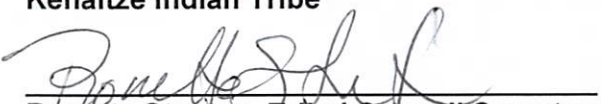
BE IT FURTHER AND FINALLY RESOLVED that the Kenaitze Tribal Council hereby authorizes this Limited Waiver of Sovereign Immunity solely for the Purposes of Entering into Rural Health Transformation Program Grant Agreement with the State of Alaska.

CERTIFICATION

Adopted this 19th day of June, 2026, by a vote 3 yeas and 2 nays

0 abstentions, and 2 absent.


Bernadine Atchison, Tribal Council Chair
Kenaitze Indian Tribe


Ronette Stanton, Tribal Council Secretary
Kenaitze Indian Tribe

Alana Shaw

Kenaitze Indian Tribe

Kenaitze Indian Tribe's Recovery and Transitional Housing Planning Project

*Rural Health Transformation Program (RHTP)
Letter of Interest*

Kenaitze Indian Tribe

Alana Shaw
150 North Willow Street
Kenai, AK 99611

O: 907-283-0707

Alana Shaw

Alana.Shaw@kenaitze.org
O: 907-335-7249

Application Form

Project Title

Project Title*

Create a brief descriptive title for your application that reflects the project's purpose. If your organization is submitting more than one application, please create different titles for each submission.

Kenaitze Indian Tribe's Recovery and Transitional Housing Planning Project

Organization Information

A UEI number is required to receive federal funding.

[Click here to learn how to find out whether your organization has a UEI.](#)

[Click here to register your organization with SAM.gov and receive a UEI number.](#)

UEI Number*

Do you have a UEI number? (You receive a UEI number when you successfully register with SAM.gov).

Yes.

UEI Number

Please enter your UEI number in the box below. If you do not yet have a UEI number, please leave the box blank.

UWLMMPTKNZN1

Single Audit History*

Has your organization had a Federal Single Audit completed in the last five years?

Yes

What is your total operating budget for the current fiscal year?*

Please answer with a single number, no text. For example, 1000000.

22574332

Tribal Affiliation*

Yes

Primary Organization Type*

Please select your organization's primary type from the drop-down options provided. If you select "Health Care Provider" or "Other," you will be asked to provide more detail in a follow-up question. You will also have the opportunity to select all organization types that apply to your organization in a follow-up question.

Health Care Provider includes: hospitals, clinics, dental care, pharmacies, federally qualified health centers, private practitioners, specialist care, family or primary care, maternal health, behavioral health/substance use disorder treatment, as well as home- and community-based services providers.

Tribe and/or Tribal Health Organization

All Organization Types that Describe Your Organization*

Please select all organization types that describe your organization. If you select "Health Care Provider" or "Other," you will be asked to provide more detail in a follow-up question. Please include the primary organization type you selected above.

Health Care Provider includes: hospitals, clinics, dental care, pharmacies, federally qualified health centers, private practitioners, specialist care, family or primary care, maternal health, behavioral health/substance use disorder treatment, as well as home- and community-based services providers.

Education Organization (Not Public University)

Health Care Providers

Tribe and/or Tribal Health Organization

Other

Health Care Provider Type

Health Care Provider - Primary Type*

What type of health care provider are you? Please select your organization's primary type from the drop-down options provided. You will have the opportunity to check all health care provider types that apply to your organization in a follow up question.

Clinic

All Types of Health care Provided*

Please select all health care provider types that describe your organization, including the primary type selected above.

Behavioral health/substance use disorder treatment
Clinic
Dental
Family or primary care
Pharmacy
Other

Other Organization Type Details

Other Organization Type Details*

Above, you selected "other" to describe your organization type. Please indicate your organization type in the box below.

The Wellness Department offers integrated health services aligned with the Dene' Philosophy of Care.

Location

Does your organization have a physical presence in Alaska?*

Yes, our organization is headquartered in Alaska.

Headquarters, Brick-and-Mortar Locations, and Offices

Headquarters, Brick-and-Mortar Locations, and Offices in Alaska*

Please list the locations in Alaska where your organization has brick-and-mortar locations or offices. If your organization has staff in Alaska, but no office space, please share those details.

Kenaitze Indian Tribe operates offices and facilities across the Kenai Peninsula. The Administration building in Kenai houses governance, finance, tribal member services, and environmental programs, with a Dena'ina Culture and Language building nearby. The Dena'ina Wellness Center offers medical, dental, optometry, behavioral health, and wellness services. Tyotkas Elder Center provides meals and support for Elders, while the Tribal Designated Housing Entity, Family and Social Services Programs, and Tribal Court deliver housing, social and justice services. The Kahtnuht'ana Duhdeldiht Ed Campus centralizes education, childcare, youth services, and the Tu'len charter school. Additional sites include the K'Beq Interpretive Site in Cooper Landing, the Food Sovereignty Campus at 255 Ames Rd. in Kenai, Tribal Fishery at the Kenai River, Dena'ina Kahtnu

Center in Soldotna, and Kahtnu Area Transit Center, reflecting Kenaitze's commitment to health, education, culture, and community support.

Organizational Service Area

Service Area*

Please indicate the borough or census area where your organization offers services. If your organization offers services in multiple regions, please indicate "Multi-Region" (the second-to-last option). You will then have the opportunity to select multiple boroughs and census areas. If your organization is not yet operating in Alaska, select the last option on the list.

(Note: this question is about the service area for your organization as a whole; later in this LOI you will be asked about the geographic region for the specific project proposal.)

Kenai Peninsula Borough

Primary Contact Information

Please provide the best point of contact within your organization for this project proposal. If the project is a collaboration with multiple organizations, provide the best point of contact within the lead organization.

Are you the primary contact for this submission?*

Note: if you are the primary contact, but logged in using someone else's email address, please select "no."

No

Primary Contact Information Details

Primary Contact First Name*

Aurora

Primary Contact Last Name*

Rogers

Alana Shaw

Kenaitze Indian Tribe

Primary Contact Title*

Grant Management Specialist

Primary Contact Phone Number*

907 335 7207

Primary Contact Email*

ARogers@kenaitze.org

Fiscal Contact Information

Please provide the best point of contact within your organization *for financial questions*. If the project is a collaboration with multiple organizations, provide the best financial contact within the lead organization.

Are you the fiscal contact for this submission?*

Note: if you are the fiscal contact, but logged in using someone else's email address, please select "no."

No

Fiscal Contact Information Details

Fiscal Contact First Name*

Greg

Fiscal Contact Last Name*

Burnett

Fiscal Contact Title*

Finance Director

Fiscal Contact Phone Number*

907 335 7625

Fiscal Contact Email*

GBurnett@kenaitze.org

Project Populations & Geography

Geographic Reach of Project*

Earlier you shared your organization's service area. For this project specifically, what is the planned geographic reach of your project?

Other

Project Service Area*

Above, you shared the service area(s) of your organization. Below, please indicate the borough(s) and/or census area(s) where your project will offer services. Check all that apply.

Kenai Peninsula Borough

Project Reach*

How many Alaskans will be served by the project?

5,000-9,999

Populations Served*

What populations will be served by your project? Select all that apply.

Alaska Native peoples

Alaskans with behavioral health and substance use disorders

Rural Alaskans

Serving Rural Alaskans*

Please describe how your project will improve access, quality, or sustainability of health care for rural, remote or frontier communities.

The Kenaitze Indian Tribe ("Kenaitze") is located on Alaska's Kenai Peninsula, a largely rural region where communities are geographically dispersed and many residents live significant distances from health care services. These conditions create challenges for access to behavioral health care, recovery support services, and stable housing for individuals working to maintain recovery from substance use disorders. Access to safe, recovery-supportive housing is particularly limited, leaving individuals who complete treatment or detoxification without a structured environment to maintain recovery and remain engaged in care.

Kenaitze provides an integrated system of health and social services and serves Tribal Members as well as other Alaska Native and American Indian residents across the Peninsula. Despite these services, a significant gap remains between behavioral health treatment and long-term recovery, particularly for individuals who lack safe and stable housing after leaving treatment.

This planning project will improve access, quality, and sustainability of health care in rural communities by designing a recovery-oriented housing program that strengthens the continuum of behavioral health care.

The project will conduct a community needs assessment to identify housing gaps affecting individuals in recovery and evaluate housing models such as transitional housing, supportive housing, and recovery residences. The effort will also assess potential facilities to determine the most appropriate location and design for a recovery housing program.

By connecting housing stability with behavioral health services, peer recovery support, and culturally grounded care, this project will help individuals remain engaged in treatment and reduce barriers that rural residents face when accessing ongoing care. Stable recovery housing can reduce relapse risk, improve treatment retention, and decrease costly emergency or crisis services. Planning will also establish operational policies, partnerships, and sustainable funding strategies to ensure that the program can operate effectively in a rural environment where resources are limited and transportation challenges are common. Ultimately, this project will strengthen the rural behavioral health system on the Kenai Peninsula by creating a blueprint for recovery-oriented housing that supports long-term wellness, improves continuity of care, and helps individuals successfully transition from treatment to independent living.

Other Geographic Reach

Other Geographic Reach Description*

Above, you selected "other" to describe your geographic reach. Please describe your geographic reach here.

This project will serve the communities within the Kenaitze Alaska Native Village Statistical Area- Kenai, Soldotna, Sterling, Nikiksi, Ridgeway, Kalifornsky, Cooper Landing, Funny River, and Kasilof

Project Overview

Project Concept Opportunity*

Briefly describe the problem or opportunity you want to address with this project.

Kenaitze is exploring the development of a recovery-oriented housing program to support individuals transitioning from substance use disorder treatment into stable community living. On the Kenai Peninsula, many individuals who complete treatment or detoxification return to environments that lack stability, structure, and recovery support, increasing the risk of relapse and disconnection from ongoing behavioral

health services. At the same time, rural geography and limited transportation create additional barriers to maintaining engagement in care.

While the Tribe provides a strong continuum of behavioral health services, including mental health and substance use disorder treatment, a gap remains between treatment and long-term recovery. Recovery-supportive housing could help bridge this gap by providing a structured living environment that supports continued participation in treatment, peer recovery support, and culturally grounded wellness practices. By providing a structured environment that supports engagement in care, recovery housing can reduce relapse, decrease avoidable emergency service utilization, and lower the likelihood of involvement in the criminal justice system.

Project Concept Approach*

Please describe your proposed approach to the above problem or opportunity.

Kenaitze proposes a structured planning process to determine the most appropriate strategy for developing recovery-oriented housing that supports individuals transitioning from substance use disorder treatment into stable community living. The project will focus on three primary areas of planning: community needs assessment, housing model evaluation, and facility feasibility analysis.

First, the project will conduct a community needs assessment to better understand the scope and characteristics of recovery housing needs of Alaska Natives on the Peninsula. This work will include analysis of behavioral health service data, consultation with Tribal behavioral health staff, and engagement with community partners involved in treatment, recovery support, and housing services. The goal is to identify gaps in the current continuum of care and determine the types of housing supports most needed for individuals in recovery.

Second, the planning process will evaluate a range of recovery housing models to determine which approach best aligns with community need and the Tribe's behavioral health system. This analysis will include transitional housing, supportive housing, and recovery residence models such as those aligned with National Alliance for Recovery Residences standards. Considerations will include population served, expected length of stay, staffing requirements, service expectations, and integration with behavioral health services.

Third, the project will assess potential facilities that could support a recovery housing program. This will include an evaluation of Tribal properties or locations within the community that may be more suitable. The feasibility assessment will examine building configuration, safety considerations, infrastructure needs, transportation access, and operational requirements.

Throughout this process, the Tribe will coordinate across all relevant Departments including Behavioral Health, Wellness, Primary Care, Facilities, and Transportation to ensure that planning reflects Tribal priorities and operational realities. The project will also develop preliminary operational frameworks, policies, and sustainability strategies needed for future implementation.

The result of these efforts will be a clear recommendation regarding the most appropriate housing model, location, and operational design for a Tribal recovery housing program that strengthens the continuum of behavioral health care and supports long-term recovery in the community.

Project Concept Preliminary Outcomes*

What change would you expect to see if this project is successful and on what timescale?

If this planning project is successful, Kenaitze will have a clear, data-informed path towards developing a recovery-oriented housing program that strengthens the continuum of behavioral health care on the Kenai Peninsula. The first expected change will be improved understanding among Tribal leadership, staff, and community members about the role of recovery housing and the differences between transitional housing,

supportive housing, and recovery residence models. This shared understanding will support informed decision-making about how housing can best complement existing behavioral health services and recovery supports.

Within the first 6 to 12 months, the project will produce several foundational outcomes. A community needs assessment will provide a clearer picture of the number and characteristics of individuals who could benefit from recovery-oriented housing, as well as gaps in the current system of care. At the same time, Tribal leadership and membership will have opportunities to learn about housing models and provide input on the direction of the project. This engagement will help ensure that future program development reflects Tribal priorities, cultural values, and community needs.

During this planning period, the Tribe will also evaluate potential facilities that could support recovery housing. This will include assessing buildings on Tribal properties or community locations that may better meet program needs. Through this process, the Tribe will be able to determine the most appropriate site and infrastructure requirements for a future housing program.

By the end of the planning period, the Tribe expects to have a recommended housing model, a preferred facility or location, and a preliminary operational framework outlining program structure, service expectations, policies, and sustainability strategies. These outcomes will position the Tribe to pursue implementation funding and move forward with development of a recovery housing program. Ultimately, this work will contribute to a more complete and sustainable system of care that supports long-term recovery and wellness for Tribal members and the broader Kenai Peninsula community.

Project Concept Sustainability*

How will the change initiated by this project persist after the project ends?

The changes initiated through this planning project will persist by establishing the framework for a recovery-oriented housing program that is integrated with Kenaitze's existing health care services. The planning process will result in clear recommendations regarding the appropriate housing model, facility location, operational policies, and partnerships needed to support long-term implementation. These deliverables will provide Tribal leadership with a roadmap for developing and sustaining recovery housing as part of the Tribe's behavioral health system.

A key element of sustainability will be the integration of housing with ongoing behavioral and primary health services. Residents of the housing program will be encouraged to actively engage in behavioral health treatment, recovery support services, and primary care as part of their recovery plan. This engagement allows the Tribe to utilize established health care billing mechanisms to support the delivery of services provided to residents. By connecting housing stability with reimbursable health services, the program can generate sustainable revenue while improving health outcomes.

The planning process will also establish policies, operational procedures, and cross-department coordination that will allow the program to function effectively over time and will position the Tribe to pursue implementation funding and operate the program as a sustainable component of the Tribal health system that supports long-term recovery.

Project Concept Key Risks or Uncertainties*

What potential risks do you anticipate, and what is your plan to mitigate them?

Several potential risks may arise during the planning process. One risk is uncertainty about the most appropriate housing model to meet community needs. This will be addressed through a community needs assessment and evaluation of multiple housing models, including transitional housing, supportive housing, and recovery residences.

Another risk is that existing buildings on Tribal property may not be suitable for recovery housing. The project will include a feasibility assessment of Tribal properties or locations to identify the most appropriate site.

A third risk is the potential for confusion among referral partners regarding the program's purpose, eligibility criteria, and service expectations. To mitigate this, the planning process will include engagement with regional treatment providers, recovery organizations, and other partners to develop clear referral pathways and program guidelines.

There is also a risk that stakeholders may have varying levels of understanding about recovery housing models. The project will provide opportunities for Tribal leadership, staff, and community members to learn about housing approaches and contribute input to planning decisions.

Finally, long-term sustainability and operational capacity will be considered. Planning will include development of policies, partnerships, and operational frameworks that integrate housing with behavioral health and primary care services, helping ensure the program can function effectively and sustainably.

Project Partnerships*

Do you have key partners identified for this project?

Yes, all partners are on board and ready to participate.

Partnership Details

Partnership Details*

Above you indicated that you will be working with key partners to complete this work. If those partnerships are established, please list your anticipated partners. If you still need to recruit partners, please describe your partnership needs.

Primary partners will include internal Tribal departments such as Behavioral Health, Primary Care, Wellness, Facilities, Transportation, and Legal/Compliance. The Tribe will lead the planning process using its existing resources. External partners may include consultants or research organizations to assist with conducting a community needs assessment and analyzing recovery housing models.

Readiness & Scope Snapshot

Stage of Development*

Please assess the current stage of your proposed project. Your answer does not commit your LOI to a specific funding pathway but rather informs understanding of the project's development stage.

RHTP funding is available for all pathways.

Concept Formation: The project is taking shape, but key elements are still being developed. Scope, partners, budget and workplan details have not yet been established. Funding at this stage would support refining the project concept, early coordination, and building administrative readiness to prepare for a full project application.

Defined Approach: The project has a defined approach that aligns with RHTP goals. The scope and deliverables are partially defined, there is a general sense of the budget, partners have been identified, and roles are generally understood. Some administrative, staffing, and evaluation infrastructure capacity is in place. Early thought has been given to long-term sustainability and scalability. Funding at this stage supports critical planning efforts to strengthen and refine a detailed project workplan to prepare for implementation.

Ready to Launch: The project has a complete plan aligned with RHTP goals, with clear scope, objectives, budget, milestones, and deliverables. Partners are committed, roles and responsibilities are clearly defined, and staffing, resources, and infrastructure are in place. The approach is supported by data collection, evaluation, and monitoring systems. Project sustainability is built into the design. Funding at this stage supports immediate execution of projects that advance rural health transformation goals.

Concept Formation

RHTP Initiative Areas*

RHTP funding supports projects aligned with Alaska's six RHTP initiatives. Funded projects may work across more than one initiative. Based on your current project approach, select all that apply.

Health Care Access
Healthy Communities
Pay for Value: Fiscal Sustainability

RHTP Allowable Uses*

RHTP projects must align with and advance Alaska's goals and six RHTP initiatives and strengthen access, quality, coordination, and sustainability of health care, particularly in rural and remote communities. Federal law allows RHTP funds to be used for the activities listed below in support of these initiatives. Based on your current project concept, select all that may apply. (Note: for more information on the RHTP allowable uses, see the Alaska Department of Health RHTP webpage).

Appropriate care availability
Behavioral health
Capital expenditures and infrastructure
Fostering collaboration
Innovative care
Training and technical assistance

Estimated Project Duration*

Based on your project concept, how long do you anticipate needing to complete the proposed work?

12 months

Project Duration*

Please explain if your project has multiple phases, dependencies, or other nuances to the project duration.

The proposed work will occur during a single planning period and does not depend on multiple project phases. The Tribe anticipates completing the work within a 12-month timeframe focused on planning and evaluation activities. These activities include conducting a community needs assessment, evaluating recovery housing models, assessing potential facilities including buildings on the Tribal property and other locations, and coordinating across Tribal departments to develop recommendations for program design and sustainability.

While these tasks will occur in a logical sequence, they are not dependent on separate funding phases and can progress concurrently as information becomes available. The goal of this planning period is to produce clear recommendations regarding the most appropriate housing model, potential location, and operational framework for a recovery-oriented housing program. The results of this work will position the Tribe to make informed decisions and pursue implementation in the future.

Estimated Funding Range for First Year of Funding*

While RHTP is a five-year initiative, funding will be awarded annually. For the project scope you outlined, what resources do you anticipate needing for this funding round's project period?

\$50,000-\$250,000

Future Funding Needs*

Please describe future funding needs for this project (beyond this project period). If you are unsure of future funding needs, please indicate that below. If you do not have funding needs beyond this project period, please write "N/A."

Future funding needs will depend on the results of the planning process and the recommendations developed during this project period. If Tribal leadership determines that a recovery-oriented housing program should move forward, future funding may be needed to support facility acquisition or improvements, safety and infrastructure upgrades, and the development of shared spaces for recovery programming. Additional resources may also be required for program staffing, resident supervision, transportation support, and initial program operations.

The planning process will also evaluate sustainable funding strategies, including integration with behavioral health and primary care services that may provide reimbursable health care revenue to support ongoing operations. At the conclusion of the planning period, the Tribe expects to have clearer cost estimates and implementation options that will inform future funding requests. Implementation funding needs could vary depending on the selected housing model and facility but may range from approximately \$250,000 to \$1 million. RHTP support for these costs is unknown at this time.

Potential Support Needs*

In addition to grant awards, RHTP will include opportunities for grantee learning and support. To gauge potential offerings, what potential support might you be interested in?

Convening with other grantees
Technical assistance in reporting requirements
Technical assistance in project management

Acknowledgements & Certifications

Acknowledgements & Certifications*

I understand that submission of this Registration & LOI does not guarantee funding and may result in an invitation to submit a Full Proposal, a request for refinement, or deferral to a future cycle.

I certify that:

- No funds received under this award will be used for lobbying activities.
- I will not attempt to influence government officials on decisions related to this award or other legislative or administrative matters using awarded funds.
- Awarded funds will not be used for religious proselytizing or activities intended to promote or discourage adherence to a particular religious faith.

Yes

This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$272,174,855.72 million, pending approval of revised budget, with 100 percent funded by CMS/HHS. 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.

File Attachment Summary

Applicant File Uploads

No files were uploaded

Planning Grant
Org Name:
Project Name:
Please describe how the overall project budget supports your project’s primary purpose. This is the summary budget justification that will be sent to CMS in order to secure funding. The \$250,000 budget will support a contracted consultant to complete the Recovery community needs assessment, engage Tribal Members and community stakeholders, compare recovery housing and transitional housing models, and support final recommendations. Appropriate Care Availability, Fostering Collaboration, Innovative Care, and Trauma-Informed Care.
Character Count:

Budget Justification
Kenaitze Indian Tribe
Recovery and Transitional Housing Planning Project
y initiative area, as well as which RHTP allowable uses the costs are aligned with. ek final grant budget approval. Please keep character count to 750 or less. covery and Transitional Housing Planning Project. The consultant will conduct a olders, analyze gaps in the behavioral health and recovery support continuum, recommendations for Tribal leadership. The cost aligns with Behavioral Health, aining and Technical Assistance.
570