



HEALTH CARE  
AUTHORITY



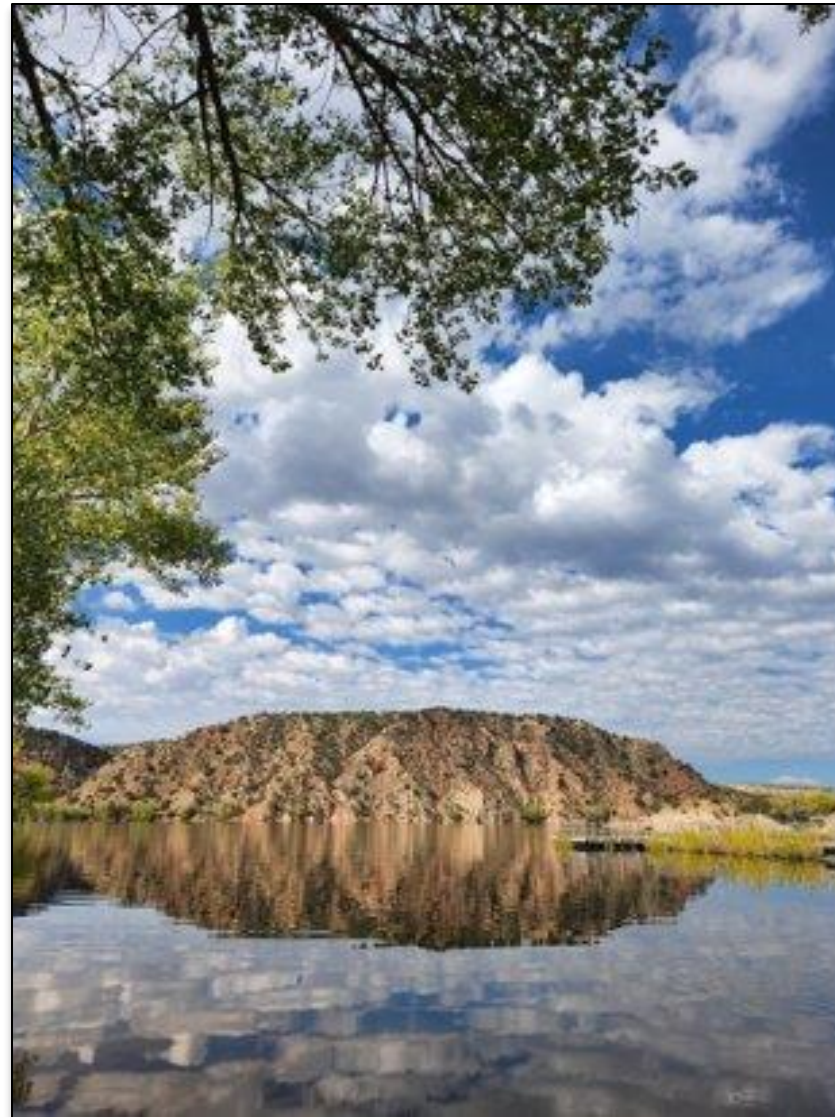
RURAL HEALTH CARE DELIVERY FUND  
RFA OVERVIEW & APPLICATION GUIDANCE  
MARCH 17, 2025

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# BEFORE WE START...

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



*A cloudy morning looking over Santa Cruz Lake.  
Photo taken by HCA employee Jessica Gomez*





HEALTH CARE  
AUTHORITY

## MISSION

*We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.*

## VISION

*Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.*

## GOALS



**LEVERAGE** purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



**BUILD** the best team in state government by supporting employees' continuous growth and wellness.



**ACHIEVE** health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



**IMPLEMENT** innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

# RHCDF TEAM MEMBERS

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Program Manager



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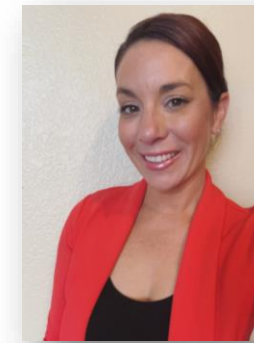
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To contact the RHCDF Team email: [HCA.RHCDF@hca.nm.gov](mailto:HCA.RHCDF@hca.nm.gov)



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

# AGENDA

Time	Agenda Item	Facilitator(s)
12:00-12:05pm	Welcome & Overview	Amy
12:05-12:15pm	Eligibility & Application Requirements	Amy
12:15-12:30pm	How to Apply and Submittable Overview	Shelby
12:30-12:40pm	Timeline & Where to Get Help	Shelby
12:40-12:50pm	What to Expect as an Awardee	Kori
12:50-1:00pm	Q&A	All

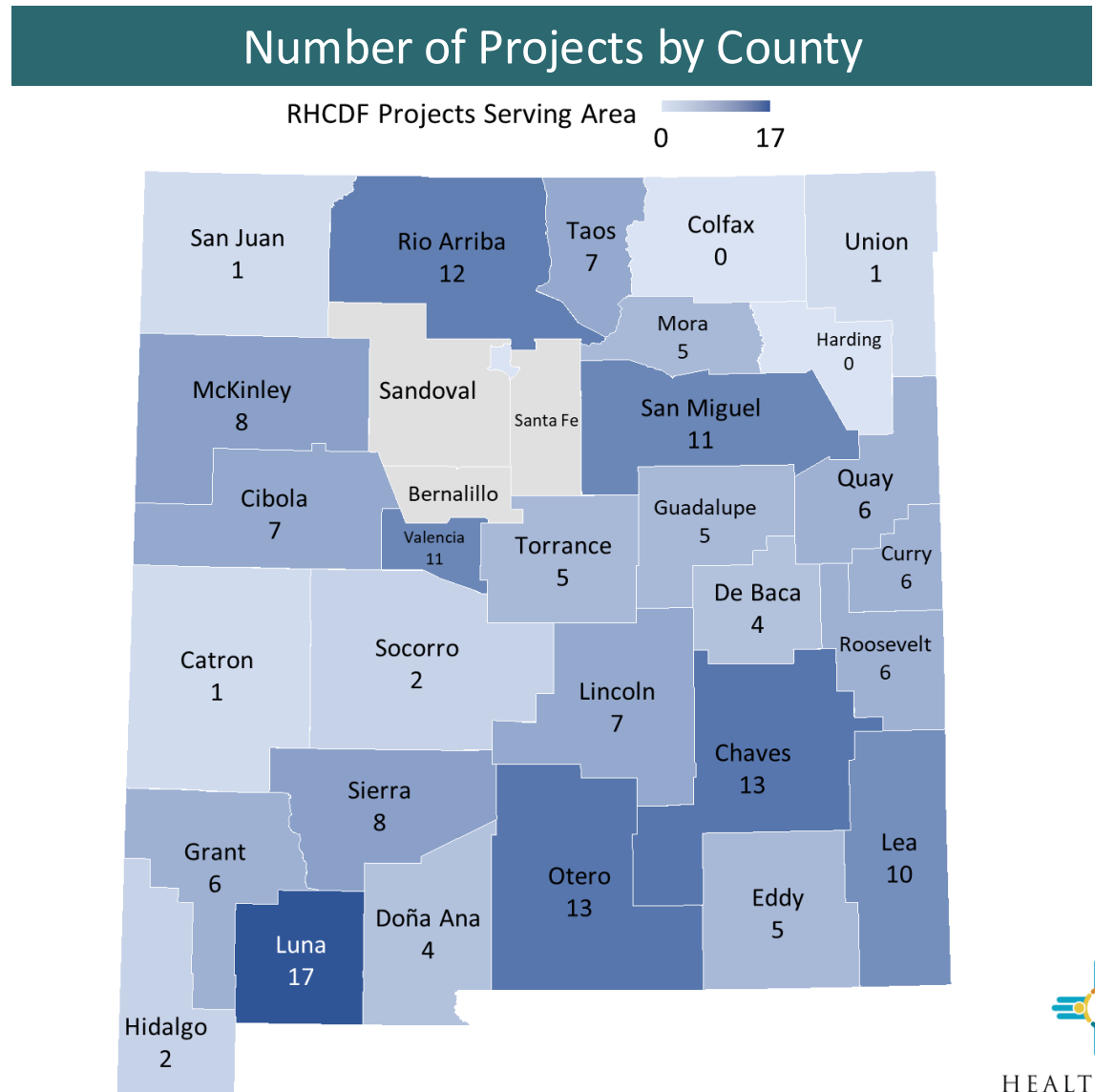


# RHCDF SUPPORTS NEW MEXICO

This cycle is a **\$50 million** state investment designed to support essential healthcare services in rural communities across New Mexico.

Awarded funds may be used to support costs required to maintain healthcare service delivery.

Applications will be accepted **March 16 through April 19**, with funding awards scheduled to begin **August 1**.



# RURAL HEALTH STABILIZATION

This round of funding aims to maintain quality healthcare in rural communities by supporting the stabilization of health care services. Eligible applicants may receive funding to cover losses and costs that are necessary to maintain service delivery, helping ensure that rural New Mexicans continue to have the care they need available.

## PLEASE NOTE:

This funding cycle is for *existing* facilities and services only. It does not support expansion or new service lines.



# ELIGIBILITY

## Eligible Applicants:

- Rural health care facilities and rural health care providers as defined below.

**Rural Health Care Facility:** Licensed in New Mexico, providing primary care services in rural locations.

**Rural Health Care Provider:** Licensed individual health professionals, transportation entities, or organizations providing care in a rural county as defined below.

- Tribally operated health care facilities.
- Eligibility may also be determined for service delivery in a rural [high-needs geographic health professional shortage area](#) (HPSA) as designated by the United States Health Resources and Services Administration.

*Certain areas of Bernalillo, Santa Fe, and Doña Ana counties that are not considered rural are **not eligible**.*

- Applicants **must** be currently Enrolled as a Medicaid Provider and actively serving Medicaid recipients.
- Meet state **licensing requirements** to provide health care services.
- Applicant must currently have a **Presumptive Eligibility Determiner** on-site or agree to train and certify someone within 120 days of receiving funding.



# ALLOWABLE COSTS

The Fund is intended to support the stabilization of rural health care services by supporting **ongoing costs that are essential to maintaining continuous service delivery**. Funding may be used to support activities that stabilize operations and ensure continued care for rural communities. Allowable costs include:

- Losses incurred through usual and customary health care business practice.
- Ongoing operational expenses necessary to maintain existing rural health care services.
- Stabilization of the provision of health care services when those services are operating at a loss and/or at risk of reduction or closure.



**This cycle will not support  
expansion activities**



# RHCDF REQUIREMENTS

## COMMITMENTS

- Funding is available for initial 3 years of operation **August 1, 2026 – June 30, 2029**.
- The recipient must invoice and supply sufficient cost data from financial and statistical records that can be verified by qualified auditors.
- Awardee commits to a period of operation equivalent to the number of years funding is awarded and to actively serve Medicaid recipients throughout the duration of the funding period.

## REPORTING

- **Quarterly Reporting:** Awarded organizations must submit quarterly reports demonstrating the ongoing stabilization of their services, using the required performance metrics.
- **Annual Reporting:** Awarded organizations must submit an annual report to the Health Care Authority.
- **Stability Survey:** Awarded organizations must complete stability surveys 6 months and one year after funding ends as provided by the HCA.

*Organizations failing to submit the required annual and quarterly reports, or other required paperwork, will be ineligible for funding and/or risk having funding removed.*



# APPLICATION REQUIREMENTS

## *Eligibility Form in Submittable:*

- **Requirement 1:** Response to eligibility and requirements.

***After completing the Eligibility Form, if your organization is eligible, you will then fill out the Initial Form in Submittable. This is where the bulk of your application will be completed.***

- **Requirement 2:** Submission of required contact, individual, and/or organizational information.
- **Requirement 3:** A **narrative section** (not to exceed allowable word limits) that captures the requested information within the designated application portal and form. Requested information is subject to change.
- **Requirement 4:** Applicants must complete a **workplan** using the designated application portal and provided form.
- **Requirement 5:** Applicants must submit a **detailed budget** indicating the use of funds using the designated application portal and provided form.
- **Requirement 6:** Applicants must provide **financial documents**, including the following applicable documents: Balance Sheet, Income Statement, Cash Flow Statement, Statement of Functional Expenses, IRS Form 990.
- **Requirement 7 (optional):** Applicants may submit Letters of Support from community stakeholders attesting to the project's importance.



# HOW TO APPLY: GETTING LOGGED IN

**(1)** To begin an application, use the link and **click 'Continue'** at the bottom of the page.

RHCDF FY27-29 Stabilization  
Ends on Sun, Apr 19, 2026 11:59 PM

## Rural Health Care Delivery Fund Application

**FY27-29 Funding Cycle Program Overview:** The New Mexico Health Care Authority (HCA) invites rural health care providers and facilities to apply for funding through the Rural Healthcare Delivery Fund (RHCDF). The RHCDF provides funding for ongoing costs of rural health care providers and facilities to stabilize existing health care services. Eligible applicants must be New Mexico Medicaid Enrolled Providers who are actively serving Medicaid recipients and propose to deliver services that are eligible for Medicaid reimbursement.

**Purpose:** The RHCDF aims to maintain quality healthcare in rural communities by supporting the stabilization of health care services where they are most needed. Eligible applicants may receive funding to cover operational losses and costs that are necessary to maintain service delivery, helping ensure that rural New Mexicans continue to have the care they need available.

### Important Dates

**Application Opens:** Monday, March 16, 2026 @ 8:00AM  
**Webinar 1: Overview & Application Guidance:** Tuesday, March 17, 2026 @ 12PM  
**Webinar 2: Building a Strong Budget & Workplan:** Friday, March 20, 2026 @ 12PM  
**Application Deadline:** April 19, 2026 @ 11:59PM  
**Application Review Period:** Sunday, April 19 - May 29, 2026  
**Oral Presentations:** May 21-22, 2026  
**Final Approval and Notification of Award:** May 30 - June 14, 2026  
**Contract Negotiation Period:** June 14- July 31, 2026  
**Funding Start Date:** August 1, 2026  
**Funding Period:** August 01, 2026 - June 30, 2029 (State Fiscal Year 2027 - State Fiscal Year 2029)

### Getting Started on Your Application

- To begin an application, click the "Submit" button below.
- Sign in, or make an account with Submittable. Log in.
- Complete the Eligibility Form.
- Complete the Application Form.

\*Click "Save" at the bottom of the screen to save your progress while working on the application.


### Resources

[RHCFE Website](#)  
[Link to full RFA](#)

We use Submittable to accept and review our submissions.

[Continue](#)

**(2) Sign in,** or make an account with Submittable and log in.



## Welcome

Log in to New Mexico Health Care Authority (HCA) to continue to Submittable.


Email address\*

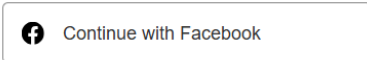
[Continue](#)

Don't have an account? [Sign up](#)

[Help](#)

OR

 Continue with Google

 Continue with Facebook

**(3) Complete the 'Eligibility Form'**

RHCDF FY27-29

## Stabilization Eligibility Form

### Organizational Eligibility Requirements

Are you a Medicaid enrolled provider? (required)

Yes  
 No

Are you actively serving Medicaid recipients? (required)

Yes  
 No

Does your organization meet state licensing requirements to provide health care services? (required)

Yes  
 No

### Project Proposal Eligibility Requirements

Are the services you're proposing Medicaid reimbursable? (required)

Yes  
 No

Are you able to provide evidence of the need for funding to stabilize services? (required)

Yes  
 No



# HOW TO APPLY: ACCESSING AND COMPLETING FORMS

## (4) Complete the 'RHCDF FY27-29 Stabilization Application' Form – includes 9 sections total

**Sections 1 – 7:** Narrative section. This is where you will do the bulk of the work on your application.

**Section 8 Required Document Upload:** Budget, Workplan, Statement of Financial Position (Balance Sheet), Statement of Activities (Income Statement for the last 3 months), Cash Flow Statement (for 3 months), Statement of Functional Expenses (Mandatory for non-profits only), and IRS Form 990 (Mandatory for non-profits).

**Section 9 (optional) Document Upload:** Letter(s) of Support.

**RHCDF FY27-29 Stabilization Application**

**Section 1. Individual and/or Organizational Information**

Organization Name (required)  
 Limit: 300 characters

Organization Website:  
 example.com

Organization Address (required)  
 Country (required)  
 Select...  
 Address (required)  
  
 Address Line 2 (optional)  
  
 City (required)  
  
 State, Province, or Region (required) Zip or Postal Code (required)

Is your mailing address different from the address provided above? (required)  
 Yes  
 No

Federal Tax Identification Number (EIN) (required)  
 XXXXXXXXXX

New Mexico Tax Identification Number (BTIN)

This is an 11-digit number issued by New Mexico Taxation and Revenue Department, also called a CRS identification number. Contact the New Mexico Taxation and Revenue Department for additional assistance.

Department of Finance and Administration (DFA) Code (if applicable)

This is an 11-digit number issued by New Mexico Taxation and Revenue Department, also called a CRS identification number. Contact the New Mexico Taxation and Revenue Department for additional assistance.



**Section 8: Document Uploads**

**Workplan**  
 Please download the Workplan Template below, read the instructions tab, fill in the template with a complete workplan for your project and submit your form below.  
 Submission Steps:  
 1. [Click here](#) to download the Workplan Template  
 2. Complete the document and save it as an .xls or .xlsx using this naming convention: ORGANIZATION\_NAME\_FY27WORKPLAN  
 3. Upload the spreadsheet in the field below.  
 NOTE: A fully completed workplan is a requirement of the FY27-29 application. Workplans submitted on any other worksheet or template will automatically be disqualified from funding consideration.  
 \*\* Refer to A-12-18 and APPENDIX D in the RFA for Workplan guidance.

Upload Workplan (required)  
 Choose File  
 Upload a file. No files have been attached yet.  
 Acceptable file types: .xls, .xlsx

**Budget**  
 Please download the Budget Template below, fill in the template with a complete budget for your project and submit your form below.  
 Submission Steps:  
 1. [Click here](#) to download the Budget Template.  
 2. Complete the document and save it as an .xls or .xlsx using this naming convention: ORGANIZATION\_NAME\_FY27BUDGET  
 3. Upload the spreadsheet in the field below.  
 NOTE: A fully completed budget is a requirement of the FY27-29 application. Budgets submitted on any other worksheet or template will automatically be disqualified from funding consideration.

Upload Budget (required)  
 Choose File  
 Upload a file. No files have been attached yet.  
 Acceptable file types: .xls, .xlsx



**Required Financial Document Uploads**

Statement of Financial Position (Balance Sheet) (required)  
 Choose File  
 Upload a file. No files have been attached yet.  
 Acceptable file types: .pdf, .glt, .jpg, .jpeg, .png, .xls, .xlsx

Statement of Activities (Income Statement for the last 3 months) (required)  
 Choose File  
 Upload a file. No files have been attached yet.  
 Acceptable file types: .pdf, .glt, .jpg, .jpeg, .png, .xls, .xlsx



**Section 9: Letters of Support**

Would you like to upload any Letters of Support? (required)

Yes  
 No

Drafts may be visible to the administrators of this program.



# HOW TO APPLY: SAVING AND SUBMITTING

(5) Scroll to the bottom of the page to **'Save Draft,'** when complete **click 'Submit'** to turn in your application

## Section 9: Letters of Support

Would you like to upload any Letters of Support? *(required)*

Yes

No

**Save Draft** **Submit Form**

Drafts may be visible to the administrators of this program.



Need help with Submittable? [Follow this link for TA from the Submittable team](#)



# WHERE TO APPLY AND HOW TO INQUIRE

Applicants must complete the application through the link provided by the Health Care Authority at <https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/>

- All inquiries shall be directed to the Point of Contact for this funding opportunity only through the channels listed below.
  - New Mexico Health Care Authority
  - Name: Amy Alexander, RHCDF Manager
  - Email: [hca.rhcdf@hca.nm.gov](mailto:hca.rhcdf@hca.nm.gov)

*Applicants and prospective Applicants **may not discuss an application** or an applications status with any other HCA employee unless authorized by the Point of Contact. All responses by HCA must be in writing to be binding. Any information deemed by HCA to be important and of general interest or which modifies requirements of the RFA shall be sent in the form of an addendum to the RFA to all Applicants that have applied. All Applicants must acknowledge receipt of all addenda within five business days, by email to the Point of Contact.*



# TIMELINE & DEADLINES

Action	Responsible Party	Deadline
<b>Online Application Open</b> – Additional Information available in Section 7 of RFA	HCA	March 16, 2026
<b>Technical Assistance Webinar: Overview and Application Guidance</b> – Registration and recording available at <a href="https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/">https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/</a>	HCA	March 17, 2026
<b>Technical Assistance Webinar: Building a Strong Budget and Workplan</b> Registration and recording available at <a href="https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/">https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/</a>	HCA	March 20, 2026
<b>Deadline to Apply</b> (All applicants)	HCA	April 19, 2026
<b>Application Review Period</b> – Additional information available in RFA.	HCA	April 19- May 29, 2026
<b>Oral Presentations</b> - A brief 15-minute virtual presentation may be requested for eligible applicants at HCA's discretion.	Applicant and HCA	May 21-22, 2026 Dates subject to change based on application volume
<b>Final Approval and Notification of Award</b> (All applicants)	HCA	May 30- June 14, 2026
<b>Contract Negotiation</b> – Contracts will be finalized. If mutually agreeable terms cannot be reached with the awarded applicant in the time specified, HCA reserves the right to withdraw funding.	Awarded Applicant and HCA	June 14- July 31, 2026 Acceptance deadline June 30, 2026
<b>Funding Start Date</b> – Invoicing can begin once contract is signed and executed. This may take longer if there are any delays in contracting.	Awarded Applicant	August 1, 2026



# UPCOMING WEBINAR ON BUDGET & WORKPLAN

- Budget Template: [Linked Here](#)
- Workplan Template and Sample Workplan: [Linked Here](#)

## Technical Assistance Webinar: Building a Strong Budget and Workplan

- Friday March 20th, 12:00-1:00 PM
- Register Here:

<https://us02web.zoom.us/meeting/register/VX6EwnmIS2K52AQgTVO19g>



# WHAT TO EXPECT ONCE AWARDED

## Once you've been notified:

- Awardees will have no more than 30 days, or up until June 30th, to confirm their acceptance of the award after the email has been sent.
- Contract negotiation will begin. Awardees may be asked to change or modify portions of their workplan and/or budget to fit funding and state contract requirements.
- Contracts will be signed, and work can begin. Invoices can be processed once contracts are fully executed.

## Following contract execution:

- Join the Welcome Webinar with all FY27-29 RHCDF recipients.
- Meet with your Project Manager quarterly (or more as needed).
- Monthly invoicing
- Complete quarterly and annual reporting requirements.
- Engage in Learning Collaborative webinars with other RHCDF recipients (recommended).



# Q&A

# APPENDIX

# GRANT BUDGETING

## Importance of Accuracy with Flexibility

- Budgets are estimates — strive for precision, but leave room for adjustment
- Align financial planning with programmatic realities
- Regularly revisit and update budgets as needed

## Differences Between Grant Budgeting and Organizational Budgeting

- **Grant Budgets:** Project-specific, time-limited, must meet funder requirements
- **Organizational Budgets:** Broad, strategic, and long-term planning for all programs
- Grant budgets feed into (but don't replace) the full organizational budget
- Different approval processes and reporting standards

## Honestly Determining Your Needs

- Carefully assess true program needs — not just what you think we may support
- Consider start-up costs, staffing, infrastructure, and sustainability
- Ask: How many years of funding will this initiative realistically require?
- Avoid “hope-based” budgeting; plan for real timelines and milestones

## Revenue Concerns

- Anticipate delays in funding disbursement
- Consider cash flow: timing of expenses vs. revenue arrival

## What If It's Zero?

- It is ok, this grant is created to help fund losses — too long though raises red flags
- Prepare a backup plan — identify what can be scaled down or delayed
- Use the opportunity to strengthen other areas or funding options
- Maintain transparency in planning and reporting

## What If I Underestimate?

- Risk of program disruption or underperformance
- Cannot ask for more later
- Build in narrative and justification flexibility in the proposal
- Keep internal records of actual vs. projected for learning

## What If I Overestimate?

- Justify each line item clearly with supporting data
- Be conservative but realistic — pad where necessary, not everywhere

## Want to Learn More?

- Sign up for our in-depth Budgeting & Work Plan Webinar <https://us02web.zoom.us/meeting/register/VX6EwnmIS2K52AQgTVO19g>
- Deep dive into budget templates, real examples, and funder expectations
- Q&A session with team — bring your questions!



# WORK PLAN CREATION AND TIMELINE

## What is a Workplan?

- A **roadmap** for how your project will achieve its goals
- Includes stabilization strategies, supporting activities, responsible parties, and timelines
- Aligns with your budget and grant narrative

## Why It Matters

- Ensures clarity and accountability
- Helps track progress and manage deliverables
- Demonstrates capacity and planning to funders
- Supports team communication and coordination

## Key Components of a Workplan

- **Stabilization Strategies:** What are you trying to achieve?
- **Activities:** What steps will you take to carry out these strategies?
- **Timeline:** When will each activity occur?
- **Responsibility:** Who is accountable for each activity?
- **Outcomes:** What results do you expect?



# SAMPLE DOCUMENT: WORKPLAN

Stabilization Strategy and Activities <i>Activities must support the sustainability of existing services and may not describe service expansion or new service lines.</i>		Name(s) of Individual(s) Responsible <small>(First Name, Last Name, Title)</small>	Year 1, FY27 <small>(07/01/26 - 06/30/27) <small>(Highlight applicable cell(s) below)</small></small>	Year 2, FY28 <small>(07/01/27 - 06/30/28) <small>(Highlight applicable cell(s) below)</small></small>	Year 3, FY29 <small>(07/01/28 - 06/30/29) <small>(Highlight applicable cell(s) below)</small></small>
<b>*REQUIRED Stabilization Strategy (Select from the dropdown list in this cell)</b>					
Strategy 1 Intended Outcome:	<i>In this cell, identify at least one numeric or clearly defined measure that will be used to assess progress for this strategy.</i>				
Activity 1 (Write activity name here)	<i>Describe your ongoing or planned action to implement this strategy</i>				
Activity 2 (Write activity name here)	<i>Describe your ongoing or planned action to implement this strategy</i>				
Activity 3 (Write activity name here)	<i>Describe your ongoing or planned action to implement this strategy</i>				
Activity 4 (Write activity name here)	<i>Describe your ongoing or planned action to implement this strategy</i>				
etc. (Add additional rows for activities as needed)	<i>Describe your ongoing or planned action to implement this strategy</i>				
<b>*REQUIRED Stabilization Strategy (Select from the dropdown list in this cell)</b>					
Strategy 2 Intended Outcome:	<i>In this cell, identify at least one numeric or clearly defined measure that will be used to assess progress for this strategy.</i>				
Activity 1 (Write activity name here)	<i>Describe your ongoing or planned action to implement this strategy</i>				
Activity 2 (Write activity name here)	<i>Describe your ongoing or planned action to implement this strategy</i>				
Activity 3 (Write activity name here)	<i>Describe your ongoing or planned action to implement this strategy</i>				
Activity 4 (Write activity name here)	<i>Describe your ongoing or planned action to implement this strategy</i>				
etc. (Add additional rows for activities as needed)	<i>Describe your ongoing or planned action to implement this strategy</i>				



# SAMPLE DOCUMENT: BUDGET

<b>Stabilization Budget</b>				
<i>This budget template is designed to capture projected expenditures for the full FY27-29 funding period. All costs must directly align with approved project activities in the Workplan. All costs identified must support the sustainability of existing services and may not describe service expansion or new service lines.</i>				
<b>Description</b>	<b>Justification</b> (Specify how this cost was estimated and specifically name how funds will be spent)	<b>Year 1, FY27</b> (07/01/26 - 06/30/27) <small>(Identify expenses applicable below)</small>	<b>Year 2, FY28</b> (07/01/27 - 06/30/28) <small>(Identify expenses applicable below)</small>	<b>Year 3, FY29</b> (07/01/28 - 06/30/29) <small>(Identify expenses applicable below)</small>
Facilities - Office Space	Facility rental cost	\$ 24,000.00	\$ 24,000.00	\$ 24,960.00
Facilities - Utilities	Included in costs above			
Facilities - Repairs and Maintenance	Leaking roof needs repair	\$ 10,000.00		
Facilities - Other (write-in)				
IT - Software	Yearly licenses	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
IT - Hardware				
IT - EMR (Electronic Medical Record) Fees	EMR upkeep and fees	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
IT - Other (write-in)				
HR - Staff Salaries (indicate FTE or percentage of time allocated to the project)				
NP (1.0 FTE)	Provides primary care services	\$ 120,000.00	\$ 122,400.00	\$ 124,800.00
PA (1.0 FTE)	Provides pediatric services	\$ 120,000.00	\$ 122,400.00	\$ 124,800.00
BH NP (1.0 FTE)	Provides behavioral health services	\$ 120,000.00	\$ 122,400.00	\$ 124,800.00
Nurse (1.0 FTE)	Provides nursing services, immunizations, etc to all patients	\$ 80,000.00	\$ 80,000.00	\$ 80,000.00
Nurse (1.0 FTE)	Provides nursing services, immunizations, etc to all patients	\$ 80,000.00	\$ 80,000.00	\$ 80,000.00
Front Office Clerk (.5 FTE)	Answers phone calls, schedules patients, greets and obtains paperwork	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00
Front Office Clerk (1.0 FTE)	Answers phone calls, schedules patients, greets and obtains paperwork	\$ 40,000.00	\$ 40,000.00	\$ 40,000.00
Office Manager (1.0 FTE)	manages office and maintains supplies etc	\$ 65,000.00	\$ 65,000.00	\$ 65,000.00
Fringe	30% fringe benefits for all staff listed above	\$ 193,500.00	\$ 195,660.00	\$ 197,820.00
Operations - Telecommunications	Phone/data lines	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00
Operations - Medical Supplies	Routine supplies for exams & procedures.	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00
Operations - Behavioral Health Supplies/Equipment	Routine supplies for BH			



# SUBMITTABLE: HOW TO INVITE COLLABORATORS

## How to invite team members to collaborate on your application:

1. Click **Manage Collaborators**.
  - a) A dialog box will appear.
2. Enter your collaborators' email addresses and click **Invite**.
  - a) They will receive an email invitation to collaborate on your draft submission in Submittable.
  - b) Important: All collaborators must accept the invitation before you (the Submission Owner) click Submit to communicate with them through Submittable.
3. To check invitation status, click **Manage Collaborators** again at any time.
  - a) Invitees who have not accepted will show as **Pending**.
  - b) A trash can icon appears next to each invitee's name, allowing you to remove them if needed.

[Follow this link for additional information](#)

### PLEASE NOTE

\*\*Only one teammate can edit the application at a time, otherwise progress will be overwritten



Need help with Submittable? [Follow this link for TA from the Submittable team](#)

