Foundation for Healthy Communities Applicant Handbook

The Governor's Office of New Opportunities and Rural Transformational Health (GO-NORTH), was established by Executive Order under Governor Kelly Ayotte, and is funded by the Rural Health Transformation (RHT) Federal program. GO-NORTH advances five strategic initiatives to improve the health and sustainability of rural New Hampshire.

Initiative 1: Population Health
Increase prevention, chronic disease management, and improved behavioral and maternal health.

Initiative 2: Access
Ensure sustainable access to care by strengthening rural hospitals, health centers, EMS, and telehealth services

Initiative 3: Workforce
Build and retain a skilled rural health workforce through education, training, and career pathways.

Initiative 4: Technology
Modernize care delivery by expanding technology, interoperability, and data security.

Initiative 5: Financial Sustainability
Promote financial sustainability with innovative payment models and value-based care.

Program Overview | GO-NORTH

GO NORTH delivers this work through five Hubs, each supported by a GO NORTH lead who provides coordination, guidance, and oversight to ensure alignment with statewide priorities. The 5 Hubs represent rural health experience and knowledge that will support our work together.

Program Objectives

FHC Rural Health Transformation Goal. The goal of FHC's GO-NORTH program is to support eligible organizations in deploying RHT funds toward sustainable rural health transformation. A program that expands access to care, improves population health outcomes, strengthens the rural workforce, and builds long-term financial sustainability for rural health care providers, leveraging alternative payment models.

About the Program

New Hampshire was awarded $204 million from the Centers for Medicare & Medicaid Services (CMS) to implement the first year of its five-year Rural Health Transformation (RHT) plan. The State's RHT plan is administered by the Governor's Office of New Opportunities and Rural Transformational Health (GO-NORTH). GO-NORTH contracted with FHC as a HUB implementing organization to invest more than $50 million per year. FHC is responsible for deploying grant funds to a broad and diverse portfolio of rural health awards -including Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Critical Access Hospitals (CAHs), hospitals serving rural communities, EMS agencies, behavioral health organizations, oral health providers, and community-based organizations. FHC is a nonprofit organization that collaborates with hospitals, community partners, state departments, and insurers on statewide initiatives that improve health and health care for all New Hampshire residents. Our mission is to build healthier communities for all by leading partnerships, fostering collaboration, and creating innovative solutions to advance health and health care.

Program Objectives

FHC's Year 1 investment strategy focuses on building foundational capacity through planning, stabilization, and initial program development across EMS, oral health, primary care, and rural hospitals. In subsequent years, the program shifts from foundation-building to implementation, scaling, and long-term sustainability, with continued funding contingent on demonstrated performance and GO-NORTH authorization.

Core Priorities:

- Improving rural health outcomes and access to care - team-based care, primary care, behavioral health, specialty care, telehealth
- Building long-term sustainability through new care models, regional partnerships, and value-based approaches
- Advancing modernization and innovation through digital health infrastructure and system interoperability

Accountability & Oversight:

- Development and maintenance of structured work plans aligned with State and federal priorities
- Regular reporting on implementation progress, expenditures, and outcomes
- Adherence to applicable data privacy, compliance, and evaluation requirements

Award Process

FHC administers this program under a contract with GO-NORTH, New Hampshire's lead agency for Rural Health Transformation administration.

- **Award Approval** - all award selections are subject to GO-NORTH prior approval before a subaward agreement is executed. Applicants are not formally notified of selection until GO-NORTH approves the recommendation.

- **Procurement Standards** - all FHC funding opportunities are competitive procurements subject to 2 CFR Part 200 Subpart D, evaluated on a consistent, objective basis using published scoring criteria. FHC cannot accommodate requests to adjust eligibility, scoring, or award criteria outside the formal, published solicitation process.
- **Scope** - FHC's authority to issue awards is limited to the activities, investment areas, and budget periods authorized by GO-NORTH. Future funding is contingent on future CMS awards and GO-NORTH approval. Applicants are encouraged to budget across the years to implement system changes.

Investment Phasing

FHC's investment strategy is organized around three phases of organizational readiness – Project Development, Preparatory Investments, and Program Ready - rather than a fixed calendar sequence. Organizations may apply for funding at whichever phase matches their current stage of transformation readiness, regardless of when they first engage with FHC. A well-prepared organization may enter directly at Program Ready in its first application; an organization just beginning its transformation journey may need a Project Development award first. Budget Period 1 (BP1) is intentionally weighted toward Project Development and Preparatory Investment awards. Many rural NH organizations need structured support - removing barriers, building capacity, establishing core infrastructure - before they are ready for full program delivery. As the portfolio matures, FHC expects the balance of new awards to shift toward Program Ready investments.

Project Development	Preparatory Investments	Program Ready
Organizations at the earliest stage of transformation. Awards fund structured work to assess current state, build partnerships and coalitions, and develop a credible roadmap - producing a defined problem statement, stakeholder landscape, documented gaps, and a project plan with measurable milestones. Examples: stakeholder convenings, coalition building, EMS system analysis, community needs assessments, feasibility studies.	These could be one-time, non-recurring investments that remove a specific barrier or establish infrastructure needed to participate meaningfully in Rural Health Transformation's longer-term goals. Applicants must demonstrate a clear connection between the investment and their path toward value-based care, workforce sustainability, or population health outcomes. Examples: technology purchases, population health tools, revenue cycle optimization, cybersecurity remediation and EHR upgrades.	The intended destination of FHC's strategy. Organizations at this stage have completed foundational planning, secured committed partnerships, and developed a well-defined project with measurable outcomes and a realistic budget. These awards are positioned to drive Rural Health Transformation's most meaningful results - reduced ED utilization, expanded access, improved chronic disease management, and sustainable VBP participation. As the portfolio matures, an increasing share of new awards will require applicants to demonstrate Program Ready status as a condition of eligibility.

Who Can Apply

FHC awards are open to nonprofit organizations, for-profit entities, government agencies, and community-based organizations that provide health care services or health-related support to residents of rural New Hampshire. All applicants must be in good standing with the NH Secretary of State at the time of application and throughout the award period.

The Three-Path Eligibility Test. As required under FHC's contract with GO-NORTH, an organization must satisfy at least one of the following three pathways to be considered a qualifying organization. This is an "OR" test - meeting any single pathway is sufficient.

Eligibility Pathways

Path A- HRSA Rural Geographic Eligibility (Primary pathway for most applicants)

The organizations proposed project is located in a rural region of New Hampshire as defined by HRSA's Federal Office of Rural Health Policy (FORHP), using 2020 Census geography and Rural-Urban Commuting Area (RUCA) codes. The Rural Health Grants Eligibility Analyzer can be found here.

Path B- CMS Rural Health Facility Designation (Available to federally designated facility types)

The applicant holds a recognized designation as a rural health facility under the CMS Rural Health Transformation Program (Section 71401 of Public Law 119-21, the One Big Beautiful Bill Act). The following facility types qualify: *Critical Access Hospitals (CAH), Sole Community Hospitals*

Path C- Rural Project Service Area (For organizations whose project primarily serves rural NH residents)

An organization whose primary service location does not quality under Path A or Path B may still be eligible if it can demonstrate that its proposed project will primarily benefit rural New Hampshire residents. This pathway is intended to capture organizations such as: *EMS agencies or reginal EMS networks whose service territory extends into rural communities; Health systems or provider networks with urban headquarters but rural service delivery sites; Organizations providing mobile, outreach, or telehealth services that reach rural populations*

Ineligible Activities

Regardless of eligibility pathway, the following activities are not eligible for funding under any Rural Health Transformation opportunity:

- Capital expenditures for new or expanded facilities
- Purchase of land or buildings
- Clinical services that duplicate billable services or attempt to change payment amounts of existing fee schedules
- Lobbying activities or political advocacy
- Entertainment, alcohol, or social events
- Costs incurred prior to execution of a fully signed subaward agreement
- Costs not supported by adequate documentation
- Research projects not directly tied to program implementation

Application Guidelines

FHC may award funds to projects submitted by eligible applicants that meet the requirements of the applicable funding opportunity. Most FHC funding opportunities require a written narrative addressing the four sections below. Responses should be concise, specific, and directly tied to the proposed project. Individual RFAs and RFPs may vary in scope or emphasis, but applicants should expect this general structure across most opportunities.

Proposed Approach & Organizational Capacity

Applicants will be asked to describe their organization's experience and capacity to successfully deliver the proposed project, including how it fits within their current portfolio of work. Applicants should identify what is new, innovative, or different about their project and name an organizational champion who will drive internal buy-in and engagement with external stakeholders and future funders. Applications will also be expected to list key staff responsible for implementation with their specific roles, and to identify a designated administrative lead who will serve as FHC's primary point of contact throughout the grant period.

Identifying Technical Assistance Needs: As part of this section, applicants should also identify any technical assistance (TA) support they anticipate needing to successfully implement the proposed project - including grant writing, partnership development, data/reporting systems, or support in any of the T-TAC's eight core transformation areas. Applicants are not penalized in scoring for identifying TA needs. FHC wants to know this information as early as possible so we can begin aligning the right resources and consultants well in advance of award.

Alignment with Rural Health Transformation

Applicants will be asked to describe how their project will lead to measurable improvements in health outcomes for rural populations, referencing evidence-based practices where applicable. Applications should include an estimated number of people to be served and a description of the organization's capacity to collect, track, and report on data. Applicants will be expected to identify the specific activities, milestones, and metrics they will use to monitor implementation and progress - including the data source(s) used to track each - and to indicate which program outcomes their project is expected to achieve.

Partnership & Collaboration Plan

Applicants will be asked to identify the organizations they will partner with to implement the proposed project and to describe a regional approach where applicable. Applications should explain why the identified partnerships are appropriate for the proposed work and how they support coordinated, effective, and non-duplicative implementation across the service area. Partnerships and collaborations are encouraged. Applicants will be asked to include letters of support from key partner organizations indicating their role in the project.

Sustainability

Applicants will be asked to address the long-term sustainability of their proposed project beyond the GO-NORTH grant period. Depending on the nature of the project, applicants may respond in one of two ways:

- Self-sustaining: Describe how the proposed transformation will be maintained without ongoing external funding, including the rationale for why grant support will no longer be needed and the operational, financial, and organizational strategies that will support long-term continuity.

- Continued external funding required: Describe your plan for securing long-term sustainability through payer and/or funder engagement, including evidence of payer participation, commitments from funding partners, or other demonstrated support for continuation after the grant period ends.

FHC recognizes that sustainability looks different across organization types and project scopes. Reviewers will evaluate the credibility of the sustainability plan, not simply its ambition.

Budget Requirements

Applicants will be asked to submit a completed Budget Template as part of their application package. The budget template is a required component of every application; submissions received without a completed budget will not be reviewed.

All proposed costs must be allowable, allocable, reasonable, and necessary in accordance with 2 CFR Part 200. Applicants will be expected to provide a written justification for every budget line item, explaining what the cost is, how it was calculated, and why it is necessary for the success of the proposed project. Vague or incomplete budget narratives will result in a lower scored application.

All award selections are subject to GO-NORTH prior approval before FHC executes any subaward agreement. FHC reserves the right to request budget revisions prior to award, and no costs should be incurred in anticipation of an award until a fully executed subaward agreement is in place.

Distribution of Funds

Awards will be issued in the form of grants and disbursed on a reimbursement basis. Awarded organizations must first incur and pay eligible costs before submitting a reimbursement request to FHC. FHC will not issue advance payments except in limited circumstances where GO-NORTH has provided prior written approval in accordance with 2 CFR Part 200 and the terms of FHC's contract with GO-NORTH.

Reimbursement requests must be submitted through FHC's Grant Management System (GMS) and accompanied by adequate documentation demonstrating that costs are allowable, allocable, reasonable, and necessary in accordance with 2 CFR Part 200.

Award Disbursement - Key Principles

- No costs should be incurred in anticipation of an award prior to a fully executed subaward agreement
- Costs incurred before the subaward effective date are not eligible for reimbursement
- FHC may request budget revisions before executing a subaward agreement
- All award selections are subject to GO-NORTH prior approval before FHC executes any subaward agreement
- Award amounts may be adjusted based on available funding, project scope, or budget review

Awards are issued as subaward agreements between FHC and the awarded organization. Subrecipients are subject to the same federal compliance requirements as FHC as the primary recipient, including 2 CFR Part 200 Subpart D procurement standards, subrecipient monitoring obligations, and all applicable CMS Rural Health Transformation Program requirements.

Conflict of Interest

FHC is committed to ensuring that all award decisions are made on a fair, objective, and impartial basis. All individuals involved in application review and scoring are required to disclose any actual or potential conflict of

interest and recuse themselves from evaluating applications where a conflict exists. Applicants are required to disclose any known conflicts of interest as part of their application.

A conflict of interest exists when an individual involved in the application or project has a financial or personal interest in the award decision, including but not limited to:

- A current or recent employment, board, or consulting relationship with FHC or any review panelist
- A financial interest in a subcontractor, vendor, or partner named in the application
- A familial relationship with FHC staff or reviewers

Organizations that have participated in the development of FHC materials – including RFA design activities, or scope-setting processes - may be subject to restrictions on eligibility to apply, consistent with 2 CFR §200.319(b).

How to Apply

All applications and subsequent applications must be completed and submitted on FHC's Grant Management System (GMS). The application will require applicants to detail their specific project, describe the extent to which it aligns with the guidelines and priorities, and provide other pertinent information that will help FHC determine the applicant organization's capacity to complete a successful project.

Technical Assistance	Project Development and Grant Writing Assistance
FHC staff offer applicants technical assistance, guidance on program objectives, and instruction on how to successfully complete an application. Technical assistance is provided through workshops and webinars, one-on-one support, and pre-application meetings.	In addition to pre-application technical assistance, and to increase access and expand the pool of successful applicants, FHC will provide qualifying applicants with financial resources to support project development and grant writing activities. Each RFA includes information on how to request this support.

First-Time Applicants - Getting Ready to Apply

FHC is committed to ensuring that smaller and first-time applicants have a clear pathway to participate in GO-NORTH funding opportunities. If your organization has not previously applied for federal grant funding, there are registration steps required before you can submit an application. We encourage organizations to complete these steps now - before any RFP is posted - as the process can take up to two weeks.

Step 1 - Register with SAM.gov (System for Award Management)

SAM.gov is the federal government's official vendor and recipient registration system. All organizations receiving federal funds must maintain an active SAM.gov registration. Registration is free and can be completed at sam.gov.

- You will need your organization's Employer Identification Number (EIN) and basic organizational information
- Federal verification typically takes 7–10 business days after submission
- Your registration must remain active throughout any grant period - set a reminder to renew annually

Step 2 - Obtain a Unique Entity Identifier (UEI)

As part of SAM.gov registration, your organization will be assigned a Unique Entity Identifier (UEI) - a 12-character alphanumeric code that serves as your organization's permanent federal identifier. You will need your UEI to apply for any FHC funding opportunity.

Step 3 - Register with Grants.gov (if applying through a federal portal)

For certain federal opportunities, organizations must also register with Grants.gov. Once your SAM.gov registration is active and your UEI is issued, Grants.gov registration is straightforward and the two accounts link automatically.

> *Note: FHC's competitive RFAs are submitted directly to FHC - not through Grants.gov. However, SAM.gov registration and an active UEI are required for all FHC subrecipients regardless of submission method, per 2 CFR §200.332.*

Need Help?

Organizations that need assistance with SAM.gov registration or have questions about eligibility are encouraged to contact FHC at RHTP-FHC@healthynh.org.

FHC's Technical Assistance Center (T-TAC), once operational, will also be available to support first-time applicants through the registration and onboarding process.

FHC Grant Management Tool

FHC is moving to a new Grant Portal called Blackbaud Grantmaking.

To find resources on the Blackbaud Grantmaking portal, please visit: https://webfiles-sc1.blackbaud.com/files/support/helpfiles/grantsconnect/content/gc-applicants.html

Transformation Technical Assistance Center (T-TAC)

FHC is establishing the Transformation Technical Assistance Center (T-TAC) - a structured, FHC-managed resource connecting subrecipients with expert consultants across eight core transformation areas. The T-TAC is governed and coordinated by FHC and is being stood up in phases; in the interim, FHC staff are directly available to provide the support described below.

The Eight Core Transformation Areas

1. Population Health, Chronic Disease Management & Care Coordination
2. Primary Care Team-Based Care Integration
3. EMS System Planning, MIH Model Design & REACT Implementation
4. Oral Health Program Development & School-Based Health TA
5. Health IT Selection, Implementation & Interoperability
6. Cybersecurity Assessment & Remediation Planning
7. Value-Based Payment Readiness, ACO Enabling & RCM Optimization
8. Rural Hospital Financial Sustainability & VBP Readiness

Each area is staffed by consultants with deep, directly relevant experience- you'll be matched to a specialist based on your organization's specific needs, not a generalist.

What T-TAC Can Help With

- Grant writing and project scoping support for organizations without in-house capacity
- Partner identification and regional partnership design, following competitive federal procurement rules
- Needs assessments and individualized TA support plans tailored to your project
- Direct consulting engagements - assessments, implementation plans, toolkits, training, and coaching - within any of the eight core areas above
- Group learning sessions, cohort convenings, and topical webinars
- Post-award support: sustainability planning, data/reporting system design, and preparation for reimbursement and monitoring

How to Request Assistance

1. Email GO-NORTH-FHC@healthynh.org describing what kind of support you're looking for and, if known, which core area it falls under.
2. FHC staff will respond to your request - either providing direct guidance, scheduling a consultation, or connecting you with a specialist through the T-TAC roster.
3. If your request involves funded grant-writing or project-scoping support, note this in your application under the applicable narrative section so it can be reviewed alongside your proposal.

A Note on Consultant Requests. Because this is a federally funded program, FHC cannot direct funding to a specific consultant by name outside of a competitive procurement process - even if that consultant has been personally recommended to you. If you have someone in mind, let FHC know; if they're on the approved T-TAC roster, that's a straightforward path forward. If not, FHC can help you initiate an independent, competitive procurement.

Response Time. Requests are addressed on a rolling basis. Reach out early in the application period — don't wait until the final week.

For a full breakdown of each core transformation area, including the specific expertise and example TA activities available, see the [T-TAC Resource Guide] on healthynh.org.

Application Scoring & Selection

Individual Scoring Category Descriptions

Category 1: Rural Transformational Change

This category goes to the heart of what the program is designed to accomplish. It must demonstrate that those activities will drive genuine structural transformation in how rural health care is delivered, financed, or sustained. This means proposals should be moving the needle on things like the adoption of new care models, the shift toward value-based payment arrangements, or technology investments that produce a demonstrable return - whether through more efficient operations, improved clinical productivity, or measurable gains in patient outcomes. Alongside that transformational ambition, the proposal must demonstrate clear and specific alignment with one or more GO-NORTH projects and with the allowable uses of funds under this program. A proposal that is well-intentioned but does not connect its activities to the GO-NORTH framework, or that describes incremental improvements rather than structural change, is a weaker candidate for funding regardless of how well it is written.

Category 2: Strength of the Project Plan & Milestones

A compelling vision for impact is not sufficient on its own - the proposal must also demonstrate that the applicant has a realistic, well-developed plan for carrying it out, and that the resources requested are appropriate and justified for the work described. This category asks scorers to assess two related dimensions together. The first is project design and feasibility: whether the work plan is logical and well-sequenced, whether timelines are achievable within the grant period, whether staffing is adequate and clearly described, and whether the organization is positioned to launch meaningful work within six months of an award. The second is budget quality: whether requested funds are reasonable and cost-effective, whether expenses are clearly tied to specific activities, and whether the applicant has thought seriously about sustainability beyond the grant period. These two dimensions are evaluated together because a strong work plan with an incoherent budget - or a well-justified budget attached to an unrealistic work plan - each represents meaningful execution risk. Proposals that score well here give reviewers confidence that funds will be put to work effectively and that the applicant understands the full operational and financial demands of what they are proposing.

Category 3: Ambition of Measurable Outcomes

The GO-NORTH program is a performance-based investment, and funded projects will be expected to demonstrate results. This category asks scorers to assess two related things: whether the outcomes the applicant is pursuing are ambitious and genuinely transformational relative to the applicant's scope, and whether the applicant has a credible, specific plan for measuring and reporting on those outcomes. On the ambition side, reviewers should look for proposals where the outcomes being targeted - increased access, reduced costs, improved population health, long-term operating sustainability - are proportionate to the scale of the investment and reflect a serious commitment to change rather than modest gains at the margin. On the measurement side, metrics should be tied directly to GO-NORTH KPIs, and the applicant should demonstrate not just an intention to measure outcomes but a realistic capacity to do so - including data collection methods, reporting timelines, and staff or systems capable of managing evaluation requirements. A strong response in this category is not a bureaucratic add-on; it is evidence that the applicant understands what they are being asked to demonstrate and has both the ambition and the infrastructure to deliver it.

Responses in this section should reflect the program stage identified above. Project Development applicants should focus on the population's need and evidence base driving the proposed planning work. Preparatory Investments applicants should connect the proposed investment directly to a downstream transformation goal. Program Ready applicants should demonstrate a clear, evidence-informed theory of change with defined outcomes and a credible measurement strategy.

Category 4: Projected Impact on Rural Communities

What is being asked here is whether the proposal will produce significant, meaningful, and demonstrable impact for rural residents, rural communities, and rural health systems - and whether the applicant has assembled the partnerships necessary to achieve that impact at a meaningful scale. Rural populations have specific and demonstrable health care needs that differ from non-rural areas: these include health outcomes, accessibility to care, recruitment and retention of a qualified workforce, and the financial sustainability of rural health systems. A proposal that addresses these needs compellingly must also demonstrate that it is not working in isolation. Strong, substantive, multi-sector partnerships - with hospitals, emergency medical services, schools, community-based organizations, community college and the university system, behavioral health providers, and others - are what allow rural impact to be genuinely transformative rather than localized and limited. Scorers should look for proposals where the scope of rural impact is clearly articulated and well-documented, and where

the partnership structure is embedded in the design of the work rather than appended to it. Letters of support that restate the applicant's goals without describing a specific partner role are not evidence of meaningful collaboration.

Category 5: Sustainability & Long-Term Value

Grant funding is finite, and programs that create value only for the duration of the award period represent a lower return on public investment than those that are designed from the outset to endure. This category asks scorers to assess whether the applicant has thought seriously and planned for what happens after the grant period ends. The GO-NORTH program is investing in structural transformation, and the expectation is that the changes it funds will outlast the funding itself. Strong proposals in this category identify specific strategies, funding sources, or institutional commitments that will support continuation of activities, preservation of outcomes, or maintenance of infrastructure beyond the life of the grant. Weak proposals describe sustainability in general terms or treat it as an afterthought. Scorers should consider both the applicant's stated plans and the credibility of those plans given the organizational capacity and partnership structure described elsewhere in the proposal - a sustainability plan is only as convincing as the organization behind it.

Readiness Expectations by Category

Scoring Category	Project Development	Preparatory Investments	Program Ready
1. Rural Transformational Change	Articulate a clear vision for what transformation is needed and why, even if the specific model is not yet defined. The transformation is in the intent and direction, not yet in implementation.	The investment should be explicitly linked to removing a barrier that enables future transformation. The connection between this investment and a downstream structural change should be clear.	A specific, mature transformation ready to implement. New care models, VBP participation, or technology with clear ROI should be evident and operational.
2. Project Plan & Milestones	Work plan focuses on assessment, convening, and roadmap development. Timelines reflect discovery. Staffing may be partially identified. Demonstrates capacity to manage a planning process - ability to convene stakeholders, hire consultants, and produce a credible roadmap.	Plan focuses on a specific, bounded investment with clear deployment milestones. Staffing identified for the investment scope. Demonstrates capacity to manage a specific investment - vendor selection, deployment, and post-implementation evaluation.	Full implementation readiness - sequenced activities, identified staff, committed partners, launch within six months. Demonstrates capacity to implement at operational scale - staff, systems, governance, and financial management ready.
3. Ambition of Measurable Outcomes	Focus on population need and the evidence base driving the planning work. Describe what they intend to measure once a plan is	Connect the investment to a downstream transformation goal. Intermediate metrics (e.g., system installed, staff trained) are appropriate. Identify which GO-NORTH	Specific, evidence-informed, tied to GO-NORTH KPIs, with a credible measurement strategy including data collection methods, reporting

	developed. Baseline data collection is appropriate.	KPIs this investment will eventually contribute to.	timelines, and demonstrated staff/system capacity.
4. Projected Impact on Rural Communities	Partnerships may be emerging or exploratory. Letters of intent to collaborate are acceptable. The right partners should be identified even if not formalized. Rural need should be understood and documented.	Partnerships identified and beginning to formalize. Key partners named with described roles. The applicant should show how the investment benefits rural communities directly or indirectly.	Partnerships committed and embedded in the project design. Partner roles specific and substantive. Multi-sector coordination demonstrated through signed agreements or operational commitments. Expect specific, measurable rural impact with well-documented evidence of need.
5. Sustainability & Long-Term Value	Budget covers planning costs. Sustainability may be conceptual. Articulate a pathway to future funding or structural support, even if specifics are not yet determined. Do not penalize for lacking committed sustainability funding.	Budget reflects one-time investment costs. Describes how the investment will be maintained post-implementation - ongoing maintenance, licensing, staff retention, system upkeep. The investment should not become a stranded asset.	Budget reflects full operational costs with detailed justification. Concrete - identified funding sources, revenue strategies, institutional commitments, and a credible plan for continuation beyond the grant period. Generic statements should lower the score.

Scoring Rubric

Critical Category Floors

A score in "Partially Meets" or below in any category results in automatic non-recommendation regardless of total score.

Why critical category floors?

Critical category floors are important when scoring RFA applications because they ensure that every proposed project meets a minimum standard in areas that are essential to the goals of the funding opportunity. Rather than allowing strong performance in one area to outweigh significant weaknesses in another, floors help create a more balanced and consistent evaluation process. They also ensure that funded applications demonstrate a baseline level of quality, feasibility, and alignment with the RFA's priorities.

Missing Application Elements

Missing application elements (e.g. Workplan, project budget, etc.) results in automatic non-recommendation regardless of total score.

Category 1: Rural Transformational Change

Alignment with Rural Health Transformation & Transformational Change

Proposal clearly aligns with the goals of this RFA and is likely to lead to transformational change.

Readiness Lens

- Project Development: Transformation is in the vision and problem statement, not implementation.
- Preparatory Investments: The investment must link explicitly to a downstream transformation goal - a technology purchase on its own is not transformational but connecting it to future VBP participation is.
- Program Ready: Expect a specific, mature transformation ready to execute - new care models, VBP, or technology with clear ROI.

Critical Category Floor: Must score at least an 8

Score Level	What This Looks Like	Points
Exemplary	Proposal clearly and compellingly aligns with one or more Rural Health Transformation Initiatives. Activities fit allowable uses of funds. Measurable objectives directly map to initiative KPIs with specific targets. The proposal describes activities that will drive genuine structural change - new care models, VBP approaches, or technology investments with clear ROI.	**15**
Meets Expectations	Proposal aligns with Rural Health Transformation Initiatives and allowable uses, with most objectives linked to KPIs. Minor gaps in specificity or KPI alignment, but overall fit is clear. Transformational intent is present though specifics may be partially developed.	**8**
Partially Meets	Proposal references GO-NORTH goals but alignment is vague or incomplete. Allowable use fit is assumed rather than demonstrated. Objectives lack measurable connection to KPIs. The proposal describes incremental improvements rather than structural change.	**4**
Insufficient Evidence	No clear alignment with GO-NORTH Initiatives or allowable uses. Objectives absent or unrelated to initiative KPIs. Proposal is well-intentioned but does not connect to the GO-NORTH framework.	**0**

Category 2: Strength of the Project Plan & Milestones

Work Plan, Feasibility & Capacity

Work plan is realistic, well sequenced, and achievable within the grant period; timelines and staffing are clearly described; project demonstrates readiness to launch within the next six months.

Readiness Lens

- Project Development: Work plan focuses on assessment, convening, and roadmap development - not implementation. Timelines should reflect discovery activities. Staffing may be partially identified.
- Preparatory Investments: Plan focuses on a bounded investment with clear deployment milestones (vendor selection, training, go-live).
- Program Ready: Expect full implementation readiness - sequenced activities, identified staff, committed partners, launch within six months.

Critical Category Floor: Must score at least a 5

Score Level	What This Looks Like	Points
Exemplary	Work plan is realistic, well-sequenced, and achievable. Timelines and staffing are thoroughly described. Organization demonstrates readiness to launch within 6 months with high feasibility. No significant unaddressed preconditions.	**10**
Meets Expectations	Work plan is generally sound and achievable. Minor gaps in timeline, sequencing, or staffing detail exist but do not undermine overall feasibility. Organization is positioned to launch within 6 months with manageable adjustments.	**5**
Partially Meets	Work plan has notable weaknesses in sequencing, timeline, or staffing. Readiness within 6 months is uncertain. Feasibility is questionable without significant revision.	**2**
Insufficient Evidence	Work plan is absent, unrealistic, or too vague to assess. No evidence of readiness or feasibility within the required timeframe.	**0**

Organizational Capacity

Proposal demonstrates capacity to execute project including relevant experience, adequate staffing, leadership, governance, financial management, and existing relationships within rural communities.

Readiness Lens

- Project Development: Capacity to manage a planning process - ability to convene stakeholders, hire consultants, and produce a credible roadmap.
- Preparatory Investments: Capacity to manage a specific investment - vendor selection, deployment, and post-implementation evaluation.
- Program Ready: Capacity to implement at operational scale - staff, systems, governance, and financial management ready.

Critical Category Floor: Must score at least a 5

Score Level	What This Looks Like	Points
Exemplary	Proposal demonstrates relevant experience, appropriate staffing, sound leadership, governance, strong financial management, and established rural relationships. Evaluation capacity is well-documented.	**10**
Meets Expectations	Applicant demonstrates sufficient capacity in most areas. Minor gaps in staffing, experience, or evaluation capacity exist but are manageable.	**5**
Partially Meets	Capacity concerns are evident in one or more areas. Proposal does not adequately address gaps in staffing, governance, financial management, or rural relationships.	**2**
Insufficient Evidence	Insufficient information to assess organizational capacity. Major gaps in experience, staffing, governance, or financial management.	**0**

Category 3: Ambition of Measurable Outcomes

Metrics, Data & Evaluation

Proposal includes clear metrics tied to GO-NORTH key performance indicators; applicant demonstrates capacity to collect, track, and report required data.

Readiness Lens

- Project Development: Focus on population need and the evidence base driving the proposed planning work. Describe what they intend to measure once a plan is developed. Baseline data collection is appropriate.
- Preparatory Investments: Connect the investment to a downstream transformation goal. Intermediate metrics (e.g., system installed, staff trained) are appropriate.
- Program Ready: Expect specific, evidence-informed metrics tied to GO-NORTH KPIs with a credible measurement strategy including data collection methods, reporting timelines, and demonstrated staff/system capacity.

Critical Category Floor: Must score at least a 5

Score Level	What This Looks Like	Points
Exemplary	Proposal includes clear, specific metrics directly tied to GO-NORTH KPIs. Data collection methods are described. Applicant demonstrates strong capacity to report required data accurately and on schedule. Outcomes are ambitious and proportionate to the scale of investment.	**10**
Meets Expectations	Metrics are present and generally tied to GO-NORTH KPIs. Some gaps in data collection methods or reporting capacity exist but are addressable. Outcomes are reasonable but may lack full ambition.	**5**
Partially Meets	Evaluation plan is vague or metrics are not clearly tied to GO-NORTH KPIs. Data collection methods are unclear. Reporting capacity is not demonstrated. Outcomes are modest improvements that fall short of transformational change.	**2**
Insufficient Evidence	Evaluation plan is absent or unusable. No metrics tied to GO-NORTH KPIs. No evidence of data collection or reporting capacity.	**0**

Category 4: Projected Impact on Rural Communities

Rural Benefits & Impact

Proposal demonstrates strong benefits to rural populations and health systems, including improvements in health outcomes, access to care, population health, workforce capacity, and the financial sustainability of rural health systems.

Readiness Lens

- Project Development: The applicant should demonstrate understanding of the rural landscape and need, even if the specific intervention is not yet defined.

- Preparatory Investments: The investment should show how it benefits rural communities directly or indirectly.
- Program Ready: Expect specific, measurable rural impact with well-documented evidence of need.

Critical Category Floor: Must score at least an 8

Score Level	What This Looks Like	Points
Exemplary	Proposal demonstrates strong, specific, and measurable benefit to rural health outcomes in at least one domain. Evidence of community need is compelling and well-documented. The proposal demonstrates understanding of what makes rural health challenges distinct.	**15**
Meets Expectations	Proposal shows meaningful benefit to rural populations with reasonable evidence of need. Impact is described but some specificity or evidence is missing.	**8**
Partially Meets	Rural benefit is referenced but not well-substantiated. Proposal does not clearly connect activities to improved rural outcomes or population need. Treats rural and non-rural populations as interchangeable.	**4**
Insufficient Evidence	No meaningful demonstration of benefit to rural populations. Need is absent or not addressed by proposed activities.	**0**

Partnerships & Collaboration

Proposal includes strong, appropriate partnerships (e.g., hospitals, EMS, schools, community-based organizations, CCSNH/USNH, dental, behavioral health); multi-sector coordination demonstrated.

Readiness Lens

- Project Development: Partnerships may be emerging or exploratory. Letters of intent to collaborate are acceptable.
- Preparatory Investments: Partnerships identified and beginning to formalize, with key partners named and roles described.
- Program Ready: Partnerships committed and embedded in the project design - signed MOUs, described workflows, or operational commitments.

Critical Category Floor: Must score at least a 10

Score Level	What This Looks Like	Points
Exemplary	Strong, appropriate, and diverse partnerships are clearly described. Multi-sector coordination is a defining feature of the project design. Partner roles are specific and substantive. Letters of support describe committed engagement, not passive endorsement.	**20**

Meets Expectations	Partnerships are described and generally appropriate. Multi-sector coordination is present but not fully developed. Partner roles are identified but may lack detail.	**10**
Partially Meets	Partnerships are limited, underdeveloped, or missing key sectors. Coordination across sectors is unclear. Letters of support restate the applicant's goals without describing specific partner roles.	**5**
Insufficient Evidence	No meaningful partnerships described. No evidence of multi-sector coordination.	**0**

Category 5: Sustainability & Long-Term Value

Sustainability Plan

Sustainability plan is well articulated and describes how the proposed transformation will be sustained beyond GO-NORTH grant funding.

Readiness Lens

- Project Development: Sustainability may be conceptual. The applicant should articulate a pathway to future funding or structural support, even if specifics are not yet determined.
- Preparatory Investments: Describe how the investment will be maintained post-implementation - ongoing maintenance, licensing, staff retention, system upkeep.
- Program Ready: Expect concrete - identified funding sources, revenue strategies, institutional commitments, and a credible plan for continuation.

Critical Category Floor: Must score at least a 5

Score Level	What This Looks Like	Points
Exemplary	Proposal clearly and convincingly describes how activities, outcomes, or infrastructure will continue after the grant period. Specific strategies, funding sources, or commitments are identified. The sustainability plan is consistent with the organizational capacity and partnerships described elsewhere in the proposal.	**10**
Meets Expectations	Proposal addresses sustainability with some specificity. Plans exist beyond the grant period but lack full detail on funding sources or long-term commitments.	**5**
Partially Meets	Sustainability is mentioned but described in general terms without supporting evidence or a concrete plan. Long-term value is unclear. Generic statements like "we will seek additional funding" are the only strategy offered.	**2**
Insufficient Evidence	No meaningful plan for sustaining activities or impact beyond the grant period. Sustainability is absent from the proposal.	**0**

Budget Quality & Alignment

Budget is reasonable, cost effective, and aligned with allowable costs; expenses are clear and justified; budget includes plan for sustainability and corresponds with proposed activities.

Readiness Lens

- Project Development: Budget should cover planning activities - consultant fees, convening costs, assessment tools. Lower cost levels are expected.
- Preparatory Investments: Budget should reflect one-time investment costs with clear vendor quotes or estimates.
- Program Ready: Budget should reflect full operational costs with detailed line items, justified staffing, and clear alignment to the work plan.

Critical Category Floor: Must score at least a 5

Score Level	What This Looks Like	Points
Exemplary	Budget is clearly aligned with allowable costs, cost-effective, and justified line by line. Sustainability considerations are explicitly addressed. No unexplained expenditures. Budget corresponds directly with proposed activities.	**10**
Meets Expectations	Budget is generally aligned with allowable costs and reasonably justified. Minor gaps in cost justification or sustainability considerations exist. Budget is mostly consistent with the scope of work.	**5**
Partially Meets	Budget has notable gaps in justification, includes questionable costs, or does not adequately reflect the scope of work. Sustainability is not addressed.	**2**
Insufficient Evidence	Budget is missing, incomplete, or contains significant unallowable costs. No sustainability considerations provided.	**0**

Natural Cutoff Consideration

In the event that two or more applications have identical scores, an application with a higher score in a certain category should be given priority. If those scores are also identical, the scores should be compared in the categories in the following order:

1. Rural Transformational Change
2. Projected Impact on Rural Communities
3. Sustainability & Long-Term Value
4. Ambition of Measurable Outcomes
5. Strength of the Project Plan & Milestones

Award Requirements

Applicants selected for funding will be assigned a partner with FHC and required to enter into a grant agreement with FHC and comply with all applicable program and federal requirements. FHC reserves the right to decline or remove applicants from consideration if there are existing or prior conditions of default in any agreements with FHC.

Additional information regarding reporting requirements, project administration, and available resources - including bridge financing options - will be provided during the full application and award process. If your organization is selected to receive funding, FHC staff will coordinate to finalize your budget, work plan, and subcontract.

The following items will be required for the contract:

- **Financial Disclosure:** If awarded this grant, I acknowledge that our organization will be required to submit financial disclosures, including an audit, an IRS Form 990, or an Income Statement and Balance Sheet from the organization's most recently completed fiscal year.
- **Executed Certificate of Vote/Authority:** If awarded this grant, I acknowledge that our organization will be required to submit a signed Executed Certificate of Vote/Authority. I understand that the certificate must (a) be signed and dated within 30 days of signing the grant agreement, and (b) be signed by an authorized individual other than the person signing the grant agreement.
- **Certificate of Insurance:** If awarded this grant, I acknowledge that our organization will be required to submit a current ACORD Certificate of Insurance with the Certificate Holder. Certificate Holder listed as:

  Foundation for Healthy Communities
  125 Airport Road
  Concord, NH 03301
- **Unique Entity Identifier (UEI) Number:** As issued by SAM.gov and used for federal contracts and grants.
- **New Hampshire State Business ID Number**

Reporting Requirements

Quarterly Reporting	Annual Reporting	Evaluation Reporting
Grantees will remain in communication with FHC throughout the award period to provide updates on budget spending, progress on work plan, and successes and challenges. Applicants should be committed to transparency in operations and budgeting, ensuring accountability and efficient use of resources.	At the end of each grant year, grantees will submit detailed financial expenditures and outcomes.	Grantees may be required to establish baseline data, set measurable targets, and report on progress throughout the grant period. Applicants may be expected to track and report on key metrics related to access to care, health outcomes, and program-related activities, both quantitatively and qualitatively.

Subrecipient Monitoring

As the pass-through entity, FHC is responsible for monitoring subrecipient performance and compliance throughout the life of each award. Monitoring is risk-based - frequency and depth scale with award size, subrecipient risk profile, and past performance. More detail will be shared with subrecipients at time of award.

Subrecipients should expect some combination of the following:

Desk Audits - Routine, non-onsite reviews conducted by FHC's grants management team, including review of quarterly and annual reports, reimbursement requests and supporting invoices/receipts, budget-to-actual comparisons, and progress against the approved work plan and milestones.

Site Visits - FHC may conduct on-site or virtual visits to verify that funded activities are being carried out as proposed, review original financial records and source documentation, observe service delivery where applicable, and discuss implementation progress directly with program staff. Higher-risk or larger awards should expect more frequent visits.

Risk Assessment - Before or shortly after award, FHC assesses each subrecipient's risk profile based on award size, organizational capacity, prior federal funding experience, and any history of audit findings. This determines monitoring frequency and intensity for the award period.

Corrective Action Plans - If a desk audit or site visit identifies a compliance finding, FHC will issue written notice of the issue. Subrecipients must submit and implement a Corrective Action Plan (CAP) within a specified timeframe and demonstrate remediation before further disbursements continue.

Single Audit Requirements - Subrecipients expending $1,000,000 or more in federal awards during their fiscal year are subject to a Single Audit under 2 CFR Part 200 Subpart F and must submit results to FHC. Subrecipients below this threshold must still maintain adequate financial records and make them available upon request.

Subrecipient Cooperation - Subrecipients are required to cooperate fully with all FHC monitoring activities, respond to documentation requests in a timely manner, and promptly remediate any findings.

Contact Information

Questions regarding the RFP and your application can be send to: GO-NORTH-FHC@healthynh.org

All questions must be submitted no later than 10 calendar days before the application submission deadline. FHC cannot guarantee a response to questions received after this deadline.

Website: healthynh.org

Resources

The Foundation for Healthy Communities (FHC)

FHC builds statewide connections among hospitals, healthcare organizations, and community partners to advance equitable health for all New Hampshire residents. FHC will manage this grant program including distributing and overseeing awards, providing technical assistance, coordinating required reporting, and evaluating the program to ensure impact and accountability.