Foundation for Healthy Communities Request for Applications (RFA) - SCHOOL BASED ORAL HEALTH PROGRAMS (SBOHP)

Updated August 20, 2026 to correct mistakes in prior version

This GO-NORTH Request for Proposal 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 $204 million 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.

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.

At-a-Glance

Funding Overview	This RFA focuses on the following initiatives: 1, Population Health, to advance prevention and population health initiatives by implementing and scaling evidence-based programs in oral health. Initiative 2, Access, ensure sustainable access to care. Initiative 4, Technology, modernize care delivery by expanding technology, interoperability, and data security. This RFA supports expanding access to preventative oral health services in rural areas through sustainable transformational investments in School-Based Oral Health programs, including expansion of existing programs, starting new programs, and the adoption of electronic dental records systems to support the long-term sustainability of School-Based Oral Health programs
Grant Start Date	Execution of contract through September 30, 2027, multiple-year awards contingent on funding from GO-NORTH
Eligible Applicants	All New Hampshire-based nonprofit, for-profit, or community-based organizations; nonprofits must be in good standing with the NH secretary of state
Funding Goals	• Stabilize & strengthen existing school based oral health programs (SBOHP) to increase access to oral health care. • Strengthen and Transform: Increase access to oral health care through new SBOHPs • Transform and Sustain SBOHPs: Electronic dental record purchase and implementation
Application Deadline	**Application Portal Opens:** July 28, 2026 **Target Application Close Date:** September 25, 2026 **Notification of Award:** October/November 2026 --- **Information Session:** August 24th - 10:30AM – 11:30 AM | Register HERE - Information session will be recorded and posted online with RFA Link
Website	healthynh.org

If applicant requires assistance with drafting their grant, funding and resources are available. Please reach out to GO-NORTH-FHC@healthynh.org

Application Writing Support

To increase access and expand the pool of competitive applicants, the FHC will provide qualifying organizations with financial resources and direct support for project development and award application writing activities. Applicants may request this support ahead of completing their application.

To request application writing support, contact: GO-NORTH-FHC@healthynh.org

Note: Consultants engaged for award application writing support must be procured from FHC's list of pre-approved professionals or through an independent competitive procurement process in accordance with 2 CFR Part 200.

FHC Objective

FHC's Year 1 investment strategy focuses on building foundational capacity through planning, stabilization, and initial program development across emergency medical services, 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.

This oral health RFA is designed to support GO-NORTHs Initiative 1, 2, and 4, Population Health, Access and Technology. This RFA supports expanding access to preventative oral health services in rural areas through sustainable transformational investments in School-Based Oral Health programs, including expansion of existing programs, starting new programs, and the adoption of electronic dental records systems to support the long-term sustainability of School-Based Oral Health programs

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

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

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

Overview of Funding Opportunity

This funding opportunity is open to all New Hampshire-based nonprofit, for-profit, and community-based organizations in good standing with the NH Secretary of State.

Awards will be made based on available funds, and FHC reserves the right to make partial award determinations. The initial grant term runs through September 30, 2027, with the possibility of continued funding through September 30, 2031, contingent upon satisfactory performance, available funding, and continued GO-NORTH authorization.

Funding Goals	Description	Estimated Award Range
Goal 1	Stabilize & Strengthen existing School-Based Oral Health Programs (SBOHPs) and electronic dental record	$50,000 – $80,000 per application
Goal 2	Strengthen & Transform: Increase access through new SBOHPs in rural areas (up to 3 awards) and electronic dental record	$350,000 – $500,000 per application
Goal 3	Transform & Sustain: electronic dental record purchase and implementation (up to 10 awards)	Approximately $20,000 per application
Note on All Estimated Dollar Allocations: All RFA estimated dollar allocations are subject to change and adjustment based on application volume and available funding.		

Who Is Eligible to Apply?

All New Hampshire-based nonprofit, for-profit, or community-based organizations are eligible to apply. All organizations must be in good standing with the NH secretary of state. Applicants must fit into one of the following categories:

- ✓ Organizations with existing School-Based Oral Health programs in Rural New Hampshire.
- ✓ Organizations starting new School-Based Oral Health programs in Rural New Hampshire.

The School-Based Oral Health program must be located in a rural area, as defined by the Health Resources & Services Administration (HRSA). Verify eligibility using the HRSA Rural Health Grants Eligibility Analyzer: Rural Health Grants Eligibility Analyzer

It is encouraged that multiple eligible organizations partner on one application, with one organization designated as the lead applicant.

The following entities are **ineligible** to apply:

- Individuals
- Organizations with existing legal proceedings involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before and adjudicative body in any jurisdiction.

Grant Period and Available Funding

FHC will award competitive grants to eligible organizations through this funding opportunity. Awards are made on a competitive basis, subject to available funds, and FHC reserves the right to make partial award determinations.

Partial Funding Policy

FHC reserves the right to fund an award at less than the full amount requested. Partial awards may occur where:

→ An application is scores well, but the requested budget exceeds available funds;
→ Specific budget line items fall outside the scope of allowable activities; or
→ FHC determines that a portion of the proposed work does not align with program priorities

Budget items outside allowable expenditures - including but not limited to renovation, capital improvements, or direct cash benefits to employees - will not be funded regardless of overall award status. Where a partial award is made, FHC will notify the applicant and negotiate a revised scope of work and budget prior to contract execution. No funds will be disbursed until a fully executed grant agreement reflecting the adjusted award amount is in place. This provision is standard across all GO-NORTH RHT funding opportunities and is not a reflection of application quality.

FHC intends to support multi-year projects aligned with GO-NORTH contract period through September 30, 2031. While the initial grant term runs from the date of contract execution through September 30, 2027, awardees demonstrating satisfactory performance and compliance may be considered for continued funding in subsequent budget periods without a competitive re-application process, subject to the availability of funds and continued authorization from GO-NORTH. Continued funding is not guaranteed and remains contingent upon GO-NORTH's annual budget period release, satisfactory grantee performance, and ongoing alignment with GO-NORTH RHT priorities. An amendment to our grant agreement will be required if additional years of funding are available.

Funding Goals

This funding opportunity invests in innovative, sustainable approaches to transform access to oral health services in rural New Hampshire. Funding is organized into three distinct goals, each designed to meet organizations at a different stage of program readiness - from strengthening an existing school-based oral health program, to launching a new one, to advancing data infrastructure through electronic dental records.

Funding allocations available in this round:

Funding Goals	Description	Estimated Award
Goal 1	Stabilize, Strengthen existing School-Based Oral Health Programs (SBOHPs) and electronic dental record	$50,000 – $80,000 per application
Goal 2	Strengthen & Transform: Increase access through new SBOHPs in rural areas (up to 3 awards) and electronic dental record	$350,000 – $500,000 per application
Goal 3	Transform & Sustain: electronic dental record purchase and implementation (up to 10 awards)	~$20,000 per application

Goal 1 - Stabilize & Strengthen Existing School-Based Oral Health Programs

Estimated award: $50,000 – $80,000 per application

Many school-based oral health programs (SBOHPs) in New Hampshire are operating with limited resources, aging equipment, and staffing gaps that constrain their ability to consistently deliver preventive and restorative care to students. Goal 1 is designed for organizations that already operate an SBOHP and need targeted, one-time investment to stabilize operations, or strengthen program capacity in a meaningful and sustainable way.

Awards under this Goal are intended to address real and documented barriers - not to expand programs into new schools or populations, which is the focus of Goal 2. Applicants should clearly describe the specific challenge their program is facing, how the proposed investment addresses it, and what improved outcomes or operational performance they expect as a result.

Eligible Uses of Funds

Please identify how you will use these funds based on the eligible uses below (select all that apply in the application portal and describe in your narrative):

- Clinical supplies necessary for the delivery of preventive and restorative oral health services (e.g., sealants, fluoride varnish, examination supplies, disposables)
- Staffing support for dental hygienists, dentists, dental assistants, or care coordinators directly involved in program delivery
- Equipment purchases necessary to deliver school-based oral health services
- Patient outreach, consent coordination, and referral management costs
- Other - describe in narrative (must clearly connect to program stabilization or strengthening)

Narrative requirement: For each eligible use selected, applicants must describe in the narrative how the investment addresses a specific documented gap or barrier and what outcome or improvement is expected as a result.

Goal 2 - Strengthen & Transform - Increase Access Through New SBOHPs

Estimated award: $350,000 – $500,000 per application | Up to 3 awards

Access to oral health care for children in rural New Hampshire remains critically limited. Many rural schools have no school-based dental services at all, leaving students - particularly those from families with low-income or communities far from dental providers - without access to preventive or restorative care during the school day. Goal 2 is designed for organizations that do not currently operate a school-based oral health program and are ready to build one or those that have an established school-based oral health program and are looking to expand into new schools. This is the largest investment category in this RFA, reflecting the significant resources required to launch a sustainable new program: site identification and partnership development, clinical staffing, equipment procurement, patient consent and outreach infrastructure, and data systems to track outcomes.

Organizations applying under Goal 2 must be prepared to launch program activities within the grant period and to describe a credible plan for sustaining the program after BP1 funding ends. FHC expects Goal 2 awardees to demonstrate a clear path to operational sustainability, through Medicaid reimbursement, school district partnerships, regional funding, or other.

Eligible Uses of Funds

Please identify how you will use these funds based on the eligible uses below (select all that apply in the application portal and describe in your narrative):

- Clinical supplies necessary for the delivery of preventive and restorative oral health services (e.g., sealants, fluoride varnish, examination supplies, disposables)
- Staffing support for dental hygienists, dentists, dental assistants, or care coordinators directly involved in program delivery
- Equipment purchases necessary to deliver school-based oral health services, including mobile or portable dental equipment
- Transportation or mobile unit operating costs directly tied to rural school service delivery
- Patient outreach, consent coordination, and referral management costs
- Site development, school partnership coordination, and program design costs associated with launching the new program
- Data infrastructure and reporting systems necessary to track program outcomes and meet FHC reporting requirements

Note: Organizations with an existing SBOHP who are looking to improve their current SBOHP locations are not eligible for Goal 2. See Goal 1.

Narrative requirement: Applicants must describe the specific school(s) or district(s) they plan to serve, the current gap in oral health access at those sites, and how the proposed program design addresses that gap. A credible sustainability plan is required - reviewers will evaluate whether the program can continue beyond BP1.

Goal 3 - Transform & Sustain - Electronic Dental Record Implementation

Estimated award: ~$20,000 per application | Up to 10 awards

Accurate, interoperable data is essential for school-based oral health programs to demonstrate outcomes, meet Medicaid billing requirements, coordinate care with other providers, and sustain themselves financially over time. Many SBOHPs in New Hampshire still operate on paper records or outdated systems that cannot support the data and reporting requirements of a modern, sustainable program.

Goal 3 provides targeted funding for the purchase and implementation of an electronic dental record (EDR) system appropriate for school-based oral health program use. This Goal is available to both existing programs (eligible for Goal 1) and new programs (eligible for Goal 2) and may be submitted as a standalone application or in combination with a Goal 1 or Goal 2 application.

FHC will provide dedicated EDR technical assistance to all Goal 3 awardees throughout the implementation period - including vendor onboarding support, system configuration guidance, and ongoing troubleshooting. Applicants do not need to identify a specific EDR vendor at the time of application but should describe their current data management approach and what they expect the transition to an EDR to require.

FHC EDR Technical Support: The Foundation will provide hands-on technical assistance for Goal 3 awardees throughout the EDR implementation process. This includes support with system configuration, data migration from paper or legacy systems, staff training coordination, and troubleshooting during the grant period.

Eligible Uses of Funds

Please identify how you will use these funds based on the eligible uses below (select all that apply in the application portal and describe in your narrative):

- Purchase or licensing of an electronic dental record system appropriate for school-based oral health program use
- Implementation and configuration costs, including vendor setup and data migration from existing paper or legacy systems
- IT infrastructure costs directly necessary to support EDR implementation (e.g., hardware required to run the system, secure network access at school sites)
- Staff training on the EDR system, including initial onboarding and follow-up training during the grant period
- Technical assistance from the EDR vendor or a qualified third party during the implementation period

Narrative requirement: Applicants must describe their current data management approach, the specific EDR system they plan to purchase (or their plan for selection if not yet identified), and how the transition to an EDR will improve their program's ability to track outcomes and meet reporting requirements. If applying in combination with Goal 1 or 2, describe how the EDR implementation connects to the broader program goals.

Application Details

Application Questions Tab (Addressed in Written Narrative)

In the narrative, the applicant must clearly link the goal(s) they are applying to each question below.

1) Proposed Approach and Organizational Capacity (Limit 2 pages):

- Describe your organization's capacity to successfully implement the proposed project, including relevant experience, staffing structure, and how this project fits within your current portfolio of work.
- Explain what is new, different, or innovative about your initiative.
- Include the name and description of an organizational champion(s) that supports this project and gains buy-in from staff, external stakeholders, and future funders.
- List key staff who will implement the work and their specific roles. This must include a designated administrative lead that will engage with FHC throughout the grant period.

2) Alignment With Rural Health Transformation (Limit 2 pages):

- Describe how this project will lead to improved health outcomes in rural populations. Include any references to evidence-based practice.
- Describe your ability to collect and report on data to assess progress and demonstrate outcomes and impact.
- Indicate the estimated number of people that will be served by this project.
- What will you measure to monitor implementation and progress related to this project?
    - This may include, but is not limited to: Activities completed, milestones achieved, number of trainings provided, number of services delivered
    - Identify the data source(s) used to track progress

3) Partnership Plan (Limit 1 page):

- Describe organizations you will partner with to complete this project, outlining a regional approach if it applies.
- Explain why these partnerships are appropriate for the proposed work and how they support coordinated, effective implementation.
- If the work in this applications ties to another HUB RFP/A submission you plan to do, and is critical to the success of this application, please clearly outline and indicate the HUB – For example: CDFA Infrastructure or CCSNH HUB.

4) Sustainability (Limit 1 page):

(1) Describe how the proposed transformation will be sustained beyond GO-NORTH grant funding without ongoing payer support. Include the rationale for why external funding will no longer be needed, and outline the operational, financial, and organizational strategies that will allow the initiative to sustain long-term.

Or

(2) If continued funding is required to support ongoing transformation efforts, describe your plan for securing long-term sustainability through payer and/or funder engagement. Include evidence of payer participation, commitments from long-term funding partners, or other demonstrated support for continuation after the grant period ends.

Required Attachments

In addition to the written narrative, all applicants must submit the following attachments as part of a complete application. Incomplete submissions will not be reviewed. Applicants will be asked to upload these documents directly through the application portal.

- **Work Plan of Milestones and Timeline** - using the provided template, applicants should outline key project milestones, anticipated completion dates, and the responsible party for each activity across the grant period.
- **Project Budget** - Applicants will be asked to submit the completed Budget Template as part of their application package. The budget template is a required Goal 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
    - Applicants should be aware that FHC is currently authorized to issue awards for Budget Period 1 (BP1) only. Multi-year funding has not been approved and cannot be guaranteed. Applicants whose proposed programs require multi-year investment to be sustainable may indicate projected costs for BP2 through BP5 in the budget template for planning purposes. Inclusion of multi-year projections does not constitute a commitment by FHC or GO-NORTH to fund continual years, and applicants should design their BP1 scope to be independently valuable and achievable within BP1 funding alone.
    - Applicants should also be aware that all award selections are subject to GO-NORTH prior to approval before FHC executes any award 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 award agreement is in place.

- **Letters of Support** - applicants must include letters of support from each key partner organization identified in the Partnership & Collaboration Plan. Letters should clearly describe the partner's role in the project and their commitment to the proposed work.
- **Tax Exempt Designation –** if a nonprofit, applicants must attach IRS 501(c)(3) tax-exempt status, as confirmed by an IRS Exemption Letter.
- **Certificate of Good Standing – A**pplicants must attach a screenshot of your current status, as issued by the NH Secretary of State.

Allowable Use of Funds:

All funded activities must be allowable, allocable, reasonable, and necessary in accordance with 2 CFR Part 200. Applicants are responsible for ensuring that all proposed costs meet these standards and for providing written justification for every budget line item. The following describes allowable uses of funds under this RFA.

General Allowable Cost Categories

- **Personnel Costs:** Salaries, wages, and fringe benefits for staff directly engaged in project implementation. Personnel must be clearly tied to specific project activities. Costs must be proportional to the time spent on grant-funded work and supported by time-tracking records. Certain restrictions may apply - applicants will need to identify whether they plan to fund personnel time for payments to healthcare providers for the provision of clinical care not paid by insurers and/or other programs.
- **Clinical Supplies:** Supplies necessary for the delivery of preventive and restorative oral health services (e.g., sealants, fluoride varnish, examination supplies, disposables). Applicable to Goal 1 and Goal 2.
- **Equipment Purchases:** Equipment purchases necessary to deliver school-based oral health services or implement an EDR system. See Section 7.2 for requirements related to equipment purchases with a unit cost of $10,000 or more.
- **Outreach & Engagement:** Costs related to patient outreach, consent coordination, referral management, and care navigation activities that support access to school-based oral health services.
- **Health Information Technology:** Technology purchases, software licensing, and IT infrastructure costs directly required to support EDR implementation or program delivery, including hardware required to run approved systems and secure network access at school sites. Applicable primarily to Goal 3.
- **Data Collection & Evaluation:** Costs associated with collecting, managing, and reporting program data, establishing baseline metrics, and fulfilling reporting obligations to FHC and GO-NORTH.
- **Quality Improvement:** Activities designed to improve program performance, clinical outcomes, or operational efficiency, including participation in quality improvement collaboratives and process redesign efforts.

- **Training & Continuing Education:** Training for existing staff directly related to the proposed project, including initial onboarding and follow-up training for EDR implementation. Out-of-state travel for professional development directly related to the project is allowable with justification; in-state meeting travel is allowable.
- **Consultants:** Contracted consultants providing specialized expertise in support of the project. All consultant procurement must comply with 2 CFR Part 200 procurement standards. Consultants may be procured from FHC's list of pre-approved professionals, which is still in development.
- **Partnership & Regional Collaboration:** Costs associated with building regional partnerships, coordinating care across organizations, and participating in shared service planning or communities of practice aligned with RHT priorities.
- **Sustainability Planning:** Activities focused on building long-term program sustainability, including engagement with health systems, payers, and funders to develop reimbursement models and ensure program continuity beyond the grant period.
- **EDR Implementation Costs (Goal 3):** For Goal 3 applicants: implementation and configuration costs, vendor setup fees, data migration from existing paper or legacy systems, staff training on the EDR system, and technical assistance from the EDR.
- **Indirect Costs:** Indirect costs are allowable subject to approval by FHC.
- **Other Operational Costs:** Other reasonable and necessary operational costs directly associated with project implementation not captured above. Applicants must provide a written justification for any cost listed under this category.

Equipment Purchases Over $10,000

Any proposed equipment purchase with a unit cost of $10,000 or more requires prior written approval from FHC before the cost may be incurred. Applicants must identify all such equipment in their budget submission and provide the following for each item:

- ✓ Item description and intended purpose;
- ✓ Manufacturer and model number (or equivalent specification);
- ✓ Unit cost and quantity requested;
- ✓ Written justification explaining why the equipment is necessary to carry out the funded project;
- ✓ Confirmation that the item is not already available within the organization or accessible through a shared-use arrangement;
- ✓ Anticipated useful life of the equipment; and
- ✓ Proposed location and the organization responsible for maintaining the equipment.

Compliance Note: Equipment purchases not identified in the approved budget and pre-approved by FHC are not reimbursable. Retroactive approval requests will not be considered. List all potential equipment over $10,000 in you application, using the provided budget template.

Ineligible Activities

The following activities and costs are NOT eligible for funding under this RFA:

- ✓ Capital expenditures for new or expanded facilities any proposed improvements to existing facilities must be submitted through the CDFA Infrastructure HUB;
- ✓ Clinical services that duplicate billable services or attempt to change existing fee schedules;
- ✓ Research projects;
- ✓ Lobbying activities;
- ✓ Workforce recruitment or retention activities that afford a direct cash benefit to an employee;
- ✓ Duplicate activities already supported by another GO-NORTH funding hub or other funding source at the time of application or award; and
- ✓ Direct health care services, unless the applicant provides written justification demonstrating: (a) the services are not already reimbursable; (b) how the payment fills a gap in care coverage; and/or (c) how the services transform the current care delivery model.

Applicant Supports

FHC is committed to ensuring all eligible organizations have access to the guidance, resources, and expertise needed to submit a competitive application - regardless of prior grant-writing experience. The following supports are available to all prospective applicants at no cost.

Technical Assistance

FHC program staff are available throughout the application period to answer questions about program objectives, eligible activities, the application process, and how to align your proposed project with RHT priorities. Technical assistance is available by email, by appointment, and through group information sessions.

To request one-on-one technical assistance or ask a program question, contact: GO-NORTH-FHC@healthynh.org

EDR Implementation Technical Support Goal 3: Foundation-Provided EDR Support - What This Means for Applicants

For organizations applying under **Goal 3 (EDR Purchase and Implementation)**, FHC will provide direct technical support throughout the EDR conversion or new implementation process. This support is provided by the Foundation to the applicant and is separate from, and in addition to, any technical assistance provided by the EDR vendor.

FHC's EDR technical support may include:

- Pre-implementation planning: Assistance with EDR assessment and scoping the implementation plan before the system goes live.
- Data migration support: Guidance on transitioning from paper-based records or legacy dental systems to the new EDR, including data structure, field mapping, and timeline planning.
- Implementation coordination: A dedicated FHC point of contact to help troubleshoot issues, coordinate with the EDR vendor, and keep the project on track during the implementation period.
- Training coordination: Support in planning and scheduling staff training -including initial onboarding and follow-up sessions - to ensure clinical and administrative staff are proficient in the new system.
- Interoperability and reporting setup: Assistance configuring the EDR to support documentation, Medicaid billing, and data reporting requirements under the RHT grant.

Applicants should reflect this FHC support in their project narrative and work plan but are not required to budget for FHC's technical assistance costs - those are borne by the Foundation. Support may adjust based on the applicant's selection of EDR and what support vendor may provide.

Information Sessions

FHC will host two online information sessions for organizations interested in applying. These sessions will include an overview of eligible applicants, program objectives, the application process, funding Goals, and key dates. Attendance is strongly encouraged but not required.

Information Session: August 24th - 10:30AM – 11:30 AM | Register HERE

Information session will be recorded and posted online with RFA Link

Review Process

All completed applications will be reviewed and scored by a committee made up of Subject Matter Experts (SMEs), FHC staff and/or GO-NORTH representatives. Applications with the highest score within the funding limits will be advanced for approval from FHC, after GO-NORTH approves the selections.

All applications will be assessed based on the following 5 objectives, consistent with GO NORTH's priorities and CMS strategic goals for RHT funding.

1. Transformational Impact: Proposal drives structural transformation through the adoptions of new care models, moving to value-based payments, technology investments that produce an ROI (e.g. more efficient operations, clinical productivity, etc.)

- Proposal clearly aligns with the goals of this RFA and is likely to lead to transformational change. (15 pts)

2. Strength of the Project Plan: Strong workplan and milestones includes clear and creative approaches to maximizing the immediate impact of GO-NORTH RHT funds.

- 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. (10 pts)
- Proposal demonstrates capacity to execute project including relevant experience, adequate staffing, leadership, governance, financial management, and existing relationships within rural communities. (10 pts)

3. Achieve Meaningful Outcomes: Outcomes to be achieved are ambitious, achievable, and well-supported. Outcomes directly related to the improvements and transformational changes included in the proposal – e.g. increased access, reduced costs or long-term operating expenses, etc.

- Proposal includes clear metrics tied to GO-NORTH key performance indicators; applicant demonstrates capacity to collect, track, and report required data. (10pts)

4. Long-Term Impact: Significant impact on rural communities' access or population health is meaningful. Proposal includes clear and strong explanations on how the proposal will directly impact rural residents, and how the scale of such rural impact is transformative.

- 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. (15 pts)
- Proposal includes strong, appropriate partnerships (e.g., hospitals, EMS, schools, community-based organizations, CCSNH/USNH, dental, behavioral health); multi-sector coordination demonstrated. (20 pts)

5. Sustainability: A detailed sustainability plan to sustain the investments and change beyond the term of the grant.

- Sustainability plan path is well articulated and describes how the proposed transformation will be sustained beyond GO-NORTH grant funding. (10 pts)
- 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. (10 pts)

Awardee Expectations

If your organization is selected to receive funding, FHC staff will coordinate to finalize your budget, work plan, and award agreement.

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 award agreement, and (b) be signed by an authorized individual other than the person signing the award 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.

Grant Requirements: If awarded for this grant, I acknowledge that FHC may include additional requirements in the grant contract relative to participation in regional plannings and collaborations to support the success of the GO-NORTH initiatives. These may include, but not limited to:

- Collaborating with healthcare, public health, behavioral health, and community partners.
- Engaging with workforce development efforts involving Community College System of New

Hampshire (CCSNH) and University System of New Hampshire (USNH).
- Participating in communities of practice related to development of sustainable models of care, including, but not limited to engagement with health systems, payers and other funders related to reimbursement models

Evaluation Requirements: I acknowledge that we must work with the GO-NORTH's evaluator the National Opinion Research Center (NORC), including but not limited to, refining its evaluation plan, making mid-course corrections/quality improvement, and ensuring reporting of data, lessons learned, and success stories.

Applicant certifies that that:
- (1) they are eligible to apply based on the eligibility criteria stated in the Program Guidelines
- (2) statements contained in this Application are true and complete to the best of their knowledge, and
- (3) they accept the terms of the Grant as documented in the Program Guidelines.

Reporting Requirements:

- **Quarterly Reporting:** Grantees will remain in communication with FHC throughout the award period to provide updates on:
  - Budget spending
  - Progress on work plan
  - Success and challenges

  Applicants should be committed to transparency in operations and budgeting, ensuring accountability and efficient use of resources.

- **Annual Reporting:**
  At the end of each grant year, grantees will submit detailed financial expenditures and outcomes.

- **Evaluation Reporting:**
  Grantees may be required to:
  - Establish baseline data
  - Set measurable targets
  - Report on progress throughout the grant period

Applicants will be expected to track and report on key metrics related to access to care, health outcomes, and program related activities both quantitatively and qualitatively.

Technical Assistance and Capacity Building:
Additional support will be provided throughout the grant funding period, including, but not limited to:

- Check-ins between grantee organization lead/program staff and the FHC grant management team
- Information sharing with other grantee organizations receiving funding from FHC

Additional Evaluation Activities:
In addition to routine reporting, awardees may be asked to participate in broader evaluation activities (e.g., surveys, interviews, learning sessions) to support shared learning and system improvements across the state.

Contact Information

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

All questions must be submitted by September 18th

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.

Appendix A: APPLICANT CHECKLIST

APPLICANT CHECKLIST

Oral Health & Dental Services RFA · Application Portal Opens July 22, 2026 · Deadline: August 28th, 2026

How to use this checklist: Work through each section before submitting. Every item marked Required must be complete. Incomplete submissions will not be reviewed. Technical assistance is available, contact GO-NORTH-FHC@healthynh.org

STEP 1 - CONFIRM ELIGIBILITY (Complete before starting application)

Your organization must meet ALL of the following:

- ☐ Organization is based in New Hampshire ★ **Required**
- ☐ Organization is in one of the eligible applicant categories: ★ **Required**
- ☐ Existing school-based oral health program (SBOHP) - Goal 1 or 3
- ☐ Organization starting a new SBOHP in a rural area - Goal 2 or 3
- ☐ Organization is in good standing with the NH Secretary of State (nonprofits) ★ **Required**
  - → Attach screenshot from NH Secretary of State's office as part of your application.
- ☐ No existing legal proceedings involving the State of NH or any state/federal government entity ★ **Required**
- ☐ Proposed activities are NOT already funded by another GO-NORTH HUB or other funding source ★ **Required**

The following are NOT eligible for funding under this RFA:

- → Capital expenditures for new or expanded facilities → submit through CDFA HUB
- → Clinical services that duplicate billable services or attempt to change existing fee schedules
- → Research projects
- → Lobbying activities
- → Workforce recruitment/retention activities that provide a direct cash benefit to an employee

STEP 2 - SELECT YOUR FUNDING GOAL(S)

- ☐ **Goal 1 -** Stabilize & Strengthen an existing SBOHP $50,000 – $80,000
- ☐ **Goal 2 -** Strengthen & Transform: Start a new SBOHP in a rural area $350,000 – $500,000 (up to 3 awards)
- ☐ **Goal 3 -** Transform & Sustain: EDR purchase and implementation ~$20,000 (up to 10 awards)

STEP 3 - WRITTEN NARRATIVE (Submitted through application portal)

Four sections required. Page limits are strict - reviewers will not consider content beyond the limit.

Section A - Proposed Approach & Organizational Capacity (2-page limit)

☐ Describe organization's relevant experience, staffing structure, and how this project fits within your current portfolio of work ★ **Required**

☐ Explaine what is new, different, or innovative about the initiative

☐ Name organizational champion(s) - describe how they build buy-in from staff, stakeholders, and future funders

☐ Liste key staff and their specific roles in the project ★ **Required**

☐ Identify a designated administrative lead who will engage with FHC throughout the grant period ★ **Required**

Section B - Alignment with Rural Health Transformation (2-page limit)

☐ Describe how the project will lead to improved rural health outcomes; cited evidence-based practices where applicable ★ **Required**

☐ Describe capacity to collect, track, and report on progress data ★ **Required**

☐ State estimated number of people to be served ★ **Required**

☐ Identify specific metrics, milestones, and activities to monitor implementation progress ★ **Required**

☐ Identify data source(s) used to track each metric ★ **Required**

Section C - Partnership & Collaboration Plan (1-page limit)

☐ Identify all partner organizations and described a regional approach where applicable ★ **Required**

☐ Explain why partnerships are appropriate and how they support coordinated, non-duplicative implementation ★ **Required**

☐ If this application connects to another GO-NORTH HUB RFP/RFA submission critical to its success, clearly identify the related RFP and HUB (e.g., CDFA Infrastructure, UNH, CCSNH HUB etc.)

Section D - Sustainability (1-page limit)

Address ONE of the following two paths:

☐ Path 1 - Self-sustaining: Described how initiative will continue after grant period without ongoing external funding; included rationale, financial, and operational strategies

☐ Path 2 - Funder/payer engagement: Described plan to secure long-term sustainability through payer and/or funder engagement; included evidence of commitments or participation

STEP 4 - GOAL-SPECIFIC REQUIREMENTS

Complete the section(s) that apply to your chosen Goal(s).

Goal 1 - Stabilize & Strengthen Existing SBOHP

Identified and checked all applicable eligible uses of funds:

☐ Clinical supplies for preventive and restorative oral health services (sealants, fluoride varnish, exam supplies, disposables)

☐ Staffing support for dental hygienists, dentists, dental assistants, or care coordinators directly involved in program delivery

☐ Equipment purchases necessary to deliver school-based oral health services

☐ Patient outreach, consent coordination, and referral management costs

☐ Other operational costs - justification provided in narrative

Goal 2 - Strengthen & Transform: New SBOHP

For new program start-up, confirmed the following are addressed in the narrative and budget:

☐ Site identification and school partnership agreements in place or in progress
☐ Staffing plan for clinical and administrative personnel
☐ Equipment procurement plan
☐ Patient consent and outreach strategy
☐ Data and reporting infrastructure to track services delivered and outcomes
☐ Sustainability plan addressing how the new program will be maintained after BP1

Goal 3 - EDR Purchase and Implementation

For EDR implementation, confirmed the following are addressed:

☐ Identify EDR system (vendor name and model, or specification if not yet selected)
☐ Include implementation and configuration costs in budget
☐ Include data migration costs from paper or legacy systems where applicable
☐ Include IT infrastructure costs necessary to support EDR (hardware, secure network access at school sites)
☐ Include staff training costs - initial onboarding and follow-up training
☐ Include technical assistance from EDR vendor or qualified third-party during implementation period
☐ FHC EDR technical support noted - Foundation will provide EDR technical support for conversion or new implementation

STEP 5 - EQUIPMENT PURCHASES OVER $10,000 (If applicable)

If any single equipment item has a unit cost of $10,000 or more, confirm all of the following are included in the budget submission for each such item:

☐ Item description and intended purpose ★ **Required**
☐ Manufacturer and model number or equivalent specification ★ **Required**
☐ Unit cost and quantity requested ★ **Required**
☐ Written justification explaining why the equipment is necessary to carry out the funded project ★ **Required**
☐ Confirmation item is not already available or accessible through a shared-use arrangement ★ **Required**
☐ Anticipated useful life of the equipment ★ **Required**
☐ Proposed location and organization responsible for maintaining the equipment ★ **Required**

Reminder: Equipment not identified in the approved budget and pre-approved by FHC is not reimbursable. Retroactive approvals will not be considered. All federally funded equipment is subject to ongoing property management under 2 CFR §200.313.

STEP 6 - REQUIRED ATTACHMENTS (Upload through application portal)

All five attachments are required. Missing any one will result in your application not being reviewed.

☐ Work Plan of Milestones and Timeline - use provided FHC template ★ **Required**
→ Must include key milestones, anticipated completion dates, and responsible party for each activity; must cover full grant period through September 30, 2027.

☐ Project Budget - use provided FHC Budget Template ★ **Required**
→ Every line item must include a written justification. Vague or incomplete budget narratives will result in a lower score. Include BP2–BP5 projections only as planning figures - they do not constitute a funding commitment.

☐ Letters of Support from all key partner organizations identified in Section C ★ **Required**
→ One letter per partner. Each letter must describe the partner's specific role and commitment to the proposed work.

☐ IRS 501(c)(3) Tax-Exempt Status Letter - nonprofits only ★ **Required**
→ Attach IRS Exemption Letter confirming tax-exempt status.

☐ Certificate of Good Standing - attach screenshot from NH Secretary of State ★ **Required**

STEP 7 - CERTIFICATIONS & ACKNOWLEDGMENTS (Completed in application portal)

Confirm all acknowledgments are completed in the portal before submitting:

☐ Confirmed organization is in good standing with the NH Secretary of State ★ **Required**

☐ Acknowledge that award selections are subject to GO-NORTH prior approval before FHC executes any award agreement ★ **Required**

☐ Acknowledge that no costs should be incurred in anticipation of an award until a fully executed award agreement is in place ★ **Required**

☐ Acknowledge that continued funding beyond BP1 is not guaranteed and is contingent on performance, available funds, and GO-NORTH authorization ★ **Required**

☐ Acknowledge that FHC may include additional requirements in the grant contract, including participation in regional planning, communities of practice, and engagement with health systems and payers ★ **Required**

☐ Acknowledge the requirement to work with GO-NORTH's evaluator(s), including evaluation plan refinement, mid-course corrections, and data reporting ★ **Required**

☐ Executed Certificate of Vote/Authority: acknowledged that a signed certificate (signed by an authorized individual other than the grant agreement signatory, dated within 30 days of signing) will be required at award ★ **Required**

☐ Certificate of Insurance: acknowledged that a current ACORD Certificate of Insurance naming FHC as certificate holder will be required at award ★ **Required**

☐ Provide or confirm Unique Entity Identifier (UEI) Number as issued by SAM.gov ★ **Required**

☐ Provide NH State Business ID # ★ **Required**

☐ Certify that statements in the application are true and complete to the best of applicant's knowledge ★ **Required**

☐ Certify that the organization accepts the terms of the grant as documented in the Program Guidelines ★ **Required**

Appendix B:
Understanding Budget Periods

Understanding Budget Periods

GO-NORTH funding is appropriated by the federal government from Federal Fiscal Year (FFY) 2026 through FFY 2030, organized into five sequential Budget Periods. Understanding how Budget Periods relate to Federal Fiscal Years will help you plan your project timeline and spending schedule.

How it Works

Each Budget Period begins when funding is distributed and extends through the end of the following Federal Fiscal Year - giving recipients a period of time to spend awarded funds before the close of each period depending on award.

Budget Period	Funding Distributed Targets	Spending Deadline
Budget Period 1 (BP1)	March 16, 2026	September 30, 2027
Budget Period 2 (BP2)	October 1, 2027	September 30, 2028
Budget Period 3 (BP3)	October 1, 2028	September 30, 2029
Budget Period 4 (BP4)	October 1, 2029	September 30, 2030
Budget Period 5 (BP5)	October 1, 2030	September 30, 2031

What this Means for your Project

Awards made under BP1 will be funded with a spending deadline of **September 30, 2027**. All project activities, expenditures, and deliverables must be completed and documented by that date. As the GO-NORTH program ramps up, our goal is to award the funding earlier to allow more time awardees to use the funds.

FHC will monitor spending against Budget Period timelines and may work with awardees to adjust project scope or redistribute funds if expenditure targets are not being met. GO-NORTH retains the right to recoup unexpended funds at the close of each Budget Period. Funds that are not spent by the end of a budget period are not available to be redistributed in future budget periods.

Planning Guidance

When developing your project budget and work plan, we strongly encourage you to:

- → Map all planned expenditures to the BP1 spending window (through September 30, 2027)
- → Avoid back-loading your budget - plan for meaningful spend in the first six months of your award
- → Build in time for procurement, onboarding, and contracting activities before your project spending ramps up
- → Identify any expenditures that may require pre-approval (e.g., equipment ≥ $10,000) and factor in the required approval lead time

If your project spans beyond Budget Period 1, we want to see the multi-year estimates where appropriate. Multi-period projects will require updated work plans and budgets at the start of each subsequent Budget Period, pending additional funding authorization.

Retroactive Reimbursement of Pre-Award Costs

Subrecipient award agreements executed by FHC may include a provision allowing retroactive reimbursement of eligible costs incurred on or after March 16, 2026, but prior to the date the subaward agreement is fully executed. This means that if FHC executes an award agreement with a subrecipient on, for example, August 15, 2026, the agreement may include a provision to reimburse the subrecipient for permissible costs incurred between March 16, 2026 and August 15, 2026 - provided all conditions below are met.

Conditions for Retroactive Reimbursement

To be eligible for retroactive reimbursement, all four of the following conditions must be satisfied:

Timing: The cost was incurred on or after March 16, 2026. Costs incurred before this date are not eligible under any circumstances.

Scope: The cost is directly related to a project within the scope of FHC's contract with GO-NORTH and the funding component under which the applicant is applying. Costs unrelated to the proposed initiative are not eligible.

No Supplanting: The reimbursement supplements, and does not replace (supplant), non-federal funds or other federal funding. Per the State of New Hampshire's Notice of Award: "Federal award funds must supplement, not replace (supplant) non-federal funds. All recipients who receive awards under programs must ensure that federal funds do not supplant funds that have been budgeted for the same purpose through non-federal sources. Applicants or award recipients may be required to demonstrate and document that a reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds."

Allowability: The cost meets all applicable requirements under 2 CFR Part 200, including but not limited to cost principles (§200.400–§200.476), allowability (§200.403), and equipment pre-approval requirements (§200.313). Costs that would have required FHC's prior written approval before being incurred- such as equipment purchases of $10,000 or more- must still meet all pre-approval requirements and will be evaluated for allowability at the time of award.

Certification Requirement

As a condition of retroactive reimbursement, the subrecipient must provide FHC with a written certification that all four conditions above are met, along with supporting documentation (e.g., invoices, purchase orders, bank records, payroll records) evidencing each cost for which retroactive reimbursement is requested. FHC reserves the right to request additional documentation as needed to verify allowability and compliance. This will be completed if the applicant is selected.

Important Notes

- No guarantee of funding: Incurring costs prior to execution of a subaward agreement is done at the applicant's sole risk. FHC's willingness to consider retroactive reimbursement does not constitute a guarantee that any application will be funded or that any specific cost will be determined to be allowable. Applicants who incur pre-award costs should be prepared to absorb those costs if they are not selected for funding or if the costs are determined to be unallowable.
- Equipment purchases: Equipment purchased prior to execution of a subaward agreement

will be evaluated for allowability at the time of award. FHC will apply the same equipment pre-approval standards ($10,000 threshold per 2 CFR §200.313) retroactively. If the equipment meets all allowability requirements, federal property tracking will commence from the actual acquisition date - not the agreement execution date.

- Retroactive period limit: Retroactive reimbursement is limited to costs incurred between March 16, 2026 and the date the subaward agreement is fully executed. No costs incurred outside this window are eligible for retroactive coverage.

Appendix C:

Funding Direct Health Care Services (Provider Payments)

Funding Direct Health Care Services (Provider Payments)

Funds may support the provision of health care items or services that are not paid for by insurers or other programs. If your proposed project includes funding for direct health care services, your application must address all the following:

1. Non-Reimbursable Justification. Explain why the proposed services are not currently reimbursable through Medicare, Medicaid, private insurance, or other existing payment programs. Identify the specific payer gap - whether the service is not covered under existing fee schedules, is provided to uninsured or underinsured populations, or represents a new service model for which no reimbursement pathway currently exists.

2. Care Gap or Coverage Deficit. Describe how funding will fill a gap in care coverage. This may include serving populations without access to the service, providing services in geographic areas where the service is not available, addressing uncompensated care, or delivering services not covered by insurance.

3. Care Delivery Transformation. Explain how the funded services transform the current care delivery model rather than duplicating or expanding existing reimbursable services. Funding that would duplicate billable services under existing fee schedules, or that would supplant existing funding sources, is not allowable.

Additional Requirements for Direct Clinical Services:

1. **GO-NORTH Pre-Approval.** Clinical services funded for provider payments are evaluated by GO-NORTH on a case-by-case basis. There is no pre-approved list of eligible clinical service lines. Applicants should identify all proposed clinical services and associated personnel costs in the application for review. FHC will submit clinical service components to GO-NORTH as part of the award recommendation process.
2. **Mixed Billable/Non-Billable Personnel Costs.** If personnel will deliver a mix of reimbursable and non-reimbursable services, the applicant must describe a tracking mechanism that identifies the percentage of personnel time that is reimbursable through insurance or other payers, the percentage that is non-reimbursable and therefore eligible for funding, and the percentage attributable to administrative/implementation activities. Only the non-reimbursable portion of personnel costs are eligible for funding. Reimbursable portions must be offset against the award or reconciled post-award.
3. **Equipment vs. Clinical Service Costs.** Equipment that enables reimbursable services (e.g., cardiac monitors, transport ventilators) is evaluated under the equipment provisions of this RFA, not as a clinical service under provider payments. However, replacement of existing equipment for an already reimbursable service may be subject to supplanting restrictions. New equipment that enables a new or expanded non-reimbursable service line (e.g., MIH remote monitoring devices) is allowable as a technology or equipment investment.