# Oral Health RFA -Information Session Q&A

*Information Sessions held August 24, 2026 | August 24, 2026*

*This document compiles questions and answers from the Oral Health RFA information session on August24, as well as questions submitted via email to GO-NORTH-FHC@healthynh.org.*

**Update to the RFA Language:** Please note that an updated version of the School Based Oral Health Programs (SBOHP) RFA has been released that clarifies "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**."

## Eligibility & Geographic Designation

**Q: Which rural designation map should applicants use to verify eligibility?**
**A:** FHC follows the HRSA (Health Resources and Services Administration) definition of rurality. Applicants should use the HRSA Rural Health Grants Eligibility Analyzer, available online at the HRSA website. You can enter your address to confirm whether your location qualifies. This is the definitive tool FHC uses for rural geographic eligibility. Rural Health Grants Eligibility Analyzer

**Q: HRSA-designated rural towns are not currently part of our service area; would we only qualify if we begin serving children in one or more of these towns, or if we expand to include them? If expansion is necessary, is there a minimum number of children or schools we must reach to satisfy eligibility?**
**A:** If HRSA-designated rural towns are not currently part of your service area, you would need to propose an expansion that includes serving children in one or more eligible rural-designated areas. The application should clearly describe how the proposed activities will benefit children and schools in those rural communities. There is not a specified minimum number of children or schools that must be served to establish eligibility. However, applicants should consider the competitiveness of the application and clearly demonstrate the anticipated rural impact, including the number of rural schools and/or children who will benefit and how the proposed expansion will meaningfully support rural communities. Rural impact and support for rural communities will be considered as part of the application scoring process.

**Q: We have an existing SBOHP that is not located in an HRSA-recognized rural health community and does not currently serve schools in rural areas. However, we want to expand our SBOHP to some (not all) rural-designated areas. Are we eligible to apply? If so, would the eligible activities be limited to the rural-designated schools?**
**A:** An organization does not need to be located in an HRSA-recognized rural health community to be eligible to apply. However, the proposed expansion must clearly support schools located in rural-designated areas, and the application should clearly articulate the anticipated impact on those rural schools and communities. Eligible activities would need to be focused on or demonstrate a clear benefit to the rural-designated schools included in the proposed expansion. Applicants should keep in mind that the application will be scored based on rural impact and support for rural communities. Therefore, applicants should clearly describe how the proposed activities will serve rural schools and the specific impact the expansion will have on rural students and communities.

**Q: The guidance for Component 1 states that expanding a school-based program to other schools/populations is not the intent of that track, and organizations with an existing SBOHP are not eligible for Component 2. Are we not eligible to apply for funding under this RFA?**
**A:** Please note that an updated version of the School Based Oral Health Programs (SBOHP) RFA has been released that clarifies "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**."

## Process & Logistics

**Q: What if we've never received a federal grant before and don't know what a UEI is?**
**A:** Organizations that have not previously received federal funding need to register with SAM.gov and obtain a Unique Entity Identifier (UEI). This process can take a couple of weeks, so please start now - do not wait until the application deadline. If you or your team are unfamiliar with SAM.gov or UEI registration, reach out to FHC at GO-NORTH-FHC@healthynh.org and we will help guide you through the process.

**Q: Who do we contact with questions during the application period?**
**A:** Email GO-NORTH-FHC@healthynh.org for both general program questions and one-on-one technical assistance requests. All questions submitted via email will be incorporated into this Q&A document.

**Q: Can one organization apply under more than one Option? If yes, separate applications?**
**A:** Applicants can apply under more than one Goal. Only one application needs to be submitted but should clearly outline the different goals and milestones you are looking to achieve in that one application.

**Q: Can you apply for all 3 components listed in the RFA?**
**A:** Yes, applicants are able to apply for all three goals listed in the RFA. Applications should clearly outline the different goals and milestones associated with each goal.

**Q: Our current plan overlaps all three goals. We currently have pilot programs in the Capital and North Country. We want to expand: (a) in situ (ie: expand from elementary to middle and high school), and (b) statewide (to key demographic areas), and (c) add electronic dental records. Do we submit 3 applications or 1?**
**A:** Submit one application. The Oral Health RFA is designed for integrated projects. In your case, the primary focus would be school-based oral health expansion (covering both the in-situ growth from elementary to middle/high school and the statewide expansion to key demographic areas). The EDR implementation would be presented as a supporting technology component that strengthens and enables the expansion - not as a separate project. The in-situ expansion and statewide expansion are both aspects of the same goal: growing your school-based oral health program. They should be presented together in one cohesive narrative with a unified budget, not split into separate applications.

**Q: If one application is appropriate, will the review include expertise in all three areas? Or should one goal be primary, with the others treated as supporting activities? Each component also involves different partners and protocols, and the detail may exceed the page limits. Should this be presented as one integrated application or as separate applications?**
**A:** One integrated application. School-based oral health expansion should be your primary focus, with EDR presented as the technology enabler that supports the expansion. The narrative sections

have specific word limits, and these limits are designed to force focus. Rather than detailing every partner and protocol for each goal separately, describe how the three components work together as one integrated project. Name your partners once and describe their roles across the full project. Present your protocols as a unified workflow, rather than three separate protocols, use your budget to show how the components connect - EDR equipment and software costs support the expansion; they don't stand alone.

If you find that you can't describe the project within the page limits, that's usually a sign that the scope needs to be narrowed, or the narrative needs to be more concise - not that the project should be split into separate applications. The page limits are intentional: they test whether an organization can articulate a clear, focused project.

**Allowable Costs & Equipment**

**Q: I see under Component 2 that mobile unit operating costs are allowable, but not the purchase of the unit; is that correct**

**A:** A mobile unit purchase is allowable given the following listed in Component 2 under eligible use of funds "Equipment purchases necessary to deliver school-based oral health services, including mobile or portable dental equipment" and/or "Transportation or mobile unit operating costs directly tied to rural school service delivery." However, please note the steps needed to make equipment purchases over $10,000.

**Q: Is the purchase of a mobile van unit by a non-rural-designated SBOHP for SBOHP expansion into rural areas allowed?**

**A:** A non-rural-designated school-based oral health program may propose the purchase of a mobile van to expand services into rural areas, provided the applicant clearly demonstrates how the van will support rural schools and rural communities. The application should articulate how the mobile unit will be used to serve rural-designated schools and, to the extent possible, demonstrate that the investment will be dedicated to or primarily support rural service delivery. Rural impact and support for rural communities are weighted heavily in the scoring process, so applicants should clearly describe the rural schools and communities that will benefit, how the mobile unit will be used to reach them, and the anticipated impact of the expansion.

**Q: This might be in the new version but direct billable healthcare services exemption-- what if we are not doing this at this time? For example, we are not billing Medicaid at this time so would be looking for support for the that now but then being able to implement an EDR would then allow us to start doing this.**

**A:** Yes. If the organization is not currently billing Medicaid because of an infrastructure or capacity limitation, it may still be appropriate to request funding to address that barrier. For example, if the organization does not have a functioning electronic dental record (EDR) system or other necessary infrastructure to support Medicaid billing, the application should clearly explain the current limitation and how the requested funding would enable the organization to establish that capacity.

Applicants should articulate how the investment will support long-term sustainability by allowing the organization to begin billing Medicaid for services that are otherwise reimbursable. The application should clearly describe why the organization cannot bill Medicaid currently, what infrastructure or capacity is needed to address the gap, and how the proposed investment will enable future reimbursement and reduce reliance on grant funding.

**Q: If providing a billable service but not currently billing due to capacity, can we propose paying for the staff during the time when we are moving toward a billing capacity?**
**A:** Yes, potentially. Staff costs may be allowable when an organization is working toward the ability to bill for a service, but the applicant must clearly demonstrate why the organization cannot bill today and how the requested funding will address that specific barrier.

For example, if an organization cannot bill Medicaid because it lacks the necessary electronic dental record (EDR) system or other billing infrastructure, funding staff during the period needed to implement that infrastructure may be reasonable if the applicant can clearly connect the staffing costs to the transition to billing.

However, if the organization's only barrier is a lack of staff, it may be more difficult to justify using grant funds to pay for additional staff as a pathway to billing. The applicant would need to explain why the staffing investment is necessary to establish billing capacity and how it will lead to sustainable reimbursement, rather than simply addressing an ongoing staffing shortage.

Ultimately, applicants should clearly identify (1) the current barrier to billing, (2) why that barrier prevents the organization from billing today, (3) how the requested staff funding will help overcome the barrier, and (4) how and when the organization will transition to billing once the capacity is established. Applications will be evaluated based on the strength of this justification, the demonstrated need, and the likelihood that the proposed activities can be successfully implemented within the grant period.

## Budget & Financial

**Q: When an organization submits a multi-year plan, should they state the first year of funding for "funding amount" or the BP1-5 for "funding amount"?**
**A:** For the funding amount requested in the application, organizations should state the total amount requested for Budget Period 1 only. The application should not list the combined funding amount for Budget Periods 1–5 as the requested amount.

The budget template includes separate tabs for Budget Periods 2–5 to allow applicants to provide multi-year budget planning. Applicants should complete those additional budget periods as applicable, but the funding amount requested in the RFA should reflect Budget Period 1 only.

**Q: Is the dollar limit for one or five years?**
**A:** The dollar limit applies to one year (Budget Period 1), not the full five-year grant period. For activities such as expanding an electronic dental record (EDR) system to additional schools, applicants should clearly explain how the requested funding amount was calculated and provide supporting documentation for the anticipated costs. If the cost is higher because the applicant is expanding the EDR to serve a significantly larger number of schools, that should be clearly articulated in the application.

Applicants should also demonstrate that partnerships and collaboration with the schools are already established or meaningfully underway. The application should describe the existing relationships, implementation plans, and specific schools involved, rather than proposing to use the funding to begin identifying schools or developing partnerships after the award.

**Q: Is the dollar amount on each section the lowest amount you can request?**
**A:** No. The dollar amounts listed for each funding component are not necessarily minimum amounts that must be requested. They represent the general funding ranges the program expects to support.

Applicants should request the amount needed to carry out the proposed scope of work and should generally remain within the posted funding ranges. If an applicant needs less than the listed range, that request may still be considered and will be evaluated based on the proposed activities, scope, and demonstrated need.

Applicants should not request significantly more than the posted funding limits. There may be some additional flexibility for Component 3 (EDR implementation) when the cost is higher because an applicant is implementing an EDR system across a larger number of schools. In those cases, applicants should clearly explain the expanded scope, provide justification and supporting cost documentation, and demonstrate the existing partnerships that support the proposed implementation.

For other components, applicants should generally stay within the posted funding ranges and caps.

**Q: Will opportunity for support for #3 continue for the next few years?**
**A:** There is an intent to continue supporting Component 3 in future years, and applicants should reflect their anticipated multi-year funding needs in the multi-year budget. However, future funding is not guaranteed and is contingent upon the necessary authorization and availability of funding for subsequent budget periods. Applicants should therefore include their best estimate of the support they anticipate needing in future years, while recognizing that funding for those future periods has not been formally authorized or guaranteed.

**Q: The application guidance asks for both 1-year and 5-year budgets. At the extreme, for example, is a Goal 2 request for $500K a request for: (a) $500K per year for 5 years ($500K per year for 5 years, $2.5m total), or (b) $500K divided by 5 years ($100k per yr for 5 years, $500K total)?**
**A**: The request is for BP1 Funds through September 2027. Our intent is to award these funds by November. We do provide a budget template, that will allow applicants to complete BP2-5.

## Partnerships & Collaboration

**Q: No partnership with VT allowed correct?**
**A:** No, partner organizations must be in NH. However, a vendor, consultant or contractor may be located outside of NH.

Partnership is defined by FHC as two or more organizations sharing financial, operational, and clinical responsibility for a funded initiative- with each partner contributing defined resources, delivering a defined scope of work, and accountable for defined outcomes.

A vendor/contractor/consultant agreement is defined by FHC as a formal agreement in which an external entity or individual provides specified goods, service, expertise or deliverables in exchange for payment.

## Technical Assistance

**Q: Can you clarify who is eligible for writing support?**
**A:** Application writing support is available to eligible applicants who demonstrate a need for assistance. Applicants who meet the RFA eligibility requirements may request writing support by contacting the program team.

However, support is intended to prioritize organizations that have limited grant-writing capacity or resources and would otherwise face a meaningful barrier to completing an application. For example,

a smaller organization may have limited staff capacity due to competing operational demands and may not have the resources to hire a grant writer or consultant.

Larger organizations with significant administrative resources and the ability to reasonably fund their own grant-writing support may receive greater scrutiny regarding their need for this assistance. Applicants requesting support should be prepared to explain their current grant-writing capacity and why additional assistance is needed to successfully complete the application.

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