Foundation for Healthy Communities Request for Application (RFA)

FHC Critical Access Hospital (CAH) & Acute Care Hospital

Updated 11/2026 to reflect new maximum word counts allowed in application responses

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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.

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 Overview | GO-NORTH]



INITIATIVE(S) #	Access Technology Financial Sustainability
RFA ISSUED	Late October 2026
STATE AGENCY POINT OF CONTACT	GO-NORTH-FHC@healthynh.org
CONTRACT TYPE	Grant Subaward Agreement
PROPOSAL DUE DATE	November 12, 2026, 5:00 PM ET

Table of Contents

1. INTRODUCTION 4
1.1. Purpose 4
1.2. About FHC 4
2. ELIGIBILITY 4
2.1. Who May Apply 4
2.2. Who Is Ineligible 4
2.3. Rural Test and Definition of Rural 5
2.4. Application Limits 5
3. FUNDING AND AWARD STRUCTURE 6
3.1. Grant Period and Available Funding 6
3.2. Award Structure 6
3.3. Readiness Stages 6
3.4. Focus Areas 7
3.5. Allowable and Ineligible Use of Funds 8
4. APPLICATION PROCESS 8
4.1. Key Event Dates 8
4.2. How to Apply 8
4.3. Required Attachments 9
4.4. Applicant Supports 9
5. EVALUATION 9
5.1. Review Process 9
5.2. Evaluation Criteria 9
6. AWARD AND REPORTING 10
6.1. Awardee Expectations 10
6.2. Reporting Guidelines 10
7. ADDITIONAL INFORMATION 10
7.1. Retroactive Reimbursement of Pre-Award Costs 10
7.2. Contact Information 11
7.3. Resources 11

1. INTRODUCTION

1.1. Purpose

The Foundation for Healthy Communities (FHC), on behalf of the Governor's Office of New Opportunities and Rural Transformation Health (GO-NORTH), is requesting applications from New Hampshire Critical Access Hospitals, acute care hospitals, specialty hospitals, and partner organizations seeking to strengthen, transform, and sustain healthcare delivery for rural communities.

This Request for Applications supports targeted investments that improve rural access to specialty and acute care services, strengthen long-term financial and operational sustainability, and modernize the clinical and administrative infrastructure needed to serve rural patients effectively.

Selected Applicants will design and implement projects addressing one or more of the three hospital focus areas described in Section 3.4, in coordination with FHC, GO-NORTH, and applicable partner organizations.

Applicants are encouraged to propose integrated projects that respond to identified rural healthcare needs and address multiple focus areas when appropriate. Applications should clearly explain how the proposed investments will strengthen healthcare delivery for rural communities and position the organization to sustain the project's benefits beyond the funding period. Section 3.3 describes the readiness-stage framework FHC will use to review applications.

FHC anticipates awarding approximately $17.5 million through this RFA.

1.2. About FHC

The Foundation for Healthy Communities (FHC) builds statewide connections among hospitals, healthcare organizations, and community partners to advance equitable health for all New Hampshire residents. FHC manages this grant program on behalf of GO-NORTH, including distributing and overseeing awards, providing technical assistance, coordinating required reporting, and evaluating the program to ensure impact and accountability.

More information about the GO-NORTH program and its five Hubs is available at: gonorth.nh.gov. More information about FHC is available at: healthynh.org.

2. ELIGIBILITY

2.1. Who May Apply as a Lead Applicant

The applicant must be one of the following organization types and must demonstrate in the application narrative that the proposed project directly supports, expands, or integrates services integral to critical access and acute care delivery in rural New Hampshire:

- New Hampshire Critical Access Hospitals (CAHs)
- New Hampshire licensed hospitals, without a CAH designation, located in a rural area of New Hampshire
- New Hampshire licensed hospitals not located in a rural area of New Hampshire but proposing a project directed at, and predominantly impacting, patients living in rural New Hampshire
- Organizations partnering with an eligible applicant to transform the delivery of hospital care in rural New Hampshire

Applicants are not required to be located in New Hampshire. An applicant located outside the State must clearly demonstrate how the proposed project will directly deliver services to, expand healthcare capacity for, or otherwise benefit rural New Hampshire hospitals, patients, and communities.

Multiple eligible organizations may collaborate on a single application. An eligible organization (see above) must be designated as the lead applicant and fiscal agent. A health system may apply on behalf of one or more of its member eligible hospitals, provided the application identifies the participating eligible hospitals and demonstrates how the proposed project will directly benefit rural healthcare delivery in rural New Hampshire.

2.2. Who Is Ineligible

The following applicants, activities, and expenditures are **ineligible** for this funding round:

- Free standing emergency departments
- Activities that duplicate work already supported by GO-NORTH or a GO-NORTH HUB at the time of application or award
- Capital expenditures that are inconsistent with the applicable RHT Use of Funds requirements or that have not received any required prior approval
- Clinical services that duplicate billable services or seek to change payment amounts under existing fee schedules
- Research projects, including clinical trials, secondary data analysis, and mixed-methods research
- Lobbying activities
- Workforce recruitment or retention activities that provide a direct cash benefit to an employee
- Organizations that participated in the design of this RFA, consistent with 2 CFR § 200.318(c)

2.3. Definition of Rural

Applicants may use the Health Resources and Services Administration's Rural Health Grants Eligibility Analyzer as a reference when identifying rural service areas. The analyzer is available at: https://data.hrsa.gov/topics/rural-health/rural-health-eligibility.

To support an applicant's eligibility determination, applicants must describe in their application how and to what extent the proposed project will benefit patients, providers, and communities in rural New Hampshire.

Rural impact is a scoring criteria and will be evaluated separately as part of the application scoring process.

2.4. Application Limits

Applications are structured by readiness stages of (i) Project Development; (ii) Preparatory Investment; and (iii) Program Ready. See Section 3.3 below for additional information on readiness stages.

- **Project Development:** There is no limit on the number of applications or projects an eligible applicant may submit for Project Development as the lead applicant. Applicants with more than one distinct need, or that want to pursue a combined initiative with another facility, are not constrained from applying.
- **Preparatory Investments and Program Ready:** An eligible applicant is limited to one application as the lead applicant. There is no limitation on the number of applications an organization can

participate as a partner or subrecipient in applications submitted by another organization as the lead applicant.
- Each application must align with at least one of the Focus Areas described in Section 3.4. Applications may address more than one Focus Area when the proposed activities form a coordinated and achievable project.
- Eligible applications will be evaluated based on the evaluation criteria set forth in Section 5.2.

3. FUNDING AND AWARD STRUCTURE

3.1. Grant Period and Available Funding

The initial grant term runs from the date of contract execution through September 30, 2027 (Budget Period 1 / Year 1 project budget period). Applicants are encouraged to describe additional funding needs for multi-year projects; awards issued under this RFA are eligible for non-competitive continuation funding in subsequent budget periods, contingent on GO-NORTH authorization and satisfactory annual performance review.

FHC reserves the right to fund an award at less than the full amount requested (Partial Funding). This may occur where an application 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.

3.2. Award Structure

Each application must identify one eligible organization to serve as the lead applicant and fiscal agent. The lead applicant may carry out the proposed project directly or include partner organizations and subrecipients when their participation supports the project's scope and anticipated rural impact.

Partners may receive a portion of the award as subrecipients when the application clearly defines each organization's role, scope of work, deliverables, and proposed budget. The lead applicant remains responsible for oversight, performance monitoring, financial management, reporting, and compliance with all applicable award requirements.

Lead applicants may participate as a partner or subrecipient in other applications submitted by other eligible organizations.

Award amounts will be determined based on the proposal's overall merit, demonstrated rural impact, scope, geographic reach, scalability, feasibility, sustainable transformation, and the reasonableness and allowability of the proposed budget.

3.3. Readiness Stages

FHC recognizes that rural hospitals across New Hampshire are at different stages of organizational readiness and that a one-size-fits-all approach to grant design could leave some organizations behind. Awards may be made across all three stages described below. Applicants are not required to be at the Program Ready stage to be competitive, and organizations at earlier stages are encouraged to apply when they can demonstrate a clear and credible pathway toward sustainable transformation. Applicants should identify the stage that best reflects their organization's current level of readiness and propose a project scope appropriate to that stage. See Section 4.4 for additional information about available support.

Stage	What It's For	Example Eligible Activities
1. Project Development	Organizations with a promising project concept that need structured investment to assess their current state, strengthen organizational readiness, establish the operational and technical infrastructure	Stakeholder convening and coalition building; community health needs assessments; regional partnership development and governance planning;

Stage	What It's For	Example Eligible Activities
	needed for implementation, develop necessary partnerships, and create a credible project roadmap before committing to larger programmatic investments. Funded activities must produce actionable deliverables that position the organization to implement and sustain the proposed transformation.	feasibility assessments and development of implementation plans for shared services or new care delivery models; and early-stage workforce pipeline planning.
2. Preparatory Investments	One-time, non-recurring investments that remove a specific operational barrier, close a defined infrastructure gap, or establish a critical organizational capability that is prerequisite to longer-term transformation. Designed for organizations that have identified a clear need and are ready to act, but require a targeted, time-limited investment first.	One-time software and technology purchases; telehealth technology acquisition, implementation, and adoption; population health management tool acquisition and implementation; revenue cycle assessment and improvement tools; and early implementation of shared services.
3. Program Ready	The intended destination of FHC's multi-year investment strategy, where the most significant sustainable transformation outcomes are expected. Partners are identified and committed, a gap analysis has been completed and its findings are understood, and a detailed project plan with defined goals, objectives, milestones, and a realistic budget has been developed.	Fully designed sustainable care transformation programs with committed implementation partners; multi-organization regional partnerships with defined governance structures and shared accountability frameworks; value-based payment initiatives with defined payer partnerships and measurable performance targets.

How FHC will apply this framework: Applications will be reviewed in the context of the program stage identified by the applicant. Applicants may propose a phased project that begins at the Project Development stage and progresses through Preparatory Investments toward Program Ready status. Applications proposing progression across stages should clearly identify the starting stage, anticipated progression, and the milestones, deliverables, timeline, and budget associated with each phase.

FHC reviewers will assess whether the proposed scope, budget, deliverables, and pathway are appropriate and credible for the applicant's current stage. Applicants will not be penalized for beginning at an earlier stage; they will be evaluated on whether the proposed investment is appropriate for their current level of readiness and creates a clear pathway toward sustainable transformation. Applicants that identify as Program Ready but do not demonstrate the foundational elements of that stage will be evaluated according to the stage best supported by the application.

3.4. Focus Areas

All applicants must identify at least one or more of the Focus Areas below. Applicants should identify the project's primary Focus Area and explain how the proposed activities will strengthen healthcare delivery for rural New Hampshire communities. Projects may incorporate additional Focus Areas when the activities are relevant, integrated, and necessary to achieve the proposed outcomes.

Focus Area	What It Supports
1. Access	Transforming care delivery approaches, including telehealth and expanded specialty access; sustainable emergency department transformation; obstetric service sustainability; hospital-at-home and post-acute optimization; care coordination and supporting technology; outpatient service expansion; and other applicant-proposed care models that demonstrate a direct benefit to rural New Hampshire communities.
2. Technology	Cybersecurity, EMR/interoperability, AI & clinical decision support, revenue cycle management, telehealth equipment, and cross-organization data-sharing infrastructure — all tied to a demonstrated ROI.
3. Financial Sustainability	Operational efficiency, revenue cycle performance, shared infrastructure, cost reduction, sustainable service lines, and workforce retention.

Note: *Detailed example activities and metrics for each Focus Area, and illustrative project examples by organizational readiness stage (Project Development, Preparatory Investments, Program Ready), are provided in the companion Focus Area & Examples Reference, available in the appendix.*

3.5. Allowable and Ineligible Use of Funds

All funded activities must be allowable, allocable, reasonable, and necessary under 2 CFR Part 200. General allowable cost categories include: personnel costs; clinical supplies for service start-up/redesign; equipment purchases (see below); outreach & engagement; health information technology; data collection & evaluation; quality improvement; training & continuing education; consultants; partnership & regional collaboration costs; sustainability planning; and indirect costs.

For purposes of this RFA, "equipment" has the meaning established in 2 CFR § 200.1: tangible personal property, including information technology systems, with a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the recipient's or subrecipient's policy on capitalization threshold for financial-statement purposes or $10,000.

All proposed equipment purchases meeting this definition must be included in the approved project budget and receive prior written approval from FHC. The approval request must include the item description, manufacturer and model, unit cost, quantity, useful life, intended location and responsible custodian, a written justification demonstrating how the equipment supports the approved project, and confirmation that the equipment is not reasonably available through an existing shared-use arrangement.

Equipment purchased without prior written approval from FHC or not identified in the approved project budget will not be reimbursed. Retroactive approval requests will not be considered.

Indirect and Admin costs: Applicants must clearly identify all indirect and administrative costs in the proposed budget and demonstrate that their combined total does not exceed 10% of the total funding requested. This limitation applies regardless of whether an applicant has a federally negotiated indirect cost rate or elects to use the de minimis rate.

4. APPLICATION PROCESS

4.1. Key Event Dates

Key Milestone	Date	Comments
Application Portal Opens	Late October 2026	

Key Milestone	Date	Comments
Initial Application Deadline (Priority Cohort)	November 12, 2026, 5:00 PM ET	Guaranteed to be scored against available funding as part of the initial cohort
Notification of Award (Initial Cohort)	Mid December 2026	
Rolling Applications	Accepted on a rolling basis after the initial deadline	Reviewed in order received, subject to remaining funding availability
Award Notification (Rolling Cohort)	Within 45–60 days of submission	
Information Session	Details and registration TBD	

FHC reserves the right to amend this schedule as necessary. Applicants are strongly encouraged to submit by the initial deadline; submitting after that date does not guarantee review, as funding may already be fully allocated from the initial cohort.

4.2. How to Apply

Applications are submitted through FHC's online application portal. The application consists of the following written narrative questions, to be answered within the stated word limits:

1. Transformational Impact — Project rationale (**800 words**) and how the proposal addresses each CAH & Acute Care Hospital Focus Area (**2,000 words**)
2. Project Plan & Milestones — implementation approach and organizational capacity (2,000 words)
3. Projected Impact on Rural Communities, Including the Estimated Number of Rural Patients Served (**800 words**)
4. Partnerships & Collaboration (500 words)
5. Ambition of Measurable Outcomes, including specific dollar projections where cost savings are expected (800 words)
6. Sustainability & Long-Term Value (**800 words**)
7. Budget Alignment (**600 words**)

Applicants are strongly encouraged to also describe their anticipated long-term approach for the remainder of the RHT Program (October 1, 2027 – September 30, 2031), including long-term objectives, key milestones, and a high-level anticipated budget. Funding beyond September 30, 2027 is contingent on GO-NORTH authorization and FHC's, and the recipient's, demonstrated performance.

4.3. Required Attachments

- Workplan of Milestones and Timeline (template provided)
- Project Budget (template provided)
- Letters of Support or MOUs from key partner organizations

4.4. Applicant Supports

Transformation Technical Assistance Center (T-TAC): Award recipients will have access to qualified T-TAC resources to support project planning, implementation, performance improvement, and sustainability, based on identified needs and subject to FHC approval and resource availability.

Organizations interested in support with developing a plan for GO-NORTH funding may be eligible for a GO-NORTH Planning Grant (details at gonorth.nh.gov).

5. EVALUATION

5.1. Review Process

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

5.2. Evaluation Criteria

Applications are assessed against the following 5 objectives, consistent with GO-NORTH's priorities and CMS strategic goals for RHT funding:

Evaluation Category	What Reviewers Look For	Weight
Transformational Rural Impact	Proposal drives structural transformation through adoption of new care models, moving to value-based payments, and technology investments that produce an ROI.	30 pts
Sustainability	A detailed, well-articulated plan to sustain the investment and change beyond the grant term; budget is reasonable, cost-effective, and aligned with allowable costs.	20 pts
Achieve Meaningful Outcomes	The proposal identifies clear, measurable outputs and outcomes, including baselines, targets, data sources, and reporting methods. Measures align with applicable GO-NORTH performance indicators and CMS reporting requirements and demonstrate how the project will improve rural healthcare delivery and/or patient outcomes.	10 pts
Long-Term Impact	Significant, well-supported impact on rural communities' access or population health; strong, appropriate partnerships demonstrated.	20 pts
Strength of Project	Work plan is realistic, well-sequenced, and achievable; proposal demonstrates capacity to execute, including staffing, leadership, governance, and financial management.	20 pts

6. AWARD AND REPORTING

6.1. Awardee Expectations

If selected for funding, FHC staff will coordinate with the awardee to finalize the budget, work plan, and award agreement. The following will be required for the contract:

- Financial Disclosure — an audit, IRS Form 990, or Income Statement/Balance Sheet from the most recently completed fiscal year
- Executed Certificate of Vote/Authority, signed within 30 days of signing the award agreement
- Certificate of Insurance naming the Foundation for Healthy Communities as Certificate Holder
- Unique Entity Identifier (UEI) Number, as issued by SAM.gov

- Acknowledgment of additional GO-NORTH grant requirements, which may include collaboration with regional health, behavioral health, and community partners, and participation in workforce and communities-of-practice initiatives
- Acknowledgment of evaluation requirements, including working with GO-NORTH's evaluation contractor on refining the evaluation plan, mid-course corrections, and reporting of data, lessons learned, and success stories

6.2. Reporting Guidelines

- **Quarterly Reporting:** Grantees will remain in communication with FHC throughout the award period on budget spending, progress on the work plan, and successes and challenges.
- **Annual Reporting:** By July 31 of each year, grantees must submit detailed financial expenditure and outcome reports.
- **Evaluation Reporting:** Grantees may be required to establish baseline data, set measurable targets, and report on progress throughout the grant period, tracking both quantitative and qualitative metrics related to access to care, health outcomes, and program activities.

Additional support will be provided throughout the grant funding period, including check-ins with the FHC grant management team and information sharing with other grantee organizations receiving funding from FHC.

7. ADDITIONAL INFORMATION

7.1. 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, provided all of the following are met: the cost was incurred on or after March 16, 2026; the cost is directly related to the awarded project; the reimbursement supplements rather than replaces (supplants) non-federal or other federal funding; and the cost meets all applicable requirements under 2 CFR Part 200, including equipment pre-approval requirements. Incurring costs prior to execution of a subaward agreement is done at the applicant's sole risk and does not guarantee funding.

7.2. Contact Information

Questions regarding this RFA and your application can be sent 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.

7.3. Resources

Additional reference materials are provided in the appendices, including detailed Focus Area examples by readiness stage, the complete funding schedule for Budget Periods 1–5, and guidance regarding the funding of direct healthcare services.