



Foundation *for* Healthy Communities Request for Qualifications (RFQ)
GO-NORTH Rural Health Transformation Technical Assistance Center (T-TAC)
Updated October 2026

This GO-NORTH Request for Qualifications 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
Promote financial sustainability with innovative payment models and value-based care.

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

GO-NORTH delivers this work through five (5) 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) #	☒ 1	☒ 2	☒ 3	☒ 4	☒ 5

At-a-Glance

Funding Overview	The Governor's Office of New Opportunities for 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. The Foundation for Healthy Communities (FHC) is establishing the FHC Rural Health Transformation Technical Assistance Center (T-TAC) - a structured, FHC-managed resource connecting rural healthcare organizations and subrecipients with expert consultants across eleven (11) core transformation areas.
Grant Start Date	Execution of contract through September 30, 2027, multiple-year awards contingent on funding from GO-NORTH.
Eligible Applicants	All applicants, including nonprofit organizations, for-profit organizations, and community-based organizations, must demonstrate that they are legally authorized to conduct business or carry out program activities in New Hampshire and are eligible to enter into and administer grant agreements. Incorporated entities must provide proof of good standing or active status in their state of incorporation and, where applicable, registration to do business in New Hampshire. Unincorporated community-based organizations must provide documentation demonstrating legal authority or fiscal sponsorship sufficient to receive and manage grant funds.
Application Deadline	Rolling Application acceptable while funds are available. Award Notifications (rolling): within 45-60 days
Submission	GO-NORTH-FHC@healthynh.org
Website	healthynh.org
New Additions to the RFQ (9/20206)	Core Area 7 –New sub-areas Core Area 8 – New sub-areas Core Area 9 – Grant Writing, Development & Management Core Area 10 – Strategic Management / Leadership Training Core Area 11 – Financial Management / Audit Support

Areas Recruiting for Increased Support (updated 9/2026)	Core Areas and sub-areas currently recruiting for increased support and applications are highlighted below in their respective Core Areas, specifically Core Areas: 1, 2, 3, 4, 7 & 8.

RFQ Overview

FHC is establishing the Rural Health Transformation Technical Assistance Center (T-TAC) as a core support resource for all qualified rural healthcare organizations and FHC subrecipients. The **T-TAC is not a grant program or a funding track** - it is a service delivered to funded organizations at no cost to them, either through a direct contract with the subrecipient or FHC.

This is designed to help organizations prepare for transformation, apply for available funding and successfully implement their awarded RHT project. Whether an organization is in the early stages of assessing community needs or already operating a mature program, the T-TAC provides access to expert consultants, structured learning collaboratives, and peer-to-peer knowledge sharing across the eleven core transformation areas.

How to Apply

FHC is structuring this procurement to attract a diverse, high-quality respondent pool. FHC is requesting a list of qualified professionals for inclusion in the T-TAC specialist roster for one or more Core Areas. Specialists deliver direct technical assistance (TA) or consultant support to subrecipients, FHC or GO-NORTH, as needed. This RFQ is designed for individual consultants, firms, and professional associations with deep expertise in specific areas.

Specialist consultants will:

- Accept TA assignments from the FHC Project Director or as requested by eligible organizations or subrecipients within their approved Core Area(s)
- Conduct needs assessments and deliver direct consulting engagements - virtual and in-person
- Produce engagement deliverables (assessments, plans, toolkits, training materials) as defined in each task order or scope of work (SOW)
- Facilitate group learning sessions, cohort convenings, and topical webinars within their area(s) of expertise
- Execute task orders and scopes of work (SOWs) in accordance with FHC requirements and agreed timelines
- Respond to new assignment requests within three business days
- Submit monthly TA activity reports and all engagement deliverables to FHC
- Coordinate with other T-TAC consultants where subrecipient needs span multiple areas

T-TAC Core Areas of Expertise

The T-TAC is organized around eleven (11) Core Areas aligned with GO-NORTH's investment priorities. Proposals must identify which Core Area(s) the proposer is applying. FHC will evaluate each Core Area independently, including across the sub-areas outlined within each Core Area, and will build a roster that reflects the full breadth of subrecipient need across the portfolio.

Core Area 01 - Population Health, Chronic Disease Management & Care Coordination

Support for subrecipients implementing population health strategies, chronic disease management programs, and care coordination infrastructure - including Community Health Workers (CHW), embedding, closed-loop referral systems, and care management program design. This area directly supports GO-NORTH's initiative to reduce avoidable ED utilization, improve chronic disease outcomes, and expand the CHW workforce across rural primary care settings.

Expertise & Content (Sub-Areas)

- Population health program design, stratification, and registry management
- Community Health Worker (CHW) program development, training, and supervision models
- Chronic disease management (CDM) workflow integration in primary care
- Closed-loop referral (CLR) system design and implementation support (Recruiting for Increased Support)
- Care coordination billing, Medicaid enhanced payment navigation, and revenue capture
- Social determinants of health (SDOH) screening, referral pathway design, and community resource mapping

Core Area 02 - Primary Care Team-Based Care Integration

Support for primary care practices redesigning care delivery through team-based models that integrate behavioral health, oral health, CHWs, and other disciplines. This area supports the RHTP's goal of transforming rural primary care from solo-provider models to high-functioning integrated teams capable of managing complex rural patient populations.

Expertise & Content (Sub-Areas)

- Team-based care model design, implementation, and change management
- Behavioral health integration- workflow design, co-location, warm handoff, and billing
- Oral health integration into primary care settings
- Care team role definition, scope-of-practice optimization, and staffing redesign (Recruiting for Increased Support)
- Clinical workflow redesign, documentation efficiency, and electronic health record (EHR) workflow optimization
- Practice transformation coaching and PCMH/quality recognition support (Recruiting for Increased Support)

Core Area 03 - EMS System Planning, MIH Model Design & REACT Implementation

Support for Emergency Medical Services (EMS) agencies and regional EMS systems implementing the RHTP's Emergency Medical Services transformation strategy- including new EMS unit start-up, Mobile Integrated Health (MIH) program design, and REACT 9-1-1 nurse triage model implementation. This is a high-priority area aligned with GO-NORTH's commitment to eliminating EMS service deserts and reducing avoidable emergency responses.

Expertise & Content (Sub-Areas)

(Recruiting for Increased Support)

- EMS system design, operational planning, and rural service area analysis
- Mobile Integrated Health (MIH) and community paramedicine program development
- REACT 9-1-1 nurse triage model design, implementation, and protocol development
- EMS workforce development, training, and retention strategy
- Inter-facility transport (IFT) protocol design and implementation
- EMS financial sustainability, billing, and reimbursement optimization

Core Area 04 - Oral Health Program Development & School-Based Health

Support for organizations developing, expanding, or transforming oral health access - including school-based oral health programs, community dental clinics, Federally Qualified Health Centers (FQHC) dental integration, and mobile/portable dental programs. This area supports the RHTP's investment in oral health access expansion across rural New Hampshire schools and communities.

Expertise & Content (Sub-Areas)

(Recruiting for Increased Support)

- School-based oral health program design, start-up, and operational support
- Mobile and portable dental program planning, routing, and community outreach
- Electronic dental record (EDR) selection, implementation, and Medicaid billing optimization
- Oral health integration into primary care and school health settings
- Medicaid dental billing, reimbursement, and school-based claiming support
- Community oral health needs assessment and access gap analysis

Core Area 05 - Health IT Selection, Implementation & Interoperability

Support for subrecipients selecting, implementing, and optimizing health information technology, including: EHR systems, telehealth platforms, population health tools, clinical AI, and interoperability infrastructure. This area serves providers across all investment areas who need technology selection guidance, implementation support, and interoperability planning to meet RHTP digital infrastructure goals.

Expertise & Content (Sub-Areas)

- EHR implementation, optimization, and clinical workflow redesign
- Telehealth platform selection, integration, and clinical workflow design
- Clinical AI tools- ambient documentation, risk modeling, and decision support adoption

- Health IT interoperability, data exchange, HL7/FHIR standards, and API integration
- Population health platform selection, configuration, and adoption
- Digital patient engagement, portal optimization, and patient access tools

Core Area 06 - Cybersecurity Assessment & Remediation Planning

Support for rural health organizations assessing, stabilizing, and strengthening their cybersecurity posture. RHTP-funded organizations handle sensitive patient data and operate critical health infrastructure — cybersecurity investment is both a compliance requirement and an operational necessity. This area provides targeted expert support for assessments, remediation planning, and shared security infrastructure development.

Expertise & Content (Sub-Areas)

- Healthcare cybersecurity risk assessment, gap analysis, and remediation planning
- HIPAA Security Rule compliance assessment and corrective action planning
- Incident response planning, tabletop exercise facilitation, and breach protocols
- Managed Security Service Provider (MSSP) selection and procurement guidance
- Multi-factor authentication, identity access management, and endpoint security
- Business continuity, disaster recovery, and system backup planning

Core Area 07 - Value-Based Payment Readiness, ACO Enabling & RCM Optimization

Support for primary care practices, FQHCs, and rural hospitals building the operational, financial, and clinical infrastructure for success in value-based payment arrangements, including: Medicaid managed care, Medicare programs, accountable care organizations (ACO) participation, and commercial Alternative Payment Models (APM)s. This area also covers revenue cycle modernization, back-office streamlining, payer contracting, and credentialing optimization that directly supports financial sustainability.

Expertise & Content (Sub-Areas)

- Value-based payment readiness assessment and strategic planning
- ACO formation, governance, operations, and participation strategy
- Full cycle analysis of a rural provider's Revenue Cycle Management (RCM) from patient registration and scheduling to prior authorization, coding, denials and claims management, and reimbursement and strategic improvement planning (e.g. days in A/R, denial rates, clean claim rates, etc.) (Updated September 2026)
- Payer contracting strategy, analysis, and negotiation support (Recruiting for Increased Support)
- Credentialing, payer enrollment, and contract management modernization (Recruiting for Increased Support)
- Population health management platform implementation for Value-Based Purchasing (VBP) performance tracking (Recruiting for Increased Support)
- Total cost of care modeling, attribution analysis, and care management ROI (Recruiting for Increased Support)
- Analysis of financial performance, including financial modeling, scenario planning, cost accounting, service-line and cost-structure analysis to inform decisions about which services to sustain, expand, or deliver in partnership, and strategic financial planning (New)

- Design and implementation support of shared staffing models and partnerships to support access to services, service-level agreement, and sustainable cost-sharing structures (New)
- Presenting financial and strategic information to boards and executive teams and facilitating peer learning and multi-stakeholder discussions among providers, payers, and state agencies (New)
- Technical support for participation in alternative payment methodologies or value-based care (VBC). This could include data preparation, operational readiness, and analysis supporting provider input into workgroups (New)
- Peer learning cohorts for finance, revenue cycle, population health, and payor contracting leaders (New)
- Support for risk coding accuracy, quality reporting, and care management workflows (New)
- Impact modeling of payment changes, including changes to Medicaid, coverage, and commercial changes (New)
- Supporting participation in innovative CMS care delivery and reimbursement models such as AHEAD (New)

Core Area 08 - Rural Hospital Financial Sustainability & VBP Readiness

Support specifically for rural hospitals – critical access hospitals (CAH), rural general acute care hospitals, and sole community hospitals - building the financial performance, quality infrastructure, and leadership capacity needed for value-based readiness and long-term operational sustainability. This area addresses the distinct financial and regulatory environment of hospitals including cost reporting, swing bed optimization, CQI/PDSA cycles, key performance indicator (KPI) management, and patient safety systems. In addition, new areas of expertise is included focusing on hospital sustainability payments, specifically addressing how Medicaid State Directed Payments (SDPs) and federal regulatory changes impact hospital financial stability, especially for rural and critical access hospitals (CAHs). This area addresses the impact of federal Medicaid policy and directed payment changes, financial risks to rural hospitals and CAHs, sustainable, data-driven payment methodologies, CMS-compliant models that preserve access to care and strengthening long-term hospital financial sustainability.

Expertise & Content (Sub-Areas)

- Rural hospital financial performance management, budgeting, and cost reporting
- CAH cost report preparation, cost-to-charge ratio optimization, and Medicare cost reporting compliance
- Swing bed program development, compliance, and revenue optimization (Recruiting for Increased Support)
- Clinical quality improvement (CQI), PDSA methodology, and patient safety program development (Recruiting for Increased Support)
- Hospital KPI framework design, performance dashboard development, and leadership reporting
- VBP readiness for rural hospitals – assessing readiness, quality measure selection, tracking infrastructure, and payer strategy (Updated September 2026)
- Hospital financial performance analysis, including financial modeling, scenario planning, cost accounting, service-line and cost-structure analysis to inform decisions about which services to sustain, expand, or deliver in partnership, and strategic financial planning (New)
- Design and implementation support of shared staffing models and partnerships to support access to services, service-level agreement, and sustainable cost-sharing structures (New)

- Presenting financial and strategic information to boards and executive teams, and facilitating peer learning and multi-stakeholder discussions among providers, payers, and state agencies (New)
- Technical support for participation in alternative payment methodologies or value-based care. This could include data preparation, operational readiness, and analysis supporting provider input into workgroups (New)
- Peer learning cohorts for finance, revenue cycle, population health, and payor contracting leaders (New)
- Support for risk coding accuracy, quality reporting, and care management workflows (New)
- Participating in the development payment changes and impact modeling, including changes to Medicaid directed payments, provider taxes, coverage, and commercial changes & assessing hospital readiness for new payment models (New)
- Supporting participation in innovative CMS care delivery and reimbursement models such as AHEAD (New)
- Full cycle analysis of a rural hospital's Revenue Cycle Management (RCM) from patient registration and scheduling to prior authorization, coding, denials and claims management, and reimbursement and strategic improvement planning (e.g. days in A/R, denial rates, clean claim rates, etc.) (New)

Core Area 09 - Grant Writing, Development & Management (added 09/2026)

Support for rural health organizations preparing to apply for FHC grant opportunities. Consultants will provide grant writing and/or project development assistance, following procurement requirements of 2 CFR Part 200, to applicants of GO-NORTH funding through FHC. This area includes preparing competitive grant applications, project design and proposal development, as well as grant management support. Consultants should possess demonstrated expertise in federal and state grant development, rural health programming, project design, and funding opportunity analysis. Consultants should be able to interpret complex funding announcements, align proposed activities with program objectives and evaluation criteria, and help applicants develop compelling, evidence-based proposals that clearly articulate community need, project impact, organizational capacity, and sustainability.

Expertise & Content (Sub-Areas)

- Grant writing, proposal development and application review support
- Development of narratives, workplans, budgets, and evaluation frameworks aligned with funder requirements
- Creation of logic models, performance measures, and competitive grant strategies
- Support for stakeholder engagement, partnership development, organizational capacity, and sustainability planning
- Preferred expertise in rural health, including access to care, workforce development, behavioral health, health equity, and care coordination
- Grant management support
- Grant proposal scoring, including subject matter expertise in the Core Areas

Core Area 10 - Strategic Management / Leadership Training (added 09/2026)

Support for organizations proceeding with change management and leadership development, specifically for those undergoing transformation or implementation of new initiatives. This area provides targeted support for strengthening leadership capability during change as well as advancing organizational readiness for transformation, adoption of new processes, systems, or structures, and building resilience during program or funding-driven change.

Expertise & Content (Sub-Areas)

- Scalable and adaptable change support across organization types, sizes and stages of readiness
- Change management training programs for leadership teams
- Development of change communication strategies and building structured change adoption plans
- Creating tailored interventions based on needs-assessments, including those discovered through planning grant applications
- Strategic planning around GO-NORTH initiatives to ensure success in execution

Core Area 11 - Financial Management or Audit Support (added 09/2026)

Support for financial management and audits for rural health organizations to strengthen fiscal accountability and compliance. This area provides specific support for financial management practices, including preparing for audits and compliance reviews, fiscal reporting and accountability structures, and financial governance capacity.

Expertise & Content (Sub-Areas)

- Audit preparation and documentation readiness. Helping organizations interpret and meet compliance expectations. Ability to understand and strengthen internal controls and fiscal oversight processes
- Financial tracking and reporting tools development

Providers / Organizations T-TAC May Support

The FHC Transformation and Technical Assistance Center will support organizations inclusive of all types of healthcare facilities, practices and organizations that serve rural New Hampshire. Applicants for selection to be T-TAC Consultants and Experts should expect to serve: Federally Qualified Health Centers (FQHC) and FQHC look-alikes, rural health clinics, provider-based, hospital-based or independent, rural primary care practices, and rural-based: healthcare, home-health, behavioral health, vision, school-based, emergency and acute care practices, and those predominantly serving/impacting, individuals living in rural New Hampshire, as well as multiple types of organizations partnering with healthcare organizations to transform the delivery of care in rural New Hampshire.

In addition to direct subrecipient TA, specialist consultants may be engaged by FHC to support stakeholder engagement and partnership design activities that advance GO-NORTH program goals. This may include: facilitating multi-stakeholder convenings, supporting the design of regional care coordination networks,

developing partnership frameworks between provider types and advising on governance structures for collaborative initiatives.

Budget Guidance

FHC is authorized to invest up to $4,000,000 in the T-TAC during Budget Period 1 (BP1), covering the period from contract execution through September 30, 2027. This is the full authorized investment for this procurement cycle. All awards made under this RFQ are BP1 awards.

BP1 Rate & Staffing Guidance

To assist proposers in scoping their proposals appropriately, FHC provides the following guidance. These are benchmarks, not ceilings- proposers should submit rates that accurately reflect their staffing model and cost structure.

Role / Level	Reasonable Rate Range	Notes
Senior Consultant / Subject Matter Expert / Complex Proposal Consolation	$175 – $250 / hour	Core Area specialist delivery, needs assessments, strategic planning, implementation coaching, multi-stakeholder coordination, technical proposal development, intensive or expedited development
Mid-Level Consultant / Analyst / Grant Development	$125 – $175 / hour	Direct TA delivery, documentation, training facilitation, subrecipient support, funding strategy, positioning, complex narratives, research integration, application management
TA Coordinator / Program Support / Grant Support	$75 – $110 / hour	Activity logging, scheduling, report preparation, subrecipient communication, editing and strengthening existing narratives, review, research
Travel & Direct Costs	At cost - IRS standard mileage rate for in-state travel	Out-of-state travel requires prior FHC written approval
Rate Reasonableness Review: FHC will evaluate all proposed rates against market benchmarks for health consulting services, technology and grant writing in the Northeast. Rates significantly above the ranges above should be clearly justified in the proposal. FHC reserves the right to negotiate rates prior to award.		

Proposal Requirements

Proposals must be organized according to the sections below. Sections 2, 3, and 5 must be completed separately for each Core Area proposed. All other sections may be shared.

Section 1 - Cover Page (1 page)

- Proposer name, organization, primary contact name, email, and phone. List all Core Areas with specific sub areas for which the proposal is submitted (by number and title). Brief statement of interest (3–5 sentences)

Section 2 - Qualifications & Relevant Experience (3 pages max per Core Area)

- Describe specific expertise and experience in each proposed Core Area
- Provide at least two (2) comparable implementation or TA engagement examples per area, include organization type, scope, and outcomes
- Identify provider types for which you have direct experience, specifically identify relevant experience in NH and New England. Organizations with similar experience but have a history supporting NH organizations will be prioritized
- Provide at least three (3) professional references with name, title, organization, phone, and email

Section 3 - Proposed Approach (2 pages max per Core Area)

- Describe your TA methodology - how you assess needs, structure engagements, and measure outcomes
- Describe your approach for organizations with limited internal capacity
- Describe availability and capacity- estimated concurrent engagements you can manage
- Describe virtual TA delivery capability and in-person engagement approach across NH
- Additional consideration will be given to applicants that can execute work within a Core Area beyond consultation and technical assistance, including the design, development, implementation, and management of operational solutions (e.g., Health IT systems, interoperability and data exchange infrastructure, HL7/FHIR implementations, API integrations, analytics platforms, or similar capabilities)

Section 4 - Staffing Plan (1–2 pages)

- Identify all key personnel and their roles, credentials, and relevant experience
- Identify any proposed subcontractors and their roles (prior FHC written approval required)

Section 5 - Work Samples (up to 2 per Core Area)

- At least one (1) work sample, but no more than two (2) must be provided for each Core Area applying for: e.g. assessment, strategic plan, training curriculum, toolkit
- Work Samples should cover sub-areas if applicable; one (1) work sample can cover more than one Core Area (please indicate if it should be considered for multiple areas)
- Work samples must be provided either as separately labeled PDFs or as clearly separated sections of one PDF
- Work samples can be redacted for confidentiality

Section 6 - Rate Schedule

- Rate schedules must be submitted as a separate PDF or Excel file and must include:
  - **Personnel rates** all roles by name/title, hourly or daily rate, and estimated monthly hours/capacity for BP1
  - **Direct costs estimated** travel and any other direct costs; out-of-state travel requires prior approval
  - **BP1 total proposed** contract value for each Core Area, BP1- Total budget helps reviewer determine capacity of the team
  - **BP2–BP5 projections** projected annual rates and estimated continued Area funding over BP2-PB5 (projects may not require anticipated subsequent year funding; amounts for planning purposes only)

Contract Terms & Conditions

- FHC anticipates making multiple awards - specialist awards across Core Areas and sub-areas.
- Selection to the T-TAC roster does not guarantee a minimum volume of work or minimum contract value for specialist awards.
- Subcontracting requires prior written approval from FHC. Subcontractors must meet the same qualification standards as the prime.
- FHC may conduct supplemental solicitations to add consultants at any point during the grant period.
- All costs are subject to 2 CFR Part 200 allowability, reasonableness, and allocability. Indirect costs are not allowed in this procurement.
- Award selections are subject to GO-NORTH prior approval.
- Vendor Neutrality & Product Conflict of Interest: FHC is committed to ensuring that technical assistance and consulting services funded under this RFP are delivered in the public interest and free from commercial bias. Funded technical assistance must be vendor-neutral. Consultants and Integrators funded under this award may not recommend, endorse, or facilitate the procurement of a specific commercial product or platform in which they hold a financial interest, unless FHC has reviewed and approved a conflict management plan in writing prior to any such recommendation being made to a subrecipient.
- Prohibition on Tied Arrangements: Applicants may not structure their proposed services in a way that requires or strongly incentivizes subrecipients to procure a specific commercial product as a condition of receiving technical assistance. Any arrangement in which the applicant's compensation is contingent on a subrecipient's procurement decision is expressly prohibited.
- FHC's Right to Disqualify: FHC reserves the right to disqualify any application where an undisclosed or unmanaged conflict of interest is identified, either during review or after award. Post-award discovery of an undisclosed vendor relationship may result in termination of the subaward agreement. FHC reserves the right to remove a consultant from the T-TAC roster for documented performance issues or conflicts of interest.

Submission Instructions

Proposals must be submitted via email to FHC-T-TAC@healthynh.org. Qualifications will be accepted on a rolling basis. FHC reserves the right to close the application period at any time once remaining funds are fully committed, or to pause the rolling window between review periods, or to pause the rolling window between review periods.

Submit the Proposal as a single PDF. Work samples must be provided either as separately labeled PDFs or as clearly separated sections of one, separate PDF. Rate schedules may be submitted as a separate PDF or Excel file.

Overview of the Review Process

All proposals go through two stages. Stage 1 is pass/fail- it screens out incomplete or unqualified submissions before scoring begins. Stage 2 is the scored evaluation. Every Core Area is reviewed independently by a panel

of experts; sub-areas are also reviewed separately to assess specific competencies to ensure TA expertise is balanced. Expert reviewers meet under facilitated guidance to complete a consensus scoring.

Stage 1 - Threshold Review (Pass / Fail)

Threshold Criterion	Minimum Requirement	Pass / Fail
Completeness	All required sections submitted: Cover Page, Qualifications, Approach, Staffing Plan, Work Sample(s), Rate Schedule	
Core Area Identification	Proposals list all Core Area(s) for consideration	
Minimum Experience	At least 5 years of direct consulting or TA experience in the proposed area(s)	
Rural Health Experience	Direct experience with rural health organizations, safety-net providers, or rural communities demonstrated, especially/and including New England and New Hampshire experience demonstrated	
References	At least 3 professional references with full contact information provided	
Rate Schedule	Rate schedule submitted with BP1 total estimated contract value clearly stated per Core Area including estimated monthly hours/capacity for BP1	
Federal Compliance	Proposal acknowledges familiarity with 2 CFR Part 200	
Provider Type Match	Experience covers at least one provider type outlined in the RFQ	

→ **All items pass: advance to Stage 2 scored evaluation.**

Stage 2- Core Competency (Per Core Area)

Scored independently for each Core Area proposed and their sub-areas.

#	Criterion	Pts	What to Look For
1	Depth of Area-Specific Expertise	30	Specific methodologies, certifications, named tools, clear command of the subject. Vague or generic claims score low. Work samples inform this criterion. Sub-areas within each Core Area will be scored independently to determine breadth and depth across areas.
2	Quality & Relevance of Past Engagements	20	Engagement examples match GO-NORTH scope- rural settings, similar provider types, comparable complexity. Strong examples include outcomes. Urban/large-system work scores lower without narrative supporting downscale ability.
3	TA Methodology & Approach	20	Methodology is clear and appropriate for rural providers with limited capacity. Covers needs assessment, engagement structure, virtual and in-person delivery, and outcome measurement. Work samples inform this criterion.
4	Staffing & Organizational Capacity	15	Key personnel named with relevant credentials. Capacity is realistic for the proposed volume of concurrent engagements across proposed Core Areas.
5	Cost Reasonableness & Value	15	Rates within RFQ benchmarks ($75–$250 / hour by role). BP1 total is proportionate to the proposed scope. Budget reflects a clear, achievable work plan.

Minimum Score required: 85 Pts