GO-NORTH Rural Community Health Infrastructure Program
Program Guide and Application

This CDFA GO-NORTH Rural Community Health Infrastructure Application and Program Guide 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.

5 GO-NORTH Initiatives

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

5 GO-NORTH Hubs

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.

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COMMUNITY DEVELOPMENT FINANCE AUTHORITY

The Community Development Finance Authority (CDFA) is a statewide, nonprofit authority focused on maximizing the value and impact of community development, economic development, and clean energy initiatives throughout New Hampshire. The organization leverages a variety of financial and technical resources, including the competitive deployment of grant, loan, and equity programs.

We envision a future New Hampshire composed of communities that are economically and socially resilient, reflect and respect their natural surroundings, and represent places where people want to live, work, and play.

To achieve this vision, CDFA invests in the people of New Hampshire by:

- Enabling its partners to make transformational and sustainable changes;
- Meeting the evolving needs of New Hampshire communities;
- Deploying a well-tuned, effective investment system which directly impacts local communities; and
- Taking an innovative and collaborative approach to development finance.

OUR APPROACH

We believe that all people in New Hampshire should have their basic human needs met, access to opportunity, and be a part of sustainable, vibrant communities. Our role at the Community Development Finance Authority is to provide communities with capital and technical assistance to achieve this vision. Success for us means showing up in ways that are relevant, impactful, and center the existing assets in a community.

Our Living Strategic Plan represents our commitment to collaboration, accountability and equity; ensuring that all Granite Staters can thrive. Explore how CDFA is driving meaningful change through strategic action in Community Impact, Partnership, Capacity and Sustainability and Governance.

Together, we're shaping the future of New Hampshire.

HOW DATA SHAPES OUR STRATEGY

Data plays a pivotal role in our work. CDFA's Community Progress Indicators, a set of 13 metrics that assist in measuring socioeconomic well-being and community need at the municipal level in New Hampshire, assist the organizations in meeting the evolving needs of New Hampshire communities by informing our strategic priorities and guiding the allocation of resources to the places that need those resources the most.

Identifying quality metrics in alignment with our vision and using them to identify and better understand statewide, regional and local trends helps CDFA support our partners in creating lasting impact within New Hampshire communities. Additional information on CDFA's Community Progress Indicators can be found on the Resource Hub.

CDFA developed this program guidance with input from partners, in adherence with Federal and State regulations and policy and based on our more than 40-year history of investment in public infrastructure.

PROGRAM OVERVIEW AND OBJECTIVES

GO-NORTH contracted with the Community Development Finance Authority (CDFA) to invest more than $40 million per year through the GO-NORTH Rural Community Health Infrastructure Program, which will provide resources to municipalities and nonprofit organizations to support infrastructure improvements to health and community facilities across the State.

This guide is designed to support both the Request for Eligibility Determination (RED) process and the full application for the GO-NORTH Rural Community Health Infrastructure Program. The RED serves as the first step in the application process. Detailed documentation and additional requirements are collected during the full application stage, as described in this guide and in Appendix G.

GO-NORTH RURAL COMMUNITY HEALTH INFRASTRUCTURE PROGRAM OBJECTIVES

The GO-NORTH **Rural Community Health Infrastructure Program** is a competitive program that will invest funds to rehabilitate rural health infrastructure that is included in and aligned with the initiatives and outcomes committed in GO-NORTH's Plan. The Program will also provide technical assistance to prospective applicants and awardees to help facilitate successful implementation, from grant application through project completion.

Budget Period 1 investments focus on targeted renovations and infrastructure improvements, including:

- Renovations at county-run nursing home facilities to reduce hospital discharge barriers and increase community access to care.
- Renovations at community mental health centers and federally qualified health centers to support the NH RHT plan goals.
- Renovations to establish or expand childcare capacity within eligible health facilities to support healthcare workforce recruitment and retention.
- Renovations to existing buildings to house ambulances to expand Emergency Medical Service (EMS) capacity in rural areas.

In the future GO-NORTH may develop additional funding opportunities for CDFA that support minor renovations and infrastructure improvements that advance other Rural Health Transformation Program goals to make rural New Hampshire healthier.

BUDGET PERIOD 1 PROGRAM FRAMEWORK: BUILDING FOUNDATIONAL CAPACITY

Budget Period 1 of the GO-NORTH Rural Community Health Infrastructure Program (GO-NORTH RCHIP) is designed to establish the foundational infrastructure necessary to support long-term rural health system transformation across New Hampshire.

As the first budget period of a 5-budget-performance investment strategy, Budget Period 1 prioritizes:

- Infrastructure readiness and system stabilization
- Expansion of access to core health services
- Alignment with statewide GO-NORTH plan initiatives
- Strategic capital investments that enable future care model innovation, workforce expansion, and technology integration.

Funding in Budget Period 1 will focus on high-impact facilities and infrastructure investments that:

- Expand service capacity in rural communities
- Reduce barriers to care (distance, workforce, facility limitations)
- Support integration of primary care, behavioral health, and long-term care
- Enable adoption of telehealth, data systems, and team-based care models

These investments are intended to build the foundational facility and infrastructure capacity necessary for rural providers to participate in and benefit from broader GO-NORTH program initiatives.

ELIGIBILITY

Eligible applicants include nonprofit organizations and municipalities located in New Hampshire.

For-profit entities may be considered only in very limited cases where it is evident no eligible nonprofit or municipal entity is able to provide the proposed services.

For Budget Period 1, eligible entity types are limited to Federally Qualified Health Centers, Community Mental Health Centers, EMS providers, and County-run Nursing Homes and Assisted Living Facilities. Organizations that do not qualify as one of these entity types are not eligible to apply in this program year, regardless of the populations they serve or the services they provide.

By selecting one of the above categories, the applicant affirms that it meets the eligibility criteria for that entity type as defined in this program guide. Confirmation of entity type found here: HPSA Find

In Budget Period 1 only priority consideration will be based on entity type, and not geographic location.

CDFA does not evaluate applications based on the full scope of services an organization provides beyond what is required to establish eligibility as a qualified entity type. Eligibility is determined by facility type and alignment with GO-NORTH RCHIP program priorities and not by the breadth or nature of clinical services offered. Organizations that meet the eligible entity criteria are encouraged to apply regardless of the additional services they provide.

BUDGET PERIOD 1: TYPES OF ELIGIBLE INFRASTRUCTURE INVESTMENTS

In Budget Period 1 of the GO-NORTH Rural Community Health Infrastructure Program, funding will support capital investments that strengthen healthcare delivery infrastructure that can be implemented in a timely manner with demonstrated project readiness, and targeted infrastructure improvements with immediate impact within the priority entities including:

Facility Upgrades and Modernization

- Clinical space expansion
- Renovations to improve care delivery environments for both patients and staff
- Space to support integrated and team-based care

Access Expansion

- Renovations that support new or expanded service lines (e.g., dental, behavioral health, specialty care)
- Community-based access points
- Infrastructure supporting childcare for healthcare workforce participation

Technology and Digital Health Infrastructure

- Technology investments that bring care closer to patients when tied to service delivery

Care Model Enablement

- Space for integrated care delivery (e.g., primary care, behavioral health)
- Community-facing spaces (e.g., wellness, nutrition, prevention programs)

Workforce and Operational Infrastructure

- Facility improvements to support recruitment and retention
- Renovations that support on-site workforce retention (e.g., childcare, training, etc.)
- Safety, compliance, and operational improvements

Priority is given to investments that will directly enable participation in GO-NORTH initiatives and create measurable improvements in access, capacity, and healthcare coordination.

Childcare-related investments are considered a distinct category of eligible infrastructure and must be proposed as a standalone request, evaluated separately from other infrastructure investments, provided they directly support childcare capacity on the site of or operated by an eligible entity in support of the healthcare workforce. There is no cost-sharing or matching requirement for GO-NORTH RCHIP. Applicants are not required to contribute organizational funds or secure additional funding sources as a condition of receiving an award.

GUIDELINES

CDFA may award funds to projects submitted by eligible applicants that meet the following conditions:

Alignment with Program Purpose
The proposed project must directly support the GO-NORTH Rural Community Health Infrastructure Program's goal of strengthening rural health infrastructure and improving care delivery within rural communities.

Capital and Infrastructure Focus
Funds must be used for eligible capital and infrastructure improvements, including minor renovations and related physical infrastructure upgrades within existing facilities.

Demonstrated Need for Investment
The applicant must demonstrate that the project cannot be completed as proposed without CDFA funding and that CDFA participation is necessary to advance or accelerate the project.

Eligible Uses of Funds
Applicants should clearly separate eligible capital costs from any FF&E needs. While FF&E costs are not eligible for funding through GO-NORTH RCHIP, applicants may include these items in their project description and budget narrative. CDFA will coordinate with applicants to identify potential resources through the GO-NORTH Rural Health Transformation Program HUBs and other partners.

Project Readiness and Feasibility
The applicant must demonstrate that the project has a reasonable likelihood of successful implementation and can be completed within the required budget period deadlines (see definition in Appendix A). This includes:

- Clear project scope and timeline
- Evidence of site control or facility access
- Appropriate planning and cost estimates
- Identification of other funding sources, if applicable

Organizational Capacity
The applicant must demonstrate sufficient organizational capacity to complete the project and operate the facility over time.

Sustainable Community Benefit
Projects must provide a clear and ongoing benefit to New Hampshire residents, particularly rural and underserved populations.

Expected Project Outcomes
The project must identify clear, measurable outputs related to the proposed infrastructure investment. The project must also identify the specific GO-NORTH Plan initiative it most closely aligns with, along with an actionable plan for achieving it. Applicants should identify alignment with one of the GO-NORTH Initiatives listed on the cover page.

At a minimum, and depending on the type of project, applicants must also report or respond to the following metrics, as applicable:

- number of additional patients / residents served annually
- estimated percentage of patients / residents covered by Medicare
- estimated percentage of patients / residents covered by Medicaid
- estimated percentage of patients / residents uninsured
- square footage of improved / renovated healthcare space
- number of new services / programs or service lines
- reduction in discharge delays
- additional geographic areas served
- number of vacant jobs filled and / or new jobs created

BUDGET PERIOD 1: PRIORITY INVESTMENTS BY ENTITY TYPE

The following priorities illustrate how program-wide funding priorities translate into specific, facility-level investment opportunities for each eligible entity type. These examples are intended to guide applicants in developing appropriately scoped, infrastructure-focused projects.

High-priority investments are most competitive. Moderate and lower priority investments may be considered but are generally less competitive relative to program goals.

INVESTMENTS APPLICABLE TO ALL ENTITY TYPES (LOWER PRIORITY)

The following lower-priority investments apply to all eligible entity types:

- Technology investments that bring care closer to patients when tied to service delivery
- Sustainability improvements (e.g., energy efficiency, solar installation)

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS) AND LOOK-ALIKE

FQHCs provide primary and preventive care services across rural communities. Investments should focus on strengthening facility capacity to deliver and expand services within existing sites.

High Priority	• Clinical space expansion and reconfiguration within existing facilities • Expansion of service-specific infrastructure (e.g., dental, behavioral health, exam rooms) • Renovations to support telehealth-enabled exam rooms and related care delivery space • Development of co-located or team-based care environment • Provider and patient safety improvements
Lower priority	• General facility improvements not directly tied to expanded capacity

COMMUNITY MENTAL HEALTH CENTERS (CMHCS)

CMHCs deliver behavioral health and crisis services and require infrastructure that support integrated and responsive care delivery.

High Priority	• Facility expansion or reconfiguration to support integrated behavioral health and primary care services • Construction or renovation of space dedicated to crisis response, stabilization, and assessment • Facility improvements that enable CCBHC-aligned service delivery (e.g., care coordination space, team-based layouts) • Co-location of services within a single facility or across coordinated sites

EMERGENCY MEDICAL SERVICES (EMS) PROVIDERS

EMS providers require strategically located and functional facilities to ensure reliable emergency response coverage.

High Priority	• Renovation or expansion of services to existing EMS stations to improve geographic coverage and reduce response times • Facility improvements to support crew readiness, including sleeping quarters and staging space • Infrastructure to enable co-location or regionalized EMS service delivery • Improvements to vehicle housing, dispatch access, and station accessibility

COUNTY-RUN NURSING HOMES AND ASSISTED LIVING FACILITIES

These facilities provide critical post-acute and long-term care and require infrastructure that supports patient flow and capacity within the broader healthcare system.

High Priority	• Restoration or renovation of existing space to bring beds back online • Reconfiguration of units to support short-term rehabilitation or transitional care • Facility improvements that support care coordination, including space for discharge planning or case management • Renovations that improve physical layout, accessibility, and patient movement within the facility • Integration of space supporting remote monitoring or coordinated care functions

CHILDCARE WITHIN QUALIFIED HEALTH ENTITIES

Childcare investments are intended to support workforce participation within eligible health entities by expanding access to on-site or affiliated childcare operated by the eligible entity.

High Priority	• Renovation or expansion of childcare space within or adjacent to healthcare facilities • Development of licensed or license-eligible childcare environments

	• Reconfiguration of underutilized space to support childcare capacity • Improvements to meet health, safety, and regulatory requirements for childcare operations
Moderate Priority	• Provider and patient safety improvements
Lower priority	• General facility improvements not directly tied to expanded capacity

Note: Childcare projects must be submitted as a standalone funding request, evaluated separately from any broader facility renovation.

RANGE AND SCOPE OF INVESTMENTS

Projects must be appropriately scaled within these parameters; requests that significantly exceed these ranges may not be considered. The following parameters define the anticipated range and scope of investments for each entity type in Budget Period 1.

Parameters	Federally Qualified Health Centers (FQHCs) & Look-Alike	Community Mental Health Centers (CMHCs)	County-run Nursing Homes	Emergency Medical Services (EMS)	Childcare within Qualified Health Entities
Maximum Award	$5,000,000	$5,000,000	Up to 50% of total Budget Period 1 RCHIP award	$2,000,000	$2,000,000*
Minimum Award	$100,000	$100,000	$100,000	$25,000	$100,000
Eligible Infrastructure	Minor renovations & targeted facility upgrades within existing structures	Minor renovations & targeted facility upgrades within existing structures	Minor renovations & targeted facility upgrades within existing structures	Minor renovations & targeted facility upgrades within existing structures	Minor renovations & targeted facility upgrades within existing structures
Other Documented Need	Furniture, Fixtures & Equipment (FF&E)	Furniture, Fixtures & Equipment (FF&E)	Furniture, Fixtures & Equipment (FF&E)	Furniture, Fixtures & Equipment (FF&E)	Furniture, Fixtures & Equipment (FF&E)
Ineligible Infrastructure	New construction or major facility expansion	New construction or major facility expansion	New construction or major facility expansion	New construction or major facility expansion	New construction or major facility expansion

** Maximum award based upon the number of licensed childcare slots.*

HOW TO APPLY

The GO-NORTH Rural Community Health Infrastructure Program uses a two-step application process:

Step	Description
Step 1	Request for Eligibility Determination (RED): A concise, high-level overview of the proposed project submitted through CDFA's Grants Management System. CDFA reviews REDs on a rolling basis. Applicants with an approved RED are invited to submit an application. An overview of the RED is provided in Appendix F of this guide.
Step 2	Application: A comprehensive application detailing the project scope, budget, compliance approach, organizational capacity, and expected outcomes. The application outline is

	provided in Appendix G of this guide. Only applicants with an approved RED may submit an application.

The RED is available on a rolling basis with no closing date. Applicants may begin, save, and return to their RED at any time. Organizations whose REDs are not approved are welcome to revise and resubmit in a future review cycle. The RED will remain open until the program concludes at the end of Budget Period 5. Completion and approval of a RED is not a binding commitment and applicants who receive RED approval are not obligated to submit a full application and may withdraw at any time prior to application submission.

All Requests for Eligibility Determination and full applications must be completed and submitted through CDFA's Grants Management System (www.nhcdfagrants.org). More information on how to use the Grants Management System can be found on the CDFA Resource Hub. Hard copy or emailed applications will not be accepted.

An outline of the application can be found in Appendix G of this document.

Applicants may propose projects that include:

- General infrastructure improvements (minor renovations), or
- Childcare-related infrastructure investments within and/or operated by eligible facilities

Childcare-related investments must be proposed as a standalone request, submitted and evaluated separately from any other proposed infrastructure improvements, so that CDFA can evaluate childcare capacity on its own merit. Applicants proposing a childcare-related investment must:

- Clearly define the childcare component and its scope
- Include a dedicated budget and project description for childcare-related costs and deliverables
- Demonstrate alignment with relevant program priorities

Applicants should clearly separate eligible capital costs from any FF&E needs. While FF&E costs are not eligible for funding through GO-NORTH RCHIP, applicants may include these items in their project description and budget narrative. CDFA will coordinate with applicants to identify potential resources through the GO-NORTH Rural Health Transformation Program HUBs and other partners.

TECHNICAL ASSISTANCE

CDFA staff offers applicants technical assistance, guidance on program objectives, and instruction on how to successfully complete an application. Technical assistance is provided through workshops and webinars, and one-on-one support. Pre-application meetings may be scheduled following approval of the Request for Eligibility Determination (RED).

Project Development and Grant Writing Assistance
In addition to pre-application technical assistance, and to increase access and expand the pool of successful applicants, CDFA will provide qualifying applicants with financial resources to support project development and grant writing activities.

Project development assistance supports pre-development planning by helping applicants design and prepare infrastructure projects that improve rural health outcomes. This assistance can include conducting feasibility analyses, defining project scope, guiding site and facility planning, developing financial models and funding strategies, and coordinating among project partners, such as helping identify and engage a site engineer or architect, to strengthen project readiness prior to application.

Applicants may request project development and/or grant writing assistance as part of the Request for Eligibility Determination (RED). Upon review and approval of the RED, applicants may be awarded financial resources to support these activities. Awards will be determined based on the categories outlined below.

Project Size	Project Development Support	Grant Writing Assistance
Up to $1M Project and/or low need	Up to $10,000 based on review	Up to $4,000
$1.01 - 2.5M Project and/or moderate need	Up to $20,000 based on review	Up to $4,000
$2.6 - 5 M Project and/or high need	Up to $35,000 based on review	Up to $4,000
Over $5M Project	Up to $50,000 based on review	Up to $4,000

Note: Consultants may be procured from CDFA's list of pre-approved professionals or through a competitive procurement process in accordance with 2 CFR Part 200.

Pre-Application Meetings
Organizations interested in pursuing a full application are encouraged to schedule a virtual pre-application meeting with a member of CDFA's program team. These one-on-one meetings are an opportunity for CDFA to answer questions about GO-NORTH RCHIP or the application process and provide guidance specific to your proposed project.

Pre-application meetings are intended for prospective applicants who have received eligibility approval from GO-NORTH and are preparing to complete a full application. Information on setting up a pre-application meeting will be provided to prospective applicants following approval of the RED form.

Application Workshop
Once an organization's Request for Eligibility Determination is approved, CDFA will make a pre-recorded Application Workshop available to help the organization prepare its application.

GRANT ADMINISTRATION

Note: Project development and/or grant writing assistance are available to eligible applicants during Step 1 (Request for Eligibility Determination) of the application process. If your organization receives project development or grant writing assistance, those funds will be awarded at that stage.

Project implementation funds may be used solely for eligible capital improvements, including minor renovations as outlined earlier in this guide.

Each awarded entity is required to name a grant administrator for the duration of the grant period to support compliance, reporting, and overall grant management. CDFA will provide separate administrative funding to support this requirement, which is distinct from project implementation funds. Grant administration will be carried out by qualified external consultants who must be selected from CDFA's list of pre-approved professionals or procured through a competitive process in accordance with 2 CFR Part 200.

An awarded entity may request and receive a waiver for this requirement if they can demonstrate sufficient internal capacity and knowledge of grant administration.

Grant Administration Assistance
All applicants submitting a full application are required to apply for grant administration assistance. CDFA will provide funding to support the cost of retaining a qualified grant administrator for the duration of the grant period. Effective grant administration is essential to successful project implementation and compliance with all federal and program requirements.

Grant administration assistance awards are determined based on total project size and community need, as shown below. Applicants must include a grant administration assistance request as part of their full application submission.

Project Size	Maximum Grant Administration Award
Up to $1,000,000 and/or low community need	Up to $50,000

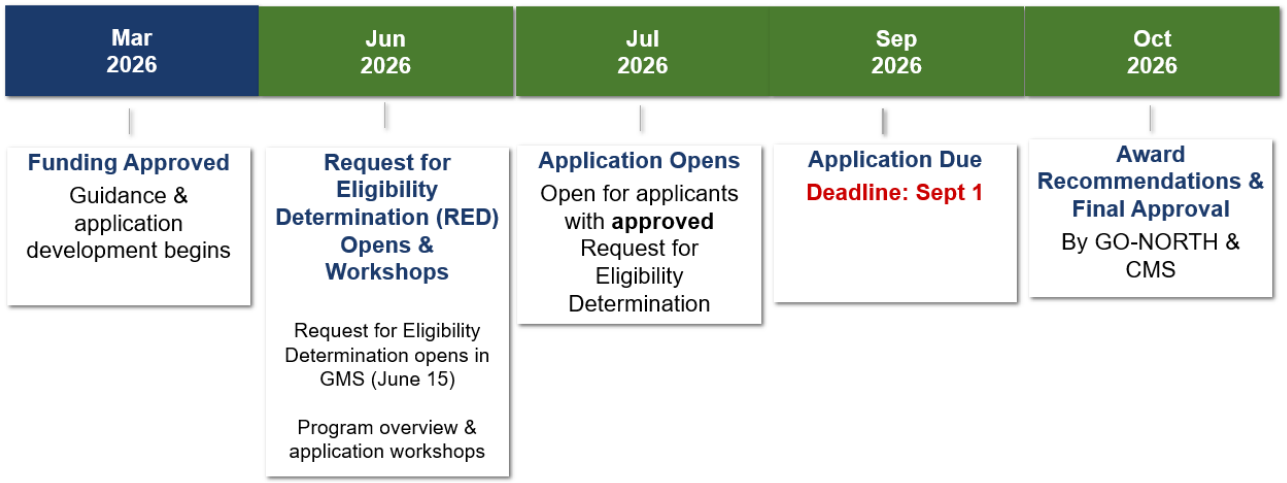
$1,000,001–$2,500,000 and/or moderate community need	Up to $50,000
$2,500,001–$5,000,000 and/or high community need	Up to $75,000
Over $5,000,000	Up to $100,000

Note: Consultants may be procured from CDFA's list of pre-approved professionals or through a competitive procurement process in accordance with 2 CFR Part 200.

An awarded entity may request and receive a waiver for this requirement if they can demonstrate sufficient internal capacity and knowledge of grant administration.

KEY DATES

GO-NORTH RURAL COMMUNITY HEALTH INFRASTRUCTURE PROGRAM TIMELINE



CDFA may make rolling recommendations to GO-NORTH for award of eligible, high-priority projects at any point after the application round opens to ensure funds are expended on time.

Applicants should note the following dates and deadlines:

Milestone	Date
Program Overview and Request for Eligibility Determination (RED) Workshops	Thursday, June 11, 2026 Wednesday, July 15, 2026
RED Available in GMS	June 15, 2026 (rolling review)
Application Available in GMS	July 2026
Application Deadline	Tuesday, September 1, 2026, 4:00 PM
Award Announcement	By or before October, 2026
Project Completion	Within 23 months from contract date

Program Workshops
CDFA will make available a combination of live and pre-recorded workshops for organizations interested in applying for Budget Period 1 of the GO-NORTH Rural Community Health Infrastructure Program. All recorded CDFA program workshops can be found on our YouTube Channel: CDFA Workshops - YouTube

GO-NORTH Rural Community Health Infrastructure Program Overview and Request for Eligibility Determination Webinar
Thursday, June 11, 2:00 – 3:30 PM
Organizations interested in applying for the GO-NORTH Rural Community Health Infrastructure Program funding round or learning more are encouraged to attend this informational webinar. The session will include an overview of the program's eligible applicants, program objectives and guidelines, funding priorities, the letter of intent process, technical assistance, and key dates.

GO-NORTH Rural Community Health Infrastructure Program Overview and Application Webinar
Wednesday, July 15, 2:00 – 3:30 PM
Organizations interested in applying for the GO-NORTH Rural Community Health Infrastructure Program funding round or learning more are encouraged to attend this informational webinar. The session will include an overview of the program's eligible applicants, program objectives and guidelines, funding priorities, the letter of intent process, technical assistance, and key dates.

Interested in updates on CDFA programs and workshops? Sign-up below to be added to our distribution list via https://nhcdfa.org/signup/.

Online Request for Eligibility Determination Available
The Request for Eligibility Determination (RED) form will be available on CDFA's Grant Management System (www.nhcdfagrants.org).

The RED will be reviewed by CDFA, and notifications of approval will be made on a rolling basis and within 30 days of submission.

Online Application Available
Application will be available on CDFA's Grant Management System (GMS) in July 2026.
To submit an application, the applicant must have an approved RED.

Application Deadline
Applications for Budget Period 1 GO-NORTH RCHIP funding are due Tuesday, September 1, 2026, 4:00 PM.
Late submissions and incomplete applications will not be accepted.

Award Announcement
CDFA will notify GO-NORTH RCHIP applicants by or before October 2026 regarding funding decisions.

Project Completion
All projects must be completed within 23 months from the contract date. (Funding for a single project may be drawn from more than one GO-NORTH budget period over that timeline; see Appendix A: Definitions.)

REQUEST FOR ELIGIBILITY DETERMINATION REVIEW AND SELECTION

Request for Eligibility Determination (RED) Review and Selection
Requests for Eligibility Determination will be reviewed on a rolling basis by CDFA. The purpose of the RED review is to determine whether a proposed project is eligible, aligned with program priorities, and ready to advance to the full application stage.

Requests for Eligibility Determination will be evaluated based on the following.

Eligibility
The applicant meets program eligibility requirements, including qualifying entity type and overall project eligibility.

Alignment with Program Priorities
The proposed project aligns with Budget Period 1 RCHIP priorities, including:
- Focus on minor renovations or targeted infrastructure improvements
- Alignment with eligible facility types
- Consistency with program funding priorities

Demonstrated Need
The project clearly defines the challenge or gap it is intended to address and provides sufficient context to support the need for the proposed investment.

Project Impact (Outputs)
The project identifies clear and reasonable expected outcomes related to the proposed infrastructure investment which at a minimum will include:

- number of additional patients / residents served annually
- estimated percentage of patients / residents covered by Medicare
- estimated percentage of patients / residents covered by Medicaid
- estimated percentage of patients / residents uninsured
- square footage of improved / renovated healthcare space
- number of new services or service lines
- reduction in discharge delays
- additional areas served
- number of vacant jobs filled and / or new jobs created

Project Readiness
The project demonstrates an appropriate level of readiness, including:

- Defined project scope
- Identified site or facility
- Evidence of planning or cost development
- Ability to move forward within the program timeline

Appropriateness of Scope
The proposed project is appropriately sized and scoped for the program, including:

- Alignment with the focus on minor renovations
- Absence of ineligible components (e.g., new construction)
- Feasibility within the program timeframe

CDFA may request additional information or clarification during the RED review process.
Approval of the Request for Eligibility Determination does not guarantee funding but allows the applicant to proceed to the full application stage.

Following submission of an application, CDFA will contact the applicant to schedule a post-application site visit as part of the review process. The purpose of the site visit is to allow CDFA to gain a direct understanding of the proposed project, assess existing facility conditions, and discuss the applicant's vision and capacity to help inform the funding recommendation. Applicants will be contacted by CDFA to arrange a mutually agreeable time.

NEXT STEPS AND AWARD REQUIREMENTS

Applicants with approved Request for Eligibility Determination will be invited to submit a full application. Additional information regarding project scope, budget, compliance requirements, and supporting documentation will be required at that stage, as outlined in Appendix G of this guide. Once an organization’s Request for Eligibility Determination is approved, CDFA will make a pre-recorded Application Workshop available to help the organization prepare its application.

Applicants selected for funding will be required to enter into a grant agreement with CDFA and comply with all applicable program and federal requirements.

CDFA reserves the right to decline or remove applicants from consideration if there are existing or prior conditions of default in any agreements with CDFA.

Additional information regarding reporting requirements, project administration, and available resources will be provided during the full application and award process.

EVALUATION

Program applicants are subjected to a substantial programmatic and financial review. Among other requirements, projects must demonstrate a public benefit, be for a public purpose, directly advance rural health infrastructure, and demonstrate that funding from CDFA is necessary to complete the project as proposed. A project is considered on its own merits and as it compares to the other applicants in the same funding round.

Review Process

Recommendations for funding will be based upon the applicant's goals, measurable objectives, activities, and needs. The internal review team assesses applicants using the scoring framework below and based on this assessment, provides a recommendation for funding to GO-NORTH, which will provide final approval of award in conjunction with CMS.

Threshold Requirements

The following threshold requirements must be satisfied for an application to move forward to competitive scoring:

- The applicant meets all program eligibility requirements, including qualifying entity type and location within New Hampshire.
- The proposed project is limited to eligible capital improvements, including minor renovations within existing facilities, and does not include new construction, FF&E, or operating costs.
- The organization is not in existing or prior default in any agreements with CDFA.
- The project can be completed within the required 23-month period from contract execution. (Funding for a single project may be drawn from more than one GO-NORTH budget period over that timeline; see Appendix A: Definitions.)
- The facility or project space will meet ADA accessibility requirements upon project completion.

Applications that do not satisfy all threshold requirements will not advance to scoring.

SCORING

If the applicant satisfactorily meets the threshold criteria listed above, and the organizational capacity and financial assessment meet minimum standards, the application will be evaluated and scored using the framework below.

Application Scoring	Maximum Score
Rural Health Need & Transformation Vision	**55**
Community Data (Core Data Index)	35
Documented Need	20
Strength of the Project Plan & Milestones	**60**
Priority Entity Type and Investment Alignment	20
GO-NORTH Plan Alignment	20
Readiness for Implementation	20
Meaningful & Ambitious Measurable Outcomes	**40**
Measurable Outcomes	15
Access	25

Stakeholder Engagement & Partnerships	**25**
Sustainability & Long-Term Value	**20**
MAXIMUM TOTAL SCORE	**200**

COMMUNITY DATA

Community data scores are established using CDFA's Core Data Index, which draws on Community Progress Indicators (CPI) data for each of the 234 NH municipalities. The Core Data Index reflects indicators of socioeconomic well-being and community need including health access, basic human needs, and economic conditions, and relies on data from the US Census Bureau, NH Department of Health and Human Services, NH Housing Finance Authority, and other state and federal sources. Reviewers will consider whether the project location falls within a federally designated Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or other designation indicating limited rural health infrastructure or workforce availability. Scores of up to 35 points are awarded based on the CPI score for the project municipality:

Community Need Level	CPI Score Range	Points Awarded
Lower need; fewer concentrated health accesses, workforce, or socioeconomic challenges	0–19	0
Below-average need	20–29	9
Moderate need; some indicators of rural health access and economic strain	30–39	18
Elevated need; significant rural health access barriers and socioeconomic challenges	40–49	26
Highest need; greatest concentration of rural health access deficits and community-level challenges	50+	35

Applicants are encouraged to review their municipality's CPI score prior to applying. CPI data for all 234 NH municipalities is available on the CDFA Resource Hub at https://resources.nhcdfa.org/working-with-cdfa/data/.

RURAL HEALTH NEED & TRANSFORMATION VISION: DOCUMENTED NEED

Up to 20 points shall be awarded for the application demonstrating the most clearly documented need for investment, based on evidence of service gaps, access barriers, or infrastructure deficiencies in the community to be served. Applications will be compared against others in the same funding round:

Documented Need	Points
Project addresses a critical, documented gap in rural health service access or infrastructure capacity, supported by evidence such as quantified unmet service demand, documented hospital discharge barriers, EMS response coverage deficiencies, or other data demonstrating service area need.	20

Project demonstrates substantial documented need for rural health infrastructure investment, with clear evidence of service gaps.	12
Project demonstrates moderate need with some evidence of rural health service gaps.	6
No demonstrated rural health service need	0

How “documented need” is interpreted varies by entity type:

FQHCs and FQHC Look-Alike: Patient panel capacity constraints, unmet appointment demand, and the share of uninsured or Medicaid patients served.

CMHCs: Behavioral health workforce shortages, crisis service gaps, waitlist data, and emergency department utilization for mental health emergencies in the service area.

EMS Providers: Response time data, coverage gap documentation and plans to partner regionally, mutual aid dependency, and the age or condition of existing station infrastructure.

County-run Nursing Homes and Assisted Living Facilities: Long-term care bed availability in the region, current Medicaid occupancy rate, documented waitlists, and geographic access to skilled nursing care for rural residents.

Childcare (on-site and/or operated by qualified health entities): Documented childcare shortage in the service area and demonstrated connection to healthcare workforce recruitment and retention.

> **Note: for County-run Nursing Homes and Assisted Living Facility Applicants: In addition to the Health Impact criteria above, CDFA will consider Medicaid bed utilization as a factor in evaluating county-run nursing home and assisted living facility applications. This includes the percentage of licensed beds that are Medicaid-certified and the facility's current Medicaid occupancy rate, as reported in Section VI (Need, Impact, and Alignment) of the application. Facilities that demonstrate a higher proportion of Medicaid beds and stronger Medicaid occupancy will be considered more competitive under the Health Impact criterion. Specific scoring weight assigned to this criterion will be determined following the close of the application period based on the data submitted by applicants.*

STRENGTH OF THE PROJECT PLAN & MILESTONES

Up to 65 points for the strength of the project plan and milestones, assessed across three subcategories:

Priority Entity Type and Investment Alignment *(up to 20 points)*
Points are awarded based on whether the applicant is a Budget Period 1 priority entity type and whether the proposed investment aligns with that entity type's highest-priority capital needs. The table below defines high-priority investments for each entity type; other eligible capital improvements are considered moderate-priority.

Scenario	Points
Priority entity type pursuing a high-priority investment (as defined below)	20
Priority entity type pursuing a moderate-priority investment	12
Other eligible entity type pursuing a health-aligned investment	6
Investment not aligned with RCHIP priorities	0

GO-NORTH Plan Alignment *(up to 20 points):*
Points are awarded based on the degree to which the project directly and specifically advances the goals of one or more GO-NORTH RHT initiatives, and whether the applicant has identified a clear, actionable plan for achieving that alignment:

GO-NORTH Plan Alignment	Points
Project directly and specifically advances one or more GO-NORTH RHT initiatives, with a clear, well-defined, and actionable plan connecting the investment to initiative outcomes	20
Project supports a GO-NORTH RHT initiative, with a reasonably defined plan connecting the investment to initiative outcomes	12
Project shows some connection to a GO-NORTH RHT initiative, but the plan for achieving alignment is general or not well defined	6
Project shows minimal or no connection to any GO-NORTH RHT initiative	0

Readiness for Implementation *(up to 20 points)*:

Readiness for Implementation	Points
Design Development Drawings and cost estimates by a licensed architect or engineer completed; leading directly to implementation	20
Schematic or preliminary architectural / engineering design completed with cost estimates	10
Site identified and concept planning underway, cost estimates in development	5
Early concept stage only, limited planning documentation	0

MEANINGFUL & AMBITIOUS MEASURABLE OUTCOMES: MEASURABLE OUTCOMES

Up to 15 points shall be awarded based on the significance and ambition of the project's expected impact on access to care, service capacity, and health outcomes in rural communities. Applications will be compared against others in the same funding round:

Measurable Outcomes	Points
Project projects a significant, measurable increase in patient access, service capacity, or care quality, with clearly defined and ambitious outcome metrics	15
Project projects a well-defined, measurable impact on patient access, care capacity, or health service delivery	10
Project projects a reasonable, though more modest or less clearly measurable, expected improvement in care access, capacity, or delivery	5
No measurable projected impact on access, capacity, or care delivery	0

MEANINGFUL & AMBITIOUS MEASURABLE OUTCOMES: ACCESS

Up to 25 points for the degree to which the project demonstrates a strong focus on expanding access to care for underserved, including Medicare, Medicaid, and uninsured patients:

Access	Points

Project primarily and substantially serves Medicare, Medicaid, and / or uninsured patients, with strong documented evidence of payer mix and service access barriers	25
Project serves a significant share of Medicare, Medicaid, and / or uninsured patients with clear evidence of access barriers in the service area	17
Project serves some Medicare, Medicaid, and / or uninsured patients but evidence of access barriers is limited or indirect	8
Minimal or no demonstrated focus on Medicare, Medicaid, or uninsured patients	0

FQHCs: Share of patients served on a sliding-scale basis, and uninsured and Medicaid/Medicare patient panel data.

CMHCs: Medicaid behavioral health beneficiaries served, uninsured individuals receiving mental health or substance use disorder treatment, and rural catchment area coverage.

EMS Providers: Rural population coverage by geography, service area in communities lacking nearby emergency services, and volume of calls serving Medicaid-and Medicare-eligible patients.

County-run Nursing Homes and Assisted Living Facilities: Medicaid-certified bed percentage and Medicaid occupancy rate, reflecting access for low-income elderly residents, and geographic access to long-term care for rural populations.

Childcare (on-site and / or operated by qualified health entities): Share of children served from low-moderate-income households and demonstrated support for rural healthcare workforce retention.

STAKEHOLDER ENGAGEMENT & PARTNERSHIPS

Up to 25 points shall be awarded based on the strength and depth of the applicant's partnerships and community engagement in support of the proposed project. Applications will be compared against others in the same funding round:

Stakeholder Engagement and Partnerships	**Points**
Project demonstrates strong, well-documented partnerships with other health, social service, or community organizations, supported by letters of support, formal agreements, or memoranda of understanding, and reflects meaningful engagement with the community to be served	25
Project demonstrates solid partnerships and community engagement, with some documented letters of support or collaborative agreements	17
Project demonstrates limited partnerships or community engagement, with minimal supporting documentation	8
No demonstrated partnerships or community engagement	0

SUSTAINABILITY & LONG-TERM VALUE

Up to 20 points for the applicant's demonstrated financial health and organizational capacity to implement the project successfully. CDFA will assess:

- Financial stability, including operating reserves, audit results, budget management history, payer mix sustainability (Medicare, Medicaid, and uninsured patient revenue), and debt capacity relative to existing long-term obligations
- Current licensure and regulatory compliance for the applicable facility type (e.g., FQHC, CMHC, EMS provider, licensed nursing home
- Cost report data (for FQHCs and county nursing homes) as a measure of operational efficiency and cost-based reimbursement sustainability
- Prior experience managing capital projects and federal or state grants, including compliance with federal health program requirements
- Staffing plan for project implementation and grant administration, including a designated project manager and, if applicable, the qualifications of staff requesting a grant administration waiver
- Evidence of long-term operational and financial sustainability of the facility and the services the proposed infrastructure will support, including the projected operating impact of the completed project

ADMINISTRATIVE REVIEW

This section applies to applicants who have applied for GO-NORTH RCHIP funds and either received no funds or fewer funds than requested.

- An applicant may apply for an administrative review of the scoring of its application by filing a written request within 15 calendar days of the date they receive their award letter (or notice of non-selection) from CDFA.
- The request for an administrative review shall be signed by the Authorized Official and shall contain the reasons for the requested review. The request shall not introduce new information but shall only explain or clarify information contained in the application submitted.
- CDFA with its executive director shall review the written request and shall also review the evaluation process and award recommendations previously made. Within 15 calendar days of receipt of the request, CDFA, based on the information in the request as well as the scoring criteria, will affirm or modify its prior decision.

APPENDIX A: DEFINITIONS

The following are definitions of key program terms and should be used to further clarify the program priorities.

Asset-based Community Development	Focuses on the assets of a community such as local community members, institutions, organizations and other community strengths to address issues and opportunities to improve the community.
Authorized Official	The Authorized Official (AO) is the person who has authority to approve the submission of a grant application and legally enter into a contractual agreement on behalf of the organization or municipality. The AO for a non-profit may be the Executive Director, Chief Executive Officer, a department head, Board officer, or another high-level team member. The AO for a municipality may be a town/city representative such as a town manager, town finance representative, Select Board, or someone who has been given such authority.
Budget Periods	The Budget Periods for the GO-NORTH plan are as follows: **Budget Period 1:** December 29, 2025 – September 30, 2027 **Budget Period 2:** October 31, 2026 – September 30, 2028 **Budget Period 3:** October 31, 2027 – September 30, 2029 **Budget Period 4:** October 31, 2028 – September 30, 2030 **Budget Period 5:** October 31, 2029 – September 30, 2031 Funds assigned to a given budget period must be drawn and expended by that period's close date, regardless of whether the project is complete. Costs incurred after a budget period's close date must be billed against the next budget period.
Collaboration	The process by which agencies, organizations, and businesses make formal, sustained commitments to work together to accomplish a shared vision.
Community Mental Health Center	A private, nonprofit agency that contracts with the NH Department of Health and Human Services (DHHS), Bureau of Behavioral Health (BBH) to provide publicly funded mental health services to individuals and families.
Community Sustainability & Vibrancy	As measured by municipal population growth.
County-Run Assisted Living Facility	A state-licensed residence owned and operated by a county government. These facilities provide housing, meals, and personalized support services for local seniors and individuals with disabilities who need help with daily tasks but do not require 24/7 skilled nursing.
County-Run Nursing Home	A government-owned nonprofit skilled nursing facility managed by one of the state's ten county governments. They are primarily designed to provide long-term care and short-term rehabilitation to elderly or disabled county residents who require 24-hour medical monitoring.
Davis-Bacon Act	A federal law that requires contractors and subcontractors working on federally funded or assisted public construction projects to pay their laborers and mechanics no less than the locally prevailing wages and fringe benefits.
Emergency Medical Services (EMS)	Designated emergency response agency recognized by an ordinance or a resolution of the governing body of any county, city, or town that provides out-of-hospital emergency medical care.

Evaluation	Program applicants are subjected to a substantial programmatic and financial review. Recommendations for funding will be based upon applicants' goals, measurable objectives, activities, and needs. A project is considered on its own merits and as it compares to the other applicants in the funding round.
Federally Qualified Health Center (FQHC)	A federally funded nonprofit health center that provides primary care services, dental health services, mental health and substance abuse services, transportation services necessary for adequate patient care, hospital and specialty care to medically underserved areas and populations, regardless of patients' ability to pay. FQHCs qualify for funding under section 330 of the Public Health Service Act, which includes enhanced reimbursement from Medicare and Medicaid as well as other benefits. They must offer a sliding fee scale for services. They also have a governing board of directors and are designed to improve access to healthcare for vulnerable communities.
Federally Qualified Health Center (FQHC) Look Alike	A community-based health care provider that meets all of the strict regulatory and structural requirements of a traditional FQHC but operates without federal grant funding. These centers are officially designated by the federal Health Resources and Services Administration (HRSA). While they do not receive Section 330 federal grant awards, they serve everyone regardless of their ability to pay and must operate under an independent governing board of directors, of which at least 51% are patients of the clinic; they must provide comprehensive primary care and preventive services and offer case on a sliding fee scale based on a patient's ability to pay; and they must target medically underserved areas or populations.
Grant Administrator	Responsible for managing the administrative, compliance, and reporting requirements of the grant to ensure the project is implemented in accordance with program and federal guidelines.
Health Professional Shortage Area (HPSA)	A federal designation by Health Resources and Services Administration indicating a geographic area, population group, or facility with a shortage of primary care, dental, or mental health providers.
Infrastructure	Investments in infrastructure are those that provide resources to support the advancement of a project or initiative that addresses community economic development challenges or opportunities. Traditional infrastructure investments include renovating, and improving physical systems, spaces and places.
Minor Renovations	Targeted improvements within existing facilities, including reconfiguration, expansion of usable space, and functional upgrades that enhance service capacity and care delivery, without constituting large-scale new construction or major structural redevelopment.
Medically Underserved Area (MUA)	A federal designation by Health Resources and Services Administration indicating areas with a shortage of healthcare services based on factors like provider-to-population ratio, poverty rate, elderly population, and infant mortality rate.
Municipality	Any city, incorporated town or village, or county in New Hampshire.
Nonprofit	A tax-exempt public charity that operates exclusively for public benefit under section 501(c)(3) of the Internal Revenue Code. Nonprofits must have up-to-date annual reports with the NH Secretary of State and Form 990 tax returns with the Internal Revenue Service. Qualifying nonprofits are those regulated by the Charitable Trusts Division of the NH Department of Justice, governed by volunteer boards with significant fiduciary obligations, and staffed by experienced professionals.

Priority Areas	Places with a high need as outlined in the Community Progress Indicators which measure socioeconomic well-being and community need at the municipal level in New Hampshire, including Basic Human Needs, Access to Opportunity, and Community Sustainability and Vibrancy.
Priority Populations	For the purposes of GO-NORTH RCHIP, priority populations are Medicare beneficiaries, Medicaid beneficiaries, and uninsured or underinsured individuals. These populations are most likely to face barriers to accessing rural healthcare services and are the primary target of the GO-NORTH Program. Applicants are expected to provide payer mix data demonstrating the share of patients or residents served under those categories.
Reimbursement	CDFA utilizes a claims-based payment process for the disbursement of grant funds. Grantees submit claims through the Grants Management System for eligible project expenses, including supporting documentation such as invoices. Payments may be issued either as reimbursement for costs already incurred or as direct payment based on outstanding invoices. All claims are subject to review and approval by CDFA.
Rural	All territory, housing, and population located outside of officially designated urban areas. Rural Health Grants Eligibility Analyzer
2 CFR Part 200	Establishes uniform administrative requirements, cost principles, and audit requirements for Federal awards to non-Federal entities. https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200

APPENDIX B: DISTRIBUTION OF FUNDS

Funds will be issued on a reimbursement basis for eligible activities to those priority entities awarded GO-NORTH Rural Community Health Infrastructure Program funds. Awards will be issued in the form of grants and CDFA administers grant funds through a claims-based payment process. Grantees may submit requests for payment through the Grants Management System for eligible project expenses, supported by invoices and other appropriate documentation. Expenses may be reimbursed after payment or paid based on submitted invoices that have not yet been satisfied. All claims are subject to CDFA review and approval prior to disbursement. The Structure of Award Policy provides additional information about the award options and application requirements. Applicants will be required to complete the following:

- Risk Assessment for Structure of Award
- Compliance Plan

Generally, an awarded entity will be required to repay an award if they fail to comply with the conditions of the award as defined in the commitment letter and other documents.

APPENDIX C: FEDERAL COMPLIANCE

The GO-NORTH Rural Community Health Infrastructure Program is funded through GO-NORTH's program under federal CMS guidance. These funds are administered through a competitive process to support targeted infrastructure improvements in priority healthcare facilities. Awarded projects must comply with all applicable federal, state, and local requirements. Key compliance areas are described below. Additional requirements will be detailed in the grant agreement and during the award process. The Grantee will agree through a legal instrument to be bound by all applicable local, state, and federal guidance prior to receiving CMS funds.

UNIFORM GUIDANCE (2 CFR PART 200)

All GO-NORTH RCHIP awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200). Requirements include but are not limited to:

- Financial management and internal controls
- Procurement of goods and services
- Record retention (minimum 5 years from date of final award)
- Single audit requirements (for organizations expending $1M or more in federal awards in a fiscal year)
- Conflict of interest policies
- Program administration and reporting
- Environmental evaluation
- Civil Rights including ADA compliance
- Plan for real property reporting and disposition plan
- Asset management plan (relative to large systems e.g., HVAC)
- Labor Standards

DAVIS-BACON LABOR STANDARDS

The Davis-Bacon Act requires that all contractors and subcontractors working on federally funded construction projects pay their workers no less than the locally prevailing wages and fringe benefits for corresponding work on similar projects in the area. This requirement applies to all GO-NORTH RCHIP-funded construction activities. In practice, awardees must:

- Obtain the applicable wage determination from the U.S. Department of Labor before soliciting construction bids
- Include Davis-Bacon wage and labor provisions in all construction contracts and subcontracts
- Ensure contractors submit weekly certified payroll records to CDFA
- Post wage determinations at the job site
- Monitor contractor compliance throughout the construction period
- Assign a qualified human resources or labor compliance professional, either on staff or contracted, to oversee certified payroll review, employee interviews, and restitution processes if applicable.

CDFA will provide awardees with the applicable wage determination documents, required contract language, and guidance on monitoring and reporting requirements at the time of award. CDFA staff are available to assist awardees in understanding and meeting these requirements.

PROCUREMENT REQUIREMENTS

Awardees must follow procurement procedures consistent with 2 CFR Part 200 when purchasing goods or services using GO-NORTH RCHIP funds. The following thresholds and requirements apply:

Procurement Type	Requirements
Micro-Purchase (up to $15,000)	May be awarded without competitive bids if the price is considered reasonable. Purchases should be distributed equitably among qualified suppliers.
Small Purchase ($10,000–$249,999)	Price or rate quotes must be obtained from an adequate number of qualified sources. Document the process and basis for selection.

Sealed Bids / Formal Competitive ($250,000 and above)	Full competitive bidding required. Bids must be publicly solicited, a firm fixed-price contract awarded to the lowest responsive and responsible bidder.
Construction Contracts Competitive Bidding (all amounts)	All construction contracts must include required federal provisions, Davis-Bacon wage determinations, and applicable labor standards clauses, regardless of dollar amount.

Cost-plus-percentage-of-cost contracts are prohibited. Awardees must maintain documentation of all procurement actions, including the basis for contractor selection and the reasonableness of price. CDFA will review procurement processes as part of grant monitoring.

ENVIRONMENTAL REVIEW

All GO-NORTH RCHIP-funded projects must complete an environmental review prior to the start of any construction or ground disturbance. CDFA will provide awardees with an Environmental Review Checklist at the time of award. The environmental review process is designed to identify and address potential environmental concerns associated with the proposed project site and activities. Areas of review include, but are not limited to:

- Floodplain and wetland considerations
- Hazardous materials and contamination
- Endangered species
- Air and water quality

No construction activity may begin until the environmental review is complete and CDFA has provided approval. CDFA staff will guide prospective applicants through this process following GO-NORTH's approval of the Request for Eligibility Determination.

CIVIL RIGHTS AND ADA COMPLIANCE

Awardees must comply with all applicable civil rights requirements, including Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (ADA). All facilities must be ADA accessible upon project completion. Awardees must also maintain a non-discrimination policy and ensure equal access to programs and services.

APPENDIX D: DESK REVIEW AND MONITORING

As a pass-through entity for GO-NORTH RCHIP funds, CDFA is required under 2 CFR Part 200 to monitor the activities of awardees to ensure that awards are used for authorized purposes, in compliance with federal statutes, regulations, and the terms of the grant agreement. CDFA's monitoring approach includes a required risk assessment at the time of award and ongoing desk reviews throughout the grant period, and monitoring through project closeout.

Risk-Based Monitoring Frequency
Upon award, each awardee is required to complete a risk assessment, which CDFA uses to assign a risk level of low, medium, or high based on factors such as prior experience managing federal funds, audit history, organizational capacity, and internal controls. An awardee's risk level determines how often it must complete a desk review: bi-annually for low-risk awardees, quarterly for medium-risk awardees, and monthly for high-risk awardees. Risk levels may be reassessed and the desk review schedule adjusted based on findings from desk reviews.

Desk Review Process
Each awardee must complete a desk review according to the schedule established by its risk level (bi-annual, quarterly, or monthly) and submit the required documentation to CDFA. The desk review compares the information submitted in quarterly and annual progress reports against underlying documentation, such as financial records, procurement files, and personnel records, to confirm that reported expenditures and activities are accurate, allowable, and adequately supported. CDFA may request additional documentation from the awardee to complete the review and will follow up directly with the awardee on any questions or discrepancies identified.

Single Audit Review
CDFA reviews Single Audit reports for awardees expending $1,000,000 or more in federal awards during their fiscal year and follows up on any related findings to confirm they have been resolved or are subject to an active corrective action plan.

Monitoring Results and Corrective Action
Following each monitoring activity, CDFA provides the awardee with written notification of the results, including any findings or areas of concern. Awardees must respond in writing within the timeframe specified by CDFA, describing the steps that will be taken to address each finding. CDFA tracks corrective action items to resolution and may increase monitoring frequency, request additional documentation, or pursue other remedies under the grant agreement for findings that remain unresolved.

Closeout Monitoring and Records Retention
Monitoring continues through project closeout, including review of the final Project Closeout Report and confirmation that all corrective actions have been resolved. Awardees must retain all financial and programmatic records related to the award consistent with the record retention requirements described in Appendix C, and must provide CDFA, GO-NORTH, and/or CMS with access to those records upon request.

APPENDIX E: REPORTING REQUIREMENTS

GO-NORTH RCHIP operates within a multi-level reporting structure. Awardees report to CDFA and CDFA reports to GO-NORTH and CMS. Because CDFA's ability to fulfill its own reporting obligations depends directly on the completeness and timeliness of awardee submissions, all reporting deadlines are mandatory. Report formats and templates will be provided by CDFA at the time of award.

QUARTERLY PROGRESS REPORTS

Awardees must submit quarterly progress reports to CDFA detailing activity during the reporting period. Each quarterly report must include:

- Funds expended during the reporting period and cumulatively to date
- Status of project milestones, including any delays or changes to the project schedule
- Procurement and contracting updates, including Davis-Bacon compliance documentation where applicable
- Any issues, risks, or circumstances that may affect project completion or timeline including changes in key personnel
- Any additional information or metrics required by CDFA, GO-NORTH, or CMS

Three quarterly reports are required per program year; no report is required for the May 1–July 31 period. Awardee reporting periods end approximately one week before CDFA's own reporting deadlines to allow time for review and compilation. Any significant project activity occurring after the awardee period end date should be captured in the following quarterly report. Budget Period 1 awardees will begin reporting with Quarterly Report #2, as contracts execute November 1, 2026, after the Q1 reporting period has closed.

Quarterly Progress Report Schedule

Report	Period Start	Period End	Due Date
Quarterly Report #2*	October 24, 2026	January 23, 2027	January 30, 2027
Quarterly Report #3	January 24, 2027	April 23, 2027	April 30, 2027
No report required	*May 1, 2027*	*July 31, 2027*	—
Quarterly Report #1	August 1, 2027	October 23, 2027	October 30, 2027
Quarterly Report #2	October 24, 2027	January 23, 2028	January 30, 2028
Quarterly Report #3	January 24, 2028	April 23, 2028	April 30, 2028
No report required	*May 1, 2028*	*July 31, 2028*	—

** Quarterly Report #1 (August 1 – October 23, 2026) does not apply to Budget Period 1 awardees. Reporting begins with Quarterly Report #2.*

If a reporting due date falls on a weekend or State-recognized holiday, the report is due the next business day.

ANNUAL PROGRESS REPORTS

Awardees must submit annual progress reports to CDFA that provide a comprehensive update on project implementation for the reporting period. Each annual report must include:

- Qualitative narrative describing implementation progress, key accomplishments, and any challenges encountered
- Quantitative performance metrics as established by GO-NORTH, CMS, and CDFA at the time of award
- Cumulative funds expended and remaining budget
- Updated project schedule and milestone projections
- Any proposed changes to project scope, budget, or timeline requiring CDFA approval

- Any additional information required by GO-NORTH or CMS

Annual Progress Report Schedule

Report	Reporting Period	Due Date
Annual Report #1	November 1, 2026 – June 30, 2027	July 15, 2027
Annual Report #2	August 1, 2027 – June 30, 2028	July 15, 2028

PROJECT CLOSEOUT REPORT

Upon completion of the funded project, awardees must submit a Project Closeout Report to CDFA within 60 days of project completion, no later than November 30, 2028. The Closeout Report must include:

- Final expenditure reconciliation, including documentation that all GO-NORTH RCHIP funds were expended on eligible costs
- Confirmation that all project deliverables and milestones have been completed
- Photographs or other visual documentation of the completed project
- Summary of outcomes achieved, measured against the performance metrics established at award
- Description of any variances from the original scope, budget, or timeline, with explanation
- Certification by an authorized organizational representative that all grant conditions have been met

Performance Metrics

Awardees are responsible for tracking and reporting on performance metrics beginning at the time of award. Metrics will be aligned with the GO-NORTH initiatives and CMS requirements and will be provided to awardees in written guidance at the time of award. Awardees may also be asked to participate in evaluation activities coordinated by GO-NORTH and its Evaluation Contractor, which may include surveys, interviews, data sharing, and other activities to assess program implementation and outcomes. Participation in these activities is a condition of award.

Late Submission Policy

All reports are due by 4:00 PM on the applicable due date. Reports not received by the due date are considered late. A late submission notice will be issued to the awardee within two business days of the missed deadline. Awardees with outstanding reports may have reimbursement requests placed on hold until the report is received and accepted by CDFA.

Grace Period and Escalating Consequences

- Reports received within 5 business days of the due date are accepted but flagged in the awardee's file as a late submission.
- Reports not received within 5 business days trigger a formal Notice of Noncompliance. The awardee must respond in writing within 10 business days with the completed report and a written explanation of the delay.
- A pattern of late submissions, defined as two or more flagged reports within a single program year, may result in additional monitoring requirements, increased reporting frequency, or other remedies at CDFA's discretion.
- Persistent or unresolved noncompliance may be grounds for award termination in accordance with the grant agreement.

Post-Award Site Visits

CDFA may conduct site visits at any point during the grant period to monitor project progress, verify information reported in quarterly and annual reports, and provide technical assistance as needed. Site visits may be scheduled in response to concerns about project progress, delays, or compliance, or to recognize and document significant project milestones and accomplishments. Awardees will be given reasonable advance notice of a scheduled site visit. Participation in site visits is a condition of award.

APPENDIX F: GO-NORTH RURAL COMMUNITY HEALTH INFRASTRUCTURE PROGRAM REQUEST FOR ELIGIBILITY DETERMINATION (RED) OUTLINE

Below is an outline of the Request for Eligibility Determination (RED) form for Budget Period 1 of the GO-NORTH Rural Community Health Infrastructure Program. The RED must be submitted through CDFA's online Grants Management System www.nhcdfagrants.org and will be reviewed with notifications of approval on a rolling basis and within 30 days of submission.

There is no deadline for RED submission. Organizations may complete and submit a RED at any point while the program is active and may reapply in future budget periods if not approved. RED approval does not create any legal obligation to proceed as applicants are free to withdraw before submitting an application. Application deadlines apply separately and are published in the program calendar each year.

More information on how to use the Grants Management System can be found on the CDFA Resource Hub. Hard copy or emailed Request for Eligibility Determination will not be accepted.

Request for Eligibility Determination
The Request for Eligibility Determination (RED) is the first step in the application process and is required for all applicants. The RED is intended to provide a concise, high-level overview of the proposed project and should not include detailed supporting documentation.

The RED will be reviewed by CDFA and approved by GO-NORTH. Only applicants with an approved RED will be invited to submit an application.

I. CONTACT INFORMATION

- Primary Contact (Name, Title, Email, Phone, Address)
- Entity (Name, Type, Address, Phone)
- SAM.gov UEID
- Authorized Official (Name, Title, Email, Phone)

II. APPLICANT INFORMATION

Applicant Type *(select one):*

- Federally Qualified Health Center (FQHC)
- Federally Qualified Health Center Look-Alike (FQHC Look-Alike)
- Community Mental Health Center
- EMS Provider
- County-run Nursing Home or Assisted Living Facility
- Childcare Provider

By selecting the applicant type above, the organization affirms that it meets the eligibility criteria for that entity type as defined in the Rural Community Health Infrastructure Program guidelines. Confirmation of entity type can be checked here: HPSA Find

If FQHC Look-Alike is selected, please confirm your organization holds this designation. (Yes/No)

If Childcare Provider is selected please confirm you are on the site of or operated by:

- Federally Qualified Health Center (FQHC)
- Federally Qualified Health Center Look-Alike (FQHC Look-Alike)
- Community Mental Health Center
- EMS Provider
- County-run Nursing Home or Assisted Living Facility

III. PROJECT OVERVIEW

- Project Name
- Project Address

Identify:

- Authorized Official
- Primary Contact
- Grant Writer (if applicable)
- Fiscally Sponsored Entity Name (if applicable)

IV. EXECUTIVE SUMMARY *(2,000-character limit)*
Provide a detailed overview of the proposed project, including the type and scope of infrastructure improvements, the facility involved, the services that will be expanded or improved, and the expected outcomes.

V. Project Type and Scope
Which category best describes your project? *(select all that apply):*

- Minor renovations / facility reconfiguration
- Expansion of clinical or service space within existing structure
- Infrastructure supporting technology-enabled care

Does the project primarily involve minor renovations within an existing facility? *(yes/no)*

VI. Need and Impact

Statement of Need *(2,000-character limit)*
Describe the primary challenge or gap this project addresses within your community or service area (e.g., access, capacity, workforce, discharge delays).

Expected Outcomes *(2,000-character limit)*
Describe the primary outcomes or changes that will result from the project.

VII. Alignment with Program Priorities *(2,000-character limit)*
Describe how the project aligns with Budget Period 1 GO-NORTH RCHIP priorities. Focus on how the proposed investment advances access to care, addresses system gaps, or serves priority populations.

VIII. Project Readiness

Project Status *(select all that apply):*

- Site identified
- Site control secured
- Design/concept planning underway
- Permits/approvals initiated
- Cost estimates developed

Readiness Narrative *(1,500-character limit)*
Describe current readiness and anticipated timeline to begin construction.

IX. Preliminary Budget and Funding Request
Estimated total project cost: $_____
Estimated RCHIP request: $_____

Funding Status (select one):

- Early concept stage
- Funding sources identified
- Funding partially secured

Brief budget narrative and description of other funding sources (if applicable) (1,000-character limit)

Applicants should clearly separate eligible capital costs from any FF&E needs. While FF&E costs are not eligible for funding through GO-NORTH RCHIP, applicants may include these items in their project description and

budget narrative. CDFA will coordinate with applicants to identify potential resources through the GO-NORTH Rural Health Transformation Program HUBs and other partners.

Furniture, Fixtures & Equipment Needs *(Informational Only) (if applicable) (2,000-character limit)*
Estimated total FF&E: $_____

Briefly describe any anticipated furniture, fixtures, and equipment (FF&E) needs associated with the project (not eligible for RCHIP funding).

Additional Information *(Optional) (1,000-character limit)*
Provide any additional context CDFA should consider.

Technical Assistance Request *(Optional)*
CDFA offers financial support for project development support and grant writing assistance to help applicants advance their projects and prepare competitive applications. Requests for technical assistance will be reviewed in conjunction with the RED and awarded at CDFA's discretion based on demonstrated need and project readiness.

Type of Assistance Requested *(select all that apply)*

- Project Development Assistance
- Grant Writing Assistance
- Both
- Not requesting assistance

Describe the types of assistance your entity is seeking and why it is needed. (1,000-character limit)
Examples may include:

- Early project planning or feasibility
- Refining project scope or design
- Budget development or cost estimating
- Preparation of a competitive grant application

Current Capacity and Experience *(1,000 characters)*
Briefly describe your entity's current capacity to develop and implement this project (e.g., staffing, prior experience with capital projects or grant applications).

Project Stage (select one)

- Concept stage
- Early planning
- Design or cost estimating underway
- Ready for application development

Certification
Prior to RED submission, CDFA requires an Authorized Official of the applicant entity to sign a certification.

I certify that I am one of the persons named above and am authorized by the applicant entity to submit this Request for Eligibility Determination. I certify that all statements are true and accurate to the best of my knowledge, and this RED is being submitted with the full knowledge and approval of the entity's governing body (e.g., Board of Directors, Select Board, City Council, or County Commissioners) and that the entity will comply with:

- New Hampshire conflict of interest laws as defined by RSA 7:19-a and RSA 292:6-a; and
- CDFA's Privacy Policy by which you acknowledge all information and documents created, accepted or obtained by, or on behalf of, CDFA are potentially subject to disclosure in compliance with RSA 91-A, New Hampshire's Right-to-Know law.

APPENDIX G: GO-NORTH RURAL COMMUNITY HEALTH INFRASTRUCTURE PROGRAM (GO-NORTH RCHIP) APPLICATION OUTLINE

Below is an outline of the application for Budget Period 1 of the GO-NORTH Rural Community Health Infrastructure Program. Applicants must have an approved Request for Eligibility Determination (RED) prior to submitting an application. As part of the review process, CDFA will conduct a post-application site visit following submission. Applications must be submitted through CDFA's online Grants Management System at www.nhcdfagrants.org by September 1, 2026, at 4:00 PM. Hard copy or emailed applications will not be accepted.

If your entity is utilizing a project development consultant and/or grant writer, they must register separately in GMS and submit a GMS Access Form to be associated with your organization. The project development consultant and/or grant writer should not replace the Primary Contact, who should be the director of the entity or project for which funding is requested. Consultants must be procured from CDFA's list of pre-approved professionals or through a competitive procurement process in accordance with 2 CFR Part 200.

I. CONTACT INFORMATION

- Primary Contact (Name, Title, Email, Phone, Address)
- Entity (Name, Type, Address, Phone)
- SAM.gov UEID
- Authorized Official (Name, Title, Email, Phone)

II. STATUTORY ELIGIBILITY

Eligible Entity Type (select one)

- Nonprofit organization
- Municipal government

Applicant Type *(select one):*

- Federally Qualified Health Center (FQHC)
- Federally Qualified Health Center Look-Alike (FQHC Look-Alike)
- Community Mental Health Center (CMHC)
- EMS Provider
- County-run Nursing Home or Assisted Living Facility
- Childcare Provider

If Childcare Provider is selected, please confirm you are on the site of and / or operated by:

- Federally Qualified Health Center (FQHC)
- Federally Qualified Health Center Look-Alike (FQHC Look-Alike)
- Community Mental Health Center
- EMS Provider
- County-run Nursing Home or Assisted Living Facility

Eligibility Threshold Attachments

- Articles of Incorporation or governing charter
- By Laws
- IRS Determination Letter (nonprofits only)
- Proof of Good Standing—NH Secretary of State (nonprofits only)
- FQHC or FQHC Look-Alike designation letter from HRSA (if applicable)
- CMHC contract with DHHS Bureau of Behavioral Health (if applicable)
- Current NH EMS licensure or certification (EMS providers only)
- Current NH nursing home or assisted living facility license (county facilities only)

- HPSA designation documentation (if applicable)

III. PROJECT OVERVIEW

- Project Name
- Project Address

Identify:

- Authorized Official
- Primary Contact
- Grant Writer (if applicable)
- Fiscally Sponsored Entity Name (if applicable)

IV. EXECUTIVE SUMMARY *(2,000-character limit)*
Provide a detailed overview of the proposed project, including the type and scope of infrastructure improvements, the facility involved, the services that will be expanded or improved, and the expected outcomes.

Project Type *(select all that apply):*

- Minor renovations / facility reconfiguration
- Expansion of clinical or service space within existing structure
- Infrastructure supporting technology-enabled care

V. PROJECT AND READINESS INFORMATION

Property Description *(2,000-character limit)*
If this project involves renovation or improvement of real estate, provide detailed information on the property. Describe the property, its ownership structure, and the status of site control. If the facility is leased, describe the lease terms and whether the landlord has approved proposed improvements.

Project Scope and Description *(2,000-character limit)*
Describe in detail what physical improvements are proposed, why these improvements are needed, and how they will improve the facility's capacity to deliver services. Explain how the scope aligns with eligible uses of funds.

Project Timeline and Readiness *(2,000-character limit)*
When will the project begin? When will it be complete? Include key tasks, estimated completion dates, and who is responsible for completing tasks. Confirm the project can be completed within 23 months of contract execution.

Construction and Implementation *(2,000-character limit)*
Describe the status of architectural and engineering plans and cost estimates. Are plans schematic, design development, or construction documents? Who prepared them?

Permits and Approvals *(2,000-character limit)*
What permits, approvals, agreements, or other requirements are necessary to complete the project? Have they been secured? If not, describe your strategy and timeline for securing them.

Project Readiness Status *(select all that apply):*

- Site identified
- Site control secured (deed, lease, or executed agreement)
- Schematic design or concept plans completed
- Design development drawings and cost estimates completed
- Permits/approvals initiated or secured
- Construction documents complete

VI. NEED, IMPACT, AND ALIGNMENT
Applicants are encouraged to describe the social and economic context of their service area where relevant, including factors such as housing instability, transportation barriers, food insecurity, or poverty that affect the

health of the populations served. While GO-NORTH RCHIP funds physical infrastructure rather than social service programs, CDFA recognizes that these conditions shape healthcare demand and access, and this context may strengthen the case for investment.

Community Health Needs Assessment *(2,500-character limit)*
Describe the community health needs that this project will address. What specific access, capacity, workforce, or infrastructure gaps exist in your service area? What data supports the need for this investment? How does the project fit within the community's broader healthcare strategy or plan?

Expected Health Outcomes and Metrics *(2,000-character limit)*
Describe the primary health outcomes or changes that will result from the project. Include quantitative outcome measures where possible (e.g., number of additional patients served annually, number of new services or service lines, reduction in hospital discharge delays). How will success be measured?

Population Served *(2,000-character limit)*
Describe the population your facility serves. Provide the following payer mix data (EMS providers should report calls / transports responded to in place of patients / residents served):

- Total number of patients/residents served annually
- Estimated percentage of patients/residents covered by Medicare
- Estimated percentage of patients/residents covered by Medicaid
- Estimated percentage of patients/residents uninsured
- Geographic service area and rural characterization

Alignment with GO-NORTH Plan *(2,000-character limit)*
Describe specifically how the proposed project aligns with and advances the goals of the GO-NORTH Plan, including the specific GO-NORTH Plan initiative the project most closely aligns to. How will this infrastructure investment enable your organization to participate in or benefit from GO-NORTH Plan activities?

Select one of the GO-NORTH Plan initiatives that most closely aligns to your project from the following options:

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.

Stakeholder Engagement and Partnerships *(2,000-character limit)*
Describe the partnerships and community engagement that support this project, identify key partner organizations (e.g., other health, social service, or community organizations) and the nature of each relationship. What letters of support, formal agreements, or memorandum of understanding are in place or planned? How has the community to be served been engaged in shaping the project?

VII. FEDERAL COMPLIANCE

The following federal compliance requirements apply to all RCHIP awards. Applicants should review these requirements carefully and address any applicable elements in the application.

Davis-Bacon Acknowledgment and Compliance Plan *(1,500-character limit)*

The Rural Community Health Infrastructure Program requires compliance with Davis-Bacon labor standards for any construction activities. Describe how your organization will ensure contractor compliance with prevailing wage requirements, including your plan for certified payroll documentation and monitoring.

Environmental Review *(Attachment required)*
All awarded projects must complete an environmental review prior to the start of construction. Attach the completed CDFA Environmental Review Checklist (available on the CDFA Resource Hub). Identify any known environmental concerns related to the project site.

2 CFR Part 200 Compliance *(Acknowledgment) (Yes/No)*
I acknowledge that if awarded RCHIP funds, our organization will comply with all applicable provisions of 2 CFR Part 200, including requirements related to procurement, record retention, financial management, and audit.

Civil Rights and ADA Compliance *(Acknowledgment) (Yes/No)*
I acknowledge that the project, upon completion, will meet ADA accessibility requirements and that our organization will comply with all applicable civil rights requirements.

VIII. PROJECT FINANCE AND IMPLEMENTATION CAPACITY

Project Funding Narrative *(2,000-character limit)*
Why does your project need the requested funding? Do you have other sources of financing committed? What other sources are you pursuing, and what is their status? Explain how CDFA funding is necessary to advance or complete the project.

Other Public and Private Investments *(2,000-character limit)*
Has your organization received or administered grant funds or loans from other sources in the past five years? If so, please describe. Has your organization applied for or been awarded any other GO-NORTH Rural Health Transformation Program resources related to this project?

Implementation Capacity *(2,000-character limit)*
Describe your organization's current staff and capacity to implement the proposed project. Who will oversee implementation? What experience does your organization have managing capital projects of similar scope? What will their responsibilities be?

Grant Administration *(Required)*
Each awarded entity is required to retain a grant administrator for the duration of the grant period. CDFA will provide separate administrative funding to support this requirement. Grant administrators must be selected from CDFA's list of pre-approved professionals or procured through a competitive process in accordance with 2 CFR Part 200.

Does your organization plan to self-administer this grant or retain an external grant administrator?

- Self-administer (waiver requested)
- Retain an external grant administrator

If self-administering *(1,500-character limit):*
Describe the qualifications of the staff member(s) who will perform grant administration functions, including their experience with 2 CFR Part 200 and prior federal or state grant management.
Note: Waiver requests will be reviewed and approved by CDFA following award.

If retaining an external grant administrator *(1,500-character limit):*
Identify your planned grant administrator, if known. If not yet identified, describe how you will procure grant administration services in compliance with 2 CFR Part 200.

Sustainability Plan *(2,000-character limit)*
Describe how the organization will sustain the facility and the services supported by this infrastructure investment over the long-term. Address the anticipated ongoing operating impact of the completed project, the organization’s plan for covering any increased operating costs, and how the project fits into the organization’s long-term financial and operational planning.

IX. FINANCIAL ATTACHMENTS

GO-NORTH RCHIP applicants are healthcare entities and are expected to provide documentation reflecting the financial complexity and regulatory environment of their operations. All required attachments must be uploaded in CDFA's Grants Management System.

Organizational Financial Statements *(Required—three most recently completed fiscal years)*
Provide the following for each of the three most recently completed fiscal years, listed in order of priority:

- Audited Financial Statement (required for organizations with operating budgets > $1M)
- Review Financial Statement (required for organizations with operating budgets $500,000–$1M)
- IRS Form 990 (required if no Audited or Review Financial Statement is available)

Three years of financial history allows CDFA to assess trends in revenue, expenses, and operating margins as each of which is critical to evaluating whether the organization can sustain the proposed project over time.

Current Year Financial Statements *(Management-prepared; provide as available)*

- Balance Sheet
- Profit and Loss Statement
- Cash Flow Statement
- Fiscal Year start and end dates
- Current fiscal year operating budget
- Budget-to-actual for most recently completed fiscal year

**If any of the above are not routinely prepared by your organization, note this in your application.*

Payer Mix Statement *(Required, except for EMS providers)*
Provide a current payer mix breakdown showing the estimated percentage of revenue or patient/resident volume attributable to each payer source, including:

- Medicare
- Medicaid / NH Medicaid
- Commercial insurance
- Self-pay / uninsured
- Other (grants, contracts, or other revenue streams)

Payer mix directly informs CDFA's assessment of an organization's financial risk profile, revenue stability, and alignment with GO-NORTH RCHIP's mission of serving rural and underserved populations.

EMS providers are not required to submit a Payer Mix Statement; Medicare and Medicaid utilization for EMS applicants is instead assessed through call / transport volume data reported elsewhere in the application.

Current Debt Schedule *(Required)*
Provide a current schedule of all outstanding long-term debt, including:

- Lender name and type of obligation (bond, loan, line of credit, etc.)
- Original principal amount and current outstanding balance
- Interest rate and maturity date
- Annual debt service (principal and interest payments)
- Any covenants, restrictions, or cross-default provisions

This information allows CDFA to assess debt capacity and identify any existing encumbrances that may affect the organization's ability to take on and sustain the proposed investment.

Single Audit *(Required, if applicable)*
Organizations that expend $1,000,000 or more in federal financial assistance in their fiscal year are required to complete a Single Audit under 2 CFR Part 200. If applicable, provide the most recent Single Audit report, including any findings, questioned costs, or corrective action plans. If your organization is not subject to Single Audit requirements, note this in your application.

Additional Financial Documentation *(Required)*

- Board of Directors list (including affiliations) (if applicable)
- Letters of agreement from committed funding sources (including contact information, loan terms, equity agreements, or other details)
- Planning and/or feasibility study performed for this project (if applicable)
- Operating Reserve (Yes/No) If yes, provide current balance
- Endowment (Yes/No) If yes, provide current balance and any restrictions
- Line of Credit (Yes/No) If yes, provide amount, lender, and current balance

X. REGULATORY AND LICENSURE DOCUMENTATION

GO-NORTH RCHIP applicants must provide documentation confirming their current regulatory standing and Medicare / Medicaid certification status, where applicable.

Medicare and/or Medicaid Cost Report *(Required for FQHCs, FQHC Look-Alike, and County Nursing Homes/Assisted Living Facilities)*

Provide the most recently filed Medicare and/or Medicaid Cost Report (CMS-222, CMS-2552, or applicable form). Cost reports provide CDFA with a standardized view of allowable costs, cost-based reimbursement rates, and operational efficiency as information not always visible in standard financial statements. If a cost report is under review or audit, note the status.

XI. PROJECT BUDGET

The applicant organization must provide a complete and detailed budget for the proposed project. GO-NORTH RCHIP does not require cost-sharing or matching funds, although applicants who leverage additional public or private investments are encouraged to do so and should reflect all funding sources in the Sources and Uses table. CDFA reviews project budgets closely to ensure that proposed costs are reasonable, eligible, and aligned with the organization's financial capacity. The budget must include:

Funding Request

Total GO-NORTH RCHIP funding request: $_____

Awards will span Budget Period 1 and, if applicable, Budget Period 2 (see Appendix A: Definitions). Allocate the funding request across the two periods based on when project costs will be incurred, not the project's completion date; funds assigned to Budget Period 1 must be expended by September 30, 2027, with any remaining costs billed against Budget Period 2. Enter $0 for Budget Period 2 if all costs will be incurred by September 30, 2027.

- Budget Period 1 Request $_____
- Budget Period 2 Request $_____

Total project cost: $_____

Sources and Uses

A detailed list of all proposed funding sources, including GO-NORTH RCHIP funds, and project expenses/funding uses (table provided in the online application).

Budget Narrative *(2,500-character limit)*

A detailed description of each line item, underlying budget assumptions, and additional information to help explain the project budget. Clearly separate eligible capital costs from any FF&E needs. Explain how proposed costs were estimated (e.g., contractor quotes, architectural cost estimates, comparable project data). If requesting funds from both Budget Period 1 and Budget Period 2, explain the basis for the allocation, including the anticipated timing of major project expenditures.

Operating Impact Statement *(1,500-character limit)*

Describe how the completed project will affect the organization's ongoing operating budget. Will the project result in new or expanded service lines? What are the anticipated changes to staffing, maintenance, or other recurring costs? How does the organization plan to sustain operations following project completion?

XII. PROJECT INFORMATION ATTACHMENTS

- Photos and/or renderings of project property
- Map of project location or service area

- Evidence of site control (Purchase and Sale Agreement, Lease Agreement, deed, or letter from property owner)
- Construction or implementation schedule
- Architectural or engineering plans and cost estimates (schematic or design development preferred)
- CDFA Environmental Review Checklist (required)
- Evidence of planning, zoning, and/or any other state or local approvals (if applicable)
- Asset Management Plan describing how the facility will be operated, maintained, and sustained over time (if applicable)
- Other attachments—applicant may upload any other relevant documents not listed above

XIII. CERTIFICATION

Prior to application submission, CDFA requires an Authorized Official of the applicant entity to sign a certification.

I certify that I am one of the persons named above and am authorized by the applicant entity to submit this Application. I certify that all statements are true and accurate to the best of my knowledge, and this application is being submitted with the full knowledge and approval of the entity's governing body (e.g., Board of Directors, Select Board, City Council, or County Commissioners) and that the entity will comply with:

- New Hampshire conflict of interest laws as defined by RSA 7:19-a and RSA 292:6-a; and
- CDFA's Privacy Policy by which you acknowledge all information and documents created, accepted or obtained by, or on behalf of, CDFA are potentially subject to disclosure in compliance with RSA 91-A, New Hampshire's Right-to-Know law.

APPENDIX H: HOW TO REGISTER ON CDFA'S GRANTS MANAGEMENT SYSTEM

REGISTRATION INSTRUCTIONS

These instructions are designed to help guide you through the registration process for CDFA's online Grants Management System (GMS) at www.nhcdfagrants.org. If you encounter any problems, please do not hesitate to contact CDFA at (603) 226-2170.

1. Go to www.nhcdfagrants.org.
2. Click on Register Here.
3. Complete the form. This will become your individual profile information and includes your contact information as well as information about your organization. Your profile will be used for all grant communication, so please ensure it is accurate and up to date.
4. Fields with a red star (*) are required and must be completed or you will not be able to submit your registration.
5. Once complete, click the Register link at the top of the form.
6. CDFA will be notified of your registration and will review and approve within 2 business days. You will then receive an email from GMS with your user ID and password. You can change your password after you log in, under My Profile on the main menu page.

Note: All individuals working on an application in GMS must register. If your organization hires a grant writer, they must register as well, under their business. They must submit a GMS Authorization Form to be associated with the applicant organization. This form can be found in the Funding Opportunity under attachments. The grant writer should not replace the Primary Contact, who should be the director of the organization or project for which funding is requested.

APPLICATION INSTRUCTIONS

1. Once you are registered, login to GMS.
2. Click on Funding Opportunities.
3. Select the appropriate funding opportunity from the Opportunity Title column.
4. Click on Start a New Application.
5. Fill in the General Information and click Save.
6. When you have finished all the components, click Submit.

APPENDIX I: TIPS FOR USING CDFA'S GRANTS MANAGEMENT SYSTEM

These tips are designed to help guide you while using CDFA's online Grants Management System (GMS) at www.nhcdfagrants.org.

1. The best browsers to use are Mozilla Firefox or Google Chrome.
2. To edit a component, click "edit" near the top of the form. Fields and text boxes will open for you to answer the question(s). Be sure to click Save after answering questions.
3. You can copy and paste from a Word document to a question in GMS. Use the "Paste from Word" feature in each text box banner to avoid copying hidden characters.
4. To add a required document, click on the green plus sign to the right of the document. You will then be prompted to browse and attach a file.
5. Only attach .pdf or .jpeg documents.
6. If you mark a component complete you can still edit that component until the application is submitted; however, you cannot submit your application until all components are marked complete.
7. Once you click submit, your application will be submitted for review and is only accessible through negotiation. If there is information missing or that needs to be corrected, the respective component(s) will be negotiated back to you for correction.
8. After the corrections are made, you must submit the component(s) back to CDFA for review.
9. If multiple questions in one component are required fields, you can save the component without answering all of the questions by adding at least one (1) character to each of the required boxes and saving. Remember to return and answer these questions before the application is submitted.
10. Be sure to "Save" early and often.
11. The system will "time out" after three (3) hours of inactivity.
12. If you click the back button before you click save, your information will be lost.
13. Before submitting your application, we recommend that you preview your application, print to PDF, and save it to your computer.

APPENDIX J: KEY RESOURCES

Below find links to relevant resources for applicants, including program guidance, how to use CDFA's Grants Management System, policy and guidance documents, and data resources.

GO-NORTH Rural Health Transformation Plan	
GO-NORTH Rural Health Initiatives	GO-NORTH Plan

GO-NORTH RURAL COMMUNITY HEALTH INFRASTRUCTURE PROGRAM	
Main Resource Hub Page	GO-NORTH Rural Community Health Infrastructure Program – Resources from NHCDFA
Request for Eligibility Determination; Application & Program Guide	Application – Resources from NHCDFA

CDFA'S GRANTS MANAGEMENT SYSTEM (GMS)	
How to Register for GMS	https://resources.nhcdfa.org/wp-content/uploads/2021/07/1.-Completing-your-registration-on-WebGrants.pdf
Tips for Using GMS	https://resources.nhcdfa.org/wp-content/uploads/2020/01/Tips-for-Using-GMS.pdf
Recovering Username and Password	https://www.youtube.com/watch?v=lbxg4WUrQEw
Starting an Application	https://resources.nhcdfa.org/wp-content/uploads/2021/05/2.-Applicant-instructions-for-applying-for-funding-in-WebGrants.pdf
GMS Access Form	https://resources.nhcdfa.org/wp-content/uploads/2021/05/FINAL.GMS-Access-Form-for-all-programs.pdf

POLICY & GUIDANCE DOCUMENTS	
Bridge Financing	https://resources.nhcdfa.org/wp-content/uploads/2024/11/FINAL-Bridge-Financing-for-Tax-Credit-Awardees-2025.pdf
Financial Documents Explainer	https://resources.nhcdfa.org/wp-content/uploads/2025/01/FINAL-Applicant-Financial-Documents-Explanation.pdf
Fiscal Sponsor Guidance	https://resources.nhcdfa.org/wp-content/uploads/2021/11/Tax-Credit-Guidance-Fiscal-Sponsors.pdf
Additional Policy Resources	https://resources.nhcdfa.org/working-with-cdfa/cdfa-policies-procedures/

DATA RESOURCES	
Main Page	https://resources.nhcdfa.org/working-with-cdfa/data/
Community Progress Indicators Summary Table	https://resources.nhcdfa.org/wp-content/uploads/2021/12/CDFA-CPI-Summary-Table.pdf
Community Progress Indicators Data Dictionary	https://resources.nhcdfa.org/wp-content/uploads/2021/12/Community-Progress-Indicators-Data-Dictionary.pdf
Community Progress Indicators 2026	Community-Progress-Indicators-2026.xlsx
Community Progress Indicators 2021 – 2026	Community-Progress-Indicators-CPI-2021-2026.xlsx
Core Data Index 2026	https://resources.nhcdfa.org/wp-content/uploads/2025/11/CDFA-Core-Data-Index-by-Municipality-2026.pdf