



CDFA
COMMUNITY DEVELOPMENT FINANCE AUTHORITY

RURAL COMMUNITY HEALTH INFRASTRUCTURE PROGRAM

PROGRAM GUIDE AND REQUEST FOR ELIGIBILITY DETERMINATION

For additional program details or questions contact:
Rebecca Boisvert, Director of Community Development
Main: 603-226-2170 | Direct: 603-717-9130
Email: rboisvert@nhcdfa.org | www.nhcdfa.org

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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

New Hampshire was awarded \$204 million from the Centers for Medicare & Medicaid Services to implement the first year of its five-year Rural Health Transformation (RHT) plan. The State's RHT plan is administered by the Governor's Office of New Opportunities and Rural Transformational Health (GO-NORTH). GO-NORTH contracted with the Community Development Finance Authority (CDFA) to invest more than \$40 million per year through the Rural Community Health Infrastructure Program, which will provide resources to nonprofit organizations and municipalities to support infrastructure improvements to health and community facilities across the State.

This guide is designed to support the Request for Eligibility Determination (RED) process, which serves as the first step in applying to the Rural Community Health Infrastructure Program. Detailed documentation and additional requirements will be collected during the full application stage.

RURAL COMMUNITY HEALTH INFRASTRUCTURE PROGRAM OBJECTIVES

The **Rural Community Health Infrastructure Program (RCHIP)** 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 to 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.

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

DEFINITIONS

The following are definitions of key program terms and should be used to further clarify the program priorities. A full list of CDFA definitions is available [here on our Resource Hub](#).

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	<p>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.</p> <p>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.</p>
Budget Period	<p>For the purpose of the GO-NORTH Program, the budget periods are defined as follows:</p> <p>Budget Period 1: March 16, 2026 to October 30, 2027 Budget Period 2: November 1, 2026 to October 30, 2027 Budget Period 3: November 1, 2027 to October 30, 2028 Budget Period 4: November 1, 2028 to October 30, 2029 Budget Period 5: November 1, 2029 to October 30, 2030</p>
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.
Contract Period	<p>For the purpose of the GO-NORTH Program, the contract period is defined as:</p> <p>23 months from November 1 of each budget period</p>
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 care 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.
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.
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	Black, Indigenous, and People of Color (BIPOC); immigrants and refugees; women; people with disabilities; LGBTQ and gender non-conforming; rural; youth; unhoused residents; low- and moderate-income. Identified priority populations are based on the findings of the Analysis of Impediments to Fair Housing Choice in New Hampshire. Applicants may define additional priority populations with supporting data in their application.
Rural	All territory, housing, and population located outside of officially designated urban areas. How We Define Rural HRSA
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

BUDGET PERIOD 1 PROGRAM FRAMEWORK: BUILDING FOUNDATIONAL CAPACITY

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

As the first year of a 5-year investment strategy, Budget Period 1 prioritizes:

- Infrastructure readiness and system stabilization
- Expansion of access to core health services
- Alignment with statewide Rural Health Transformation 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 no eligible nonprofit or municipal entity is able to provide the proposed services.

In Budget Period 1 of the Rural Community Health Infrastructure Program, applications are prioritized from the following entity types:

- Federally Qualified Health Centers (FQHCs) and Look-Alike
- Community Mental Health Centers (CMHCs)
- Emergency Medical Services (EMS) providers
- County-run nursing homes and assisted living facilities

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

BUDGET PERIOD 1: TYPES OF ELIGIBLE INFRASTRUCTURE INVESTMENTS

In Budget Period 1 of the 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 tie directly to successful implementation of other GO-NORTH funded initiatives and create measurable improvements in access, capacity, and healthcare coordination.

Childcare-related investments are considered a distinct category of eligible infrastructure and may be proposed as standalone projects or as part of a broader facility renovation, provided they directly support childcare capacity within an eligible entity.

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 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

RCHIP funds may only be used for approved capital and infrastructure improvements. **Funds may not be used for furniture, fixtures, or equipment (FF&E).** Applicants are encouraged to identify these needs, and CDFA will work to connect applicants with complementary resources through GO-NORTH's Hubs.

Project Readiness and Feasibility

The applicant must demonstrate that the project has a reasonable likelihood of successful implementation and can be completed within 23-months from November 1 of each budget period. 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.

GUIDANCE

The following guidance applies to the administration of RCHIP resources.

Federal Funds

The Rural Community Health Infrastructure Program is funded with GO-NORTH funds. These funds are administered through a competitive process to support targeted infrastructure improvements in rural healthcare facilities.

Additional federal compliance requirements will apply to awarded projects and will be detailed during the full application and contracting process.

Distribution of Funds

Funds will be issued on a reimbursement basis for eligible activities to those eligible entities awarded GO-NORTH resources. Awards will be issued in the form of grants.

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.

Compliance with Federal Guidance

Awarded projects must comply with applicable federal, state, and local requirements, including:

- 2 CFR Part 200 requirements
- Environmental review (via CDFA checklist)
- Davis-Bacon labor standards

Grant Administration

Project implementation funds may be used solely for eligible capital improvements, including minor renovations.

Each awarded entity is required to retain 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. If the awarded entity can demonstrate internal capacity to support grant administration, a waiver to this requirement may be provided.

FUNDING PRIORITIES

Applications for the following activities are prioritized:

- Expand access to essential health services in rural and underserved areas, including primary care, behavioral health, dental care, emergency response, and long-term care services.
- Strengthen the capacity of core rural health providers, including Federally Qualified Health Centers (FQHCs) and Look Alike, Community Mental Health Centers (CMHCs), Emergency Medical Services (EMS) providers, and county-run nursing homes and assisted living facilities, skilled nursing / long-term care facilities
- Address system bottlenecks and barriers to care, including limited clinical space, insufficient post-acute care capacity, EMS coverage gaps, and delays in hospital discharge due to lack of appropriate placement options.
- Integrated, coordinated, and team-based models of care, including co-located services, shared clinical space, and infrastructure that supports collaboration across providers and systems.

- Expand or modernize infrastructure to support technology-enabled care delivery, including telehealth, remote patient monitoring, and interoperable systems that improve access to care in rural communities.
- Support workforce recruitment, retention, and sustainability, such as safe and modern care environments, support spaces for staff, and on-site childcare capacity.
- Serve Medicare, Medicaid, and uninsured populations, or otherwise demonstrate a strong focus on high-need and rural populations.
- Readiness and feasibility, including a clearly defined project scope, evidence of site control, secured or identified funding sources, and the ability to begin implementation promptly upon execution of a funding agreement.

Applications for the following activities are not prioritized:

- Operating expenses, ongoing program costs, or deficit reduction, as the program is focused on capital and infrastructure investments.
- No connection between the proposed infrastructure investment and improved access to care, service capacity, or system performance.
- Benefit is to populations outside of rural or underserved areas, or that do not demonstrate a clear benefit to New Hampshire residents.
- Furniture, fixtures, and equipment (FF&E)
- No material improvement to care delivery, access, or system capacity.
- Standalone technology purchases that are not integrated into a broader care delivery or infrastructure improvement strategy.
- No alignment with Budget Period 1 priority entity types
- Lack demonstrated readiness, including unclear project scope, insufficient planning, or lack of feasible implementation timeline.
- Duplicate or replace existing funding sources without clearly demonstrating additional impact or need.

While FF&E costs are not eligible for funding through the Rural Community Health Infrastructure Program, applicants are encouraged to identify these needs. CDFA will work to connect applicants with additional resources and partners, including other GO-NORTH Hubs, to support these components of a project.

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	<ul style="list-style-type: none"> • 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
Moderate Priority	<ul style="list-style-type: none"> • Provider and patient safety improvements
Lower priority	<ul style="list-style-type: none"> • 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 supports integrated and responsive care delivery.

High Priority	<ul style="list-style-type: none">• 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
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EMERGENCY MEDICAL SERVICES (EMS) PROVIDERS

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

High Priority	<ul style="list-style-type: none">• Renovation or expansion of 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
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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	<ul style="list-style-type: none">• 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
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CHILDCARE WITHIN QUALIFIED HEALTH ENTITIES

Childcare investments aim to support workforce participation by expanding access to on-site or affiliated childcare operated by eligible health entities.

High Priority	<ul style="list-style-type: none">• Renovation or expansion of childcare space that is on-site or operated by the healthcare priority entities• 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	<ul style="list-style-type: none">• Provider and patient safety improvements
Lower priority	<ul style="list-style-type: none">• General facility improvements not directly tied to expanded capacity

Note: Childcare projects may be submitted as standalone funding requests or as part of a broader facility renovation when directly tied to childcare infrastructure development.

AWARD PARAMETERS BY ENTITY TYPE

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

All Requests for Eligibility Determination and the subsequent application must be completed and submitted on CDFA'S Grants Management System (www.nhcdafagrants.org). More information on how to use the Grants Management System can be found on the [CDFA Resource Hub](#).

Applicants must submit a Request for Eligibility Determination (RED) and receive approval prior to submitting a full application. The application will require applicants to detail their specific project, describe the extent to which it aligns with the guidelines and priorities and provide other pertinent information that will help CDFA determine the applicant organization's capacity to complete a successful project.

Applicants may propose projects that include:

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

Childcare-related investments may be proposed as standalone projects or as part of broader infrastructure improvements, provided they directly support the creation, expansion, or improvement of childcare capacity on-site or operated by an eligible entity. Where childcare is included within a broader project, applicants must:

- Clearly define the childcare component and its scope
- Include a distinct 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 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 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.

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.

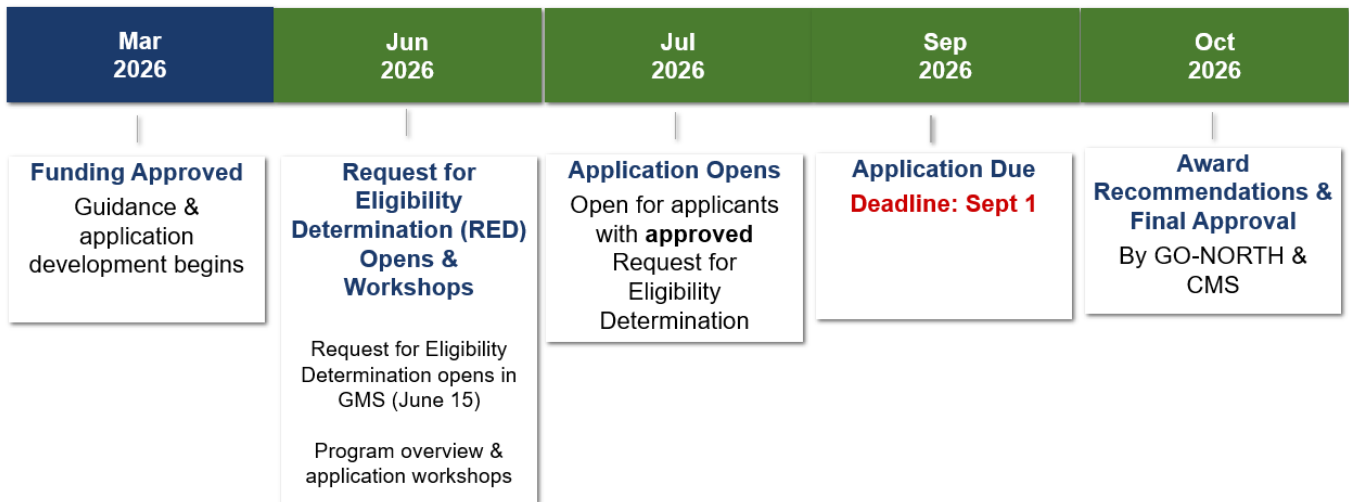
Project Size	Project Development Support	Grant Writing Assistance
Up to \$1M Project and/or low need	Up to \$10,000 based on review	Up to \$4,000
\$1.01 - 2.5M Project and/or moderate need	Up to \$20,000 based on review	Up to \$4,000
\$2.6 - 5 M Project and/or high need	Up to \$35,000 based on review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

KEY DATES

Applicants should note the following dates and deadlines:

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.

Program Workshops

CDFA will host a series of online webinars for organizations interested in applying for Budget Period 1 of the Rural Community Health Infrastructure Program.

All recorded CDFA program workshops can be found on our YouTube Channel: [CDFA Workshops - YouTube](#)

Rural Community Health Infrastructure Program Overview and Request for Eligibility Determination Webinar

Thursday, June 11, 2:00 – 3:30 PM

[REGISTER HERE](#)

Organizations interested in applying for the 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 eligibility determination process, technical assistance, and key dates.

Rural Community Health Infrastructure Program Overview

Thursday, June 25, 2:00 – 3:30 PM

[REGISTER HERE](#)

Organizations interested in applying for funding for the Rural Community Health Infrastructure Program are strongly encouraged to attend this informational webinar for an overview of the program.

Rural Community Health Infrastructure Program Application Webinar

Tuesday, June 30, 2:00 – 3:30 PM

[REGISTER HERE](#)

Participants will leave with an understanding of the application process, including key dates, application requirements and narrative components including financial documentation and instructions on navigating CDFA's Grant Management System.

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 (GMS) the week of June 15, 2026. The RED will be reviewed, and notifications of approval will be made on a rolling basis.

Online Application Available

Applications will be available on CDFA's Grants Management System (GMS) no later than July 1, 2026. To submit an application, the applicant must have an approved RED.

Application Deadline

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

Award Announcement

CDFA will notify RCHIP applicants in October regarding funding decisions.

Project Completion

All projects must be completed within 23 months from the contract date.

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 in coordination with GO-NORTH as applicable. 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.

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.

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.

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.

APPENDIX A: 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 Rural Community Health Infrastructure Program. The RED must be submitted through CDFA's online Grants Management System www.nhcdfragrants.org and will be reviewed with notifications of approval on a rolling basis.

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 a full application.

I. Applicant Information

Applicant Name
Applicant Address (including county)
Primary Contact (Name, Title, Email, Phone)
Authorized Official (Name, Title, Email)
SAM.gov UEI (if available)

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

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)

II. Project Overview

Project Name
Project Address (including county)

Executive Summary (2,000-character limit)

Provide a brief overview of the proposed project, including the type of infrastructure improvements, the facility involved, and the services that will be expanded or improved.

III. 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
- Childcare (if applicable)

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

IV. 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.

V. Alignment with Program Priorities (2,000-character limit)

Describe how the project aligns with Budget Period 1 RCHIP priorities. Focus on how the proposed investment advances access to care, addresses system gaps, or serves priority populations.

VI. 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.

VII. 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)

VIII. Childcare (if applicable) (2,000-character limit)

If your project includes childcare:

- Indicate whether the childcare component is standalone or part of a larger project
- Briefly describe the childcare component and who it will serve

IX. 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).

X. Additional Information (Optional) (1,000-character limit)

Provide any additional context CDFA should consider.

XI. 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 B: 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.

RURAL COMMUNITY HEALTH INFRASTRUCTURE PROGRAM	
Main Resource Hub Page	Rural Community Health Infrastructure Program – Resources from NHCDFA
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