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The Governor's Office of New Opportunities and Rural Transformational Health (GO-NORTH), was established by Executive Order under Governor Kelly Ayotte, and is funded by the Rural Health Transformation (RHT) Federal program. GO-NORTH advances five strategic initiatives to improve the health and sustainability of rural New Hampshire.

Initiative 1: Population Health

Increase prevention, chronic disease management, and improved behavioral and maternal health.

Initiative 2: Access

Ensure sustainable access to care by strengthening rural hospitals, health centers,

EMS, and telehealth services

Initiative 3: Workforce

Build and retain a skilled rural health workforce through education, training, and career pathways.

Initiative 4: Technology

Modernize care delivery by expanding technology, interoperability, and data security.

Initiative 5: Financial Sustainability

Promote financial sustainability with innovative payment models and value-based care.

GO-NORTH delivers this work through five Hubs, each supported by a GO-NORTH lead who provides coordination, guidance, and oversight to ensure alignment with statewide priorities. The 5 Hubs represent rural health experience and knowledge that will support our work together. [Program Overview | GO-NORTH]



INITIATIVE #	**#3 Workforce**
RFA ISSUED	CTE Healthcare Capacity Building
CCSNH POINT OF CONTACT	**Brianna Hayward** RHT Grant Manager E-mail: bhayward@ccsnh.edu
RFA Released	November 15, 2026
Application Deadline	December 15, 2026, 5:00 p.m. ET
Review Period	December 2026
Award Notifications	January 2027

1. Introduction

1.1 Purpose

CCSNH invites New Hampshire Career and Technical Education (CTE) centers to propose investments that establish or expand healthcare pathways and prepare students to meet rural healthcare employer needs. Projects should connect equipment, instructional capacity, and materials to measurable student outcomes and a plan to sustain the program.

1.2 Background

As part of the GO-NORTH workforce initiative, the Community College System of New Hampshire (CCSNH) is focused on expanding healthcare education and training capacity, strengthening career guidance and navigation, and developing connected workforce pathways across the state to benefit rural New Hampshire. This work includes collaboration with CTE centers to expand healthcare programming and connect students to Early College, credentials, continued education, and employment. The initiative involves collaboration among higher education institutions, healthcare providers, workforce organizations, community partners, and public agencies. For more information on this initiative, please refer to the Program Overview and the contract between CCSNH and GO-NORTH on GO-NORTH's website (https://www.gonorth.nh.gov) under "contract and awards" tab.

1.3 Funding Availability

A total of $2,000,000 per year is planned, subject to continued grant funding and approved budgets.

- Minimum award: **$5,000**
- Maximum award: **$150,000** per CCSNH award.
- Application window: **November 15–December 15, 2026**, with a proposed closing time of **5:00 p.m. Eastern**.

1.4 Eligible applicants

Eligible applicants are New Hampshire CTE centers, with the operating school district or other authorized governing entity serving as the legal applicant and fiscal agent. A joint proposal must identify one lead fiscal agent and define each participating CTE center's role. School district leadership must support the submission.

Applicants must identify the rural communities, students, and rural healthcare employers that will benefit. CCSNH will confirm alignment with the applicable GO-NORTH rural eligibility criteria. A center's location alone does not establish eligibility. Applicants may use the Health Resources and Services Administration's Rural Health Grants Eligibility Analyzer as a reference when identifying rural service areas. The analyzer is available at: https://data.hrsa.gov/topics/rural-health/rural-health-eligibility.

1.5 Priority investments

Establish or expand healthcare CTE programs with documented enrollment demand and regional workforce need.

Connect high school learning to Early College credit, industry credentials, postsecondary education, and employment.

Increase access to simulation, laboratory instruction, clinical experiences, and employer partnerships.

Support instructor development, curriculum alignment, summer academies, and healthcare career exploration when tied to measurable pathway outcomes.

Share resources across centers and colleges, address access barriers, and should demonstrate sustainability.

A Registered Apprenticeship is not required. Apprenticeship may be one pathway where appropriate; applicants must describe the healthcare education and workforce results of the proposed investment.

1.6 Funding routes

Project need	Application and funding route
Equipment without renovation	Apply to CCSNH. Equipment needs and procurement are coordinated through CCSNH.
Personnel or materials without renovation	Apply to CCSNH for review of project costs and allowability.
Minor renovation with related equipment	Submit initial project information to CCSNH. CCSNH reviews and refers eligible projects to Community Development Finance Authority (CDFA) for its renovation application and review process.
Renovation only	Submit an initial request to CCSNH for CDFA referral. Scope must restore a healthcare-focused workforce training program; general facility repairs are outside the stated route.

The $5,000–$150,000 range applies to CCSNH awards. CDFA award limits and funding conditions are governed by CDFA's separate opportunity. Applicants must identify equipment dependent on renovation and must not request the same cost from both sources.

1.7 Equipment procurement and ownership

All equipment requests will be coordinated through CCSNH, creating opportunities to combine purchases and strengthen buying power when multiple applicants identify similar equipment needs. Applicants should obtain estimates for planning purposes and await written authorization before purchasing equipment or assuming costs will be reimbursed. CCSNH will establish purchasing procedures and equipment responsibilities in the award or equipment agreement.

Budgets should separately identify equipment to be purchased by CCSNH and costs proposed for the CTE subaward. Both are included within the proposed $150,000 project cap, pending confirmation before release. Equipment purchased directly by CCSNH cannot also be submitted for reimbursement by the CTE.

1.8 Allowable and Ineligible Use of Funds

All funded activities must be allowable, allocable, reasonable, and necessary under 2 CFR Part 200 and support the establishment or expansion of CTE healthcare pathways benefiting rural New Hampshire. Subject to CCSNH approval, allowable cost categories include:

- Personnel and fringe benefits directly supporting approved project activities.
- Instructional materials, clinical training supplies, and simulation resources.
- Healthcare instructional equipment and related installation costs.
- Curriculum development and alignment with Early College, credentials, and continued education.
- Instructor training and professional development.
- Healthcare career exploration, summer academies, and employer-connected learning.
- Consultants, partnership coordination, data collection, evaluation, and sustainability planning.
- Approved indirect and administrative costs.

Equipment

For purposes of this RFP, equipment means tangible personal property, including information technology systems, with a useful life exceeding one year and a per-unit acquisition cost meeting or exceeding the lower of the recipient's or subrecipient's capitalization threshold or $10,000, consistent with 2 CFR § 200.1. govinfo.gov

All equipment requests must be included in the proposed project budget and coordinated through CCSNH. Applicants must obtain written authorization from CCSNH before placing orders or incurring equipment costs. CCSNH will determine the purchasing method and establish ownership, custody, inventory, maintenance, and disposition responsibilities in the applicable agreement.

Equipment requests must include the item description, manufacturer and model where applicable, unit cost, quantity, anticipated useful life, intended location, responsible custodian, and a written justification connecting the purchase to healthcare instruction, projected student participation, and approved project outcomes. Applicants must also explain whether existing equipment or shared-use arrangements could meet the identified need.

Equipment purchased without prior written authorization or outside the approved project budget will not be reimbursed. Equipment purchased directly by CCSNH cannot be included in an applicant's reimbursement request.

Ineligible Uses

Funds may not be used for unrelated equipment, general operating support without a defined project purpose, duplicate charges across funding sources, or costs incurred outside the authorized award period. Scholarships, tuition payments, student wages, and participant support payments are outside this opportunity unless expressly authorized by CCSNH.

Renovation and construction costs, including equipment associated with a renovation project, must be identified separately for referral to CDFA and excluded from the CCSNH funding request.

Indirect and Admin costs

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

2. RFP Process

2.1 General Instructions

Use the application prompts and budget template in this packet. The proposed submission format is one narrative PDF or Word file, the completed Excel budget, and supporting attachments. Applicants may add pages for responses and supporting records.

Required component	What to provide
Applicant and fiscal agent	CTE center, school district or governing entity, project lead, fiscal contact, authorized official, service area, and requested amount.
Project summary	Brief description of the need, activities, requested investment, students served, and expected change.
Workforce and student need	Current programs, enrollment and capacity, waitlists or demand, employer input, labor market evidence, and rural communities served. Cite data sources and dates.
Project and partnerships	Healthcare occupations, program expansion, college crosswalks, credentials, partner roles, clinical or work-based learning, and implementation dependencies.
Outcomes and work plan	Baseline, target, measure, data source, responsible person, and due date for each major outcome and activity.

Required component	What to provide
Sustainability/Transformation	Describe how the investment will create lasting improvements in healthcare training capacity and career pathways. Explain how staffing, recurring consumables, maintenance, licensing, and program financing will be supported beyond the award, identifying commitments rather than relying on assumed future grants.
Budget and documentation	Detailed budget, narrative for each line, estimates or quotes, other funding, equipment routing, and any separate renovation referral.
Leadership endorsement	Signed support from the authorized school district or governing entity official. Include partner commitment letters for substantive project roles.

2.2 Information sessions

Date	Start time in Eastern Time	Session access
November 18, 2026	10:30 a.m.	CCSNH Rural Health Transformation and Go North CTE Information Session 1
November 24th 2026	8:30 a.m.	CCSNH Rural Health Transformation and Go North CTE Information Session 2

Submit the completed proposal and budget simultaneously to the RHT Grant Manager/Principal Investigator and the CTE Coordinator. Submission details appear in this packet.

2.3 Questions and technical assistance

Attend an information session or request a pre-application discussion through CCSNH. Proposed written-question deadline: December 4, 2026, at 5:00 p.m. Eastern; proposed final FAQ posting: December 9, 2026. Material clarifications and revisions will be shared consistently with all applicants. Consultation does not guarantee an award.

3. Evaluation

CCSNH will first screen for eligibility, completeness, leadership endorsement, the award range, and correct funding route. Renovation scopes will be referred to CDFA; they will not be scored as CCSNH renovation awards. Clarifications may resolve missing information without providing an unfair opportunity to redesign a proposal after closing.

3.1 Scoring rubric

Evaluation Criterion	Description	Points

Transformational Rural Impact	Extent to which the project addresses rural healthcare workforce needs by expanding CTE training capacity, removing barriers, or strengthening healthcare career pathways. Includes the anticipated number of rural students served and the improvements in education and career opportunities available to them.	25
Sustainability	A credible plan to sustain CTE program operations beyond the award, including staffing, consumables, maintenance, licensing, and financing. Identifies committed resources and partner support rather than relying on assumed future grants.	20
Achieving Meaningful Outcomes	Clearly defined, measurable outcomes and participant targets aligned with the RHT plan and GO-NORTH workforce priorities, demonstrating how the project will strengthen rural healthcare workforce pathways and address documented employer needs. Proposals must identify practical tracking methods and timelines for participation, program completion, credential attainment, advancement into further education, and employment and retention in rural New Hampshire healthcare settings, as applicable.	20
Long-Term Impact	Potential to produce lasting benefits for rural communities through enduring connections among CTE programs, higher education, and healthcare employers. Demonstrates how the project will support continued student advancement and contribute to the rural healthcare workforce over time.	10
Strength of Project Plan	Quality and feasibility of the project design, including effective learning experiences, a realistic timeline and budget, organizational capacity, and clearly defined partner roles. Demonstrates how activities and resources will support successful implementation.	25
Total		**100**

3.2 Review process

CCSNH reviews CTE and partnership alignment and coordinates grant eligibility, budget review, and proposal screening.

CCSNH convenes reviewers with workforce, academic, CTE, finance, and procurement expertise. Reviewers disclose conflicts and recuse themselves as necessary.

Reviewers score independently using the published rubric. CCSNH documents the final score, funding recommendation, and any proposed partial award.

CCSNH leadership and other required approving authorities review recommendations. Award notices describe conditions and the next steps for agreement execution.

CCSNH may fund a reduced scope, seek a revised budget before agreement execution, or decline costs outside the opportunity. A partial award must retain a feasible project and fall within the approved award range. Proposed tiebreakers are rural benefit, then sustainability, then budget value. All administrative rules in this section require approval before publication.

4. Additional Information

4.1 Retroactive Reimbursement of Pre-Award Costs

Subrecipient award agreements executed by CCSNH may include a provision allowing retroactive reimbursement of eligible costs incurred on or after March 16, 2026 but prior to the date the subaward agreement is fully executed, provided all of the following are met: 1) the cost was incurred on or after March 16, 2026; 2) the cost is directly related to the awarded project; 3) the reimbursement supplements rather than replaces (supplants) non-federal or other federal funding; and 4) the cost meets all applicable requirements under 2 CFR Part 200, including equipment pre-approval requirements. Incurring costs prior to execution of a subaward agreement is done at the applicant's sole risk and does not guarantee funding.

4.2 Before execution

CCSNH confirms the fiscal agent, required entity registration and exclusion checks, tax and payment records, authorized signatory, and subrecipient risk review. Insurance and audit documentation are requested as applicable. Sponsored Programs and Finance will confirm the agreement terms and the relationship to the approved CCSNH GO-NORTH RHT award.

4.3 Reporting and monitoring

- **Quarterly Reporting:** Award recipients must provide CCSNH with updates on expenditures, work plan progress, students served, achievements, challenges, and any anticipated delays or changes.
- **Annual Reporting:** By July 31 of each year, award recipients must submit detailed financial expenditure and outcome reports documenting progress toward approved project goals.
- **Evaluation Reporting:** Award recipients must establish baseline data, set measurable targets, and report progress throughout the award period. Measures should reflect the approved project and may include expanded training capacity, enrollment, program completion, credentials earned, Early College credits, employer partnerships, and benefits to rural communities.

CCSNH will provide ongoing support through check-ins, technical assistance, and opportunities to share lessons and coordinate with other funded CTE centers and workforce partners.