This year, NACHC's Innovation Incubator will align with the urgent need for health centers to remain financially stable in the face of flat federal funding, workforce pressures, and shifting payer models. Our focus for 2026 is on **financial diversification and sustainability.**

Each of the **eight (8)** selected health centers will be awarded **$30,000 in seed funding to ideate, pilot, and test their sustainable solutions.** In addition, health centers will receive a travel stipend to attend in-person meetings and events.

Applications will open on October 21, 2025, and will close on December 5, 2025. Applicants will be notified of the decision on their application in January 2026.

If you have any questions, please reach out to our team via email at innovation@nachc.com.

Contact Information

This person will be the primary point of contact if awarded and will be attending the required project meetings, submitting reports, and attending the final pitch session.

1. Contact Information for person submitting the application
   - First and Last Name
   - Title at Health Center
   - Email Address
   - Phone Number
   - Role in Incubator Project
2. Is the person submitting the application the same person as the project lead?
   - Yes
   - No
3. (If No to Q2) Who is the project lead?
   - First and Last Name
   - Title at Health Center
   - Email address
   - Phone number
4. Select your health center's state/territory from the drop-down list below. (*Note: Please use your health center's official designated name (e.g. UDS Name), not your health center site name. If you do not see your health center name in the list provided, please select "Not Listed"*)
5. If not listed above, please enter your health center name below.

6. Address of health center's primary location
7. Health Center CEO
   - First and Last Name
   - Email
8. Do you have approval and support from your CEO to participate in this program?
   - Yes
   - No
9. Are you a current NACHC organizational member or will you be a member by the time the program starts in February 2026?
   - Yes, my organization is a current, up-to-date, member
   - Yes, we will be a NACHC Organizational Member for the duration of the program.
   - No
10. Of the following, what best describes your organization (but not limited to):
    - Urban
    - Rural
    - Suburban
    - Other
11. How did you hear about this funding opportunity?
    - NACHC email/newsletter
    - NACHC social media
    - At a NACHC conference
    - NACHC staff member
    - Word of mouth (not NACHC staff)
    - Other:

Understanding the Problem

The following questions refer to the current state of funding and financial challenges at your health center and the focus area for your project. You may choose 1 of 3 financial diversification focus areas:

- Expanding reimbursement outside of the PPS rate
- Developing non-required services outside of the scope of the Health Center Program
- Establishing or strengthening a health center-related foundation or other subsidiary business

12. Which of the 3 financial diversification focus areas are you selecting for your Incubator project?

- Expanding reimbursement outside of the PPS rate
    i. If selected:
    ii. What services or payers are you exploring for reimbursement beyond PPS?
    iii. What barriers have you faced in pursuing reimbursement opportunities?
    iv. How would success in this area impact your health center's sustainability?
- Developing non-required services outside of the scope of the Health Center Program
    i. If selected:
    ii. What types of non-required services are you considering? Why do you believe these services will be utilized by your community?
    iii. What barriers do you anticipate to implementing these non-required services at your health center?
    iv. How do you envision these services generating sustainable revenue for your health center?
- Establishing or strengthening a health center-related foundation or other subsidiary business
    i. If selected:
    ii. Has your health center previously explored or created a related foundation/subsidiary business?
    iii. What barriers exist to building or strengthening this foundation or subsidiary business?
    iv. What do you see as the primary goal of this foundation or subsidiary business?

Impact and Community Engagement

The following questions refer to how your organization already measures impact and engages with the community.

13. Describe how the health center engages with staff, patients, and the board in program planning and implementation efforts and how their insights are utilized.
14. Provide an example of a time that you adapted a solution/program based on patient and/or community feedback to ensure program sustainability. *The ability to adapt solutions will be a core part of the program*.
15. Is your health center measuring the financial ROI of your programs?

- Yes
- No
- I am not sure
- Other

16. What metrics would you use to measure the success of your Incubator project?
17. How do you anticipate your chosen focus area of financial diversification will impact your health center staff, patients, and/or the broader community?

Participation in the Incubator

The following questions refer to how your organization plans to engage in the Innovation Incubator. You may adjust your idea throughout the program, but we will note your initial idea.

Note: NACHC will not fund projects that are not sustainable – for example, a gala is not an acceptable use for the funding.

18. Describe your health center's readiness to take on this project. What internal resources, staff, and/or partnerships do you already have in place to pursue your chosen financial diversification/sustainability project?
19. Describe your plan to use the $30,000 seed funding during the Innovation Incubator.
20. Participation across departments and taking a multidisciplinary approach is required for the Innovation Incubator. *Please select all the departments/teams you plan to involve in this program:*
    - C-suite
    - Patient and/or consumer
    - Clinical team
    - IT/informatics
    - Marketing/communications
    - Innovation department
    - Quality improvement department
    - Your PCA
    - Your HCCN
    - Ancillary services (lab, pharmacy, vision, behavioral health, etc.)
    - Enabling Services (care coordination, outreach and enrollment, etc.)
    - Other (not listed above)
21. If you are selected, then please affirm that your team can commit to coming to the in-person meeting on March 25, 2026, and an in-person pitch session in November 2026 (location to be determined), and can devote dedicated time throughout the program:

- I agree.
- I am unsure.
- I cannot commit at this time.

Background Information

The following questions will be utilized to inform the content and experience during the program. Your answers to these questions **will not** have a weight in the selection process

22. What specific areas of expertise or support would be most valuable for your team to gain through the Incubator? (Select up to 3)
    - Payer negotiations and contracting
    - Foundation governance and board development
    - Capital planning and financing strategies
    - Revenue cycle management and denial prevention
    - Value-based care and alternative payment model readiness
    - Pharmacy/340B optimization
    - Workforce recruitment, retention, and cost management
    - Data analytics and financial reporting
    - Other (please specify): _____

23. Please provide the approximate make-up of your health center's funding by major sources (e.g. Medicaid, Medicare, federal grants, private insurance, sliding fee/self pay). An example might be: 50% Medicaid, 15% Medicare, 20% federal grants, 10% private insurance, 5% sliding fee)

24. Has your organization tried to implement different programs to improve the financial picture of your health center in the last 3 years?
    a. Yes
    b. No
    c. Unsure

25. Rate your organization's experience level with the following skills: *Innovation experience is not required for participation*.

Human Centered Design

| 1 no experience | 2 | 3 | 4 | 5 expert |

New Project Evaluation

| 1 no experience | 2 | 3 | 4 | 5 expert |

Innovation

1 no experience	2	3	4	5 expert

Ongoing Measurement/data

1 no experience	2	3	4	5 expert