

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
Center for Consumer Information and Insurance Oversight

**Cooperative Agreement to Support Navigators in Federally-facilitated and State
Partnership Marketplaces**

Initial Announcement

Funding Opportunity Number: CA-NAV-14-002

CFDA: 93.332

Date: June 10, 2014

Applicable Dates:

| | |
|---|------------------------------------|
| Letter of Intent (Required): | June 30, 2014 |
| Electronic Cooperative Agreement Application Due Date: Daylight Time | July 10, 2014 by 1:00 p.m. Eastern |
| Anticipated Notice of Award: | September 8, 2014 |
| Cooperative Agreement Period of Performance/Budget Period: | 12 months after the date of award |

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OVERVIEW INFORMATION

Agency Name: Department of Health and Human Services
Centers for Medicare and Medicaid Services
Center for Consumer Information and Insurance Oversight

Funding Opportunity Title: Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces

Announcement Type: New

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Catalog of Federal Domestic Assistance (CFDA) Number: 93.332

Key Dates:

Date of Issue: June 10, 2014

Letter of Intent: June 30, 2014

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Period of Performance: 12 months after the date of award

Pre-Application Conference Calls: (See Section III. 6, *Pre-Application Conference Calls* for more information)

I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

The purpose of this Funding Opportunity Announcement is to enable recipients to operate as Exchange (Marketplace) Navigators in States with a Federally-facilitated Marketplace (FFM), as authorized under Section 1311(i) of the Affordable Care Act.¹ Any State electing not to pursue a State-based Marketplace for benefit year 2015 will have an FFM or, in the case of a State that is engaging actively with the federal government in the operation of certain aspects of an FFM, a

¹ The Patient Protection and Affordable Care Act (Pub. L. 111–148) was enacted on March 23, 2010. The Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152), which amended and revised several provisions of the Patient Protection and Affordable Care Act, was enacted on March 30, 2010. In this document, we refer to the two statutes collectively as the “Affordable Care Act.” Affordable Care Act: <http://www.gpo.gov/fdsys/pkg/CPRT-111HPRT61643/pdf/CPRT-111HPRT61643.pdf>. Throughout this document, the term “Marketplace” is used to refer to the American Health Benefit Exchanges that are described at Affordable Care Act section 1311(b) and defined at 45 C.F.R. §155.20.

State Partnership Marketplace. To view a current list of States that will have an FFM or State Partnership Marketplace in benefit year 2015 see Section VIII. 2, *State Reference List*.

2. Authority

This Cooperative Agreement is being issued by the Secretary of the U.S. Department of Health and Human Services pursuant to Sections 1311(d)(4)(K), 1311(i), and 1321(c)(1) of the Affordable Care Act. Section 1311(i) of the Affordable Care Act states that an Exchange “shall establish a program under which it awards grants” to organizations which facilitate education about and enrollment in qualified health plans (QHPs) through Exchanges. These organizations will be known as “Navigators.” Section 1321(c)(1) of the Affordable Care Act authorizes the Secretary of the U.S. Department of Health and Human Services (HHS) to establish and operate an FFM within States where a State-based Marketplace is not operating. Some States have opted to engage actively with the federal government in the operation of certain aspects of the FFM; in those States, the FFM is called a State Partnership Marketplace. All Exchanges must carry out certain minimum functions set forth at section 1311(d)(4) of the Affordable Care Act, including the establishment of a program under which they award Navigator grants to entities to carry out the duties described in Section 1311(i)(3). This funding opportunity is thus provided for Navigators serving in a FFM or State Partnership Marketplace to meet the Marketplace’s obligation to establish a Navigator program.

3. Background

The Affordable Care Act includes a variety of provisions designed to promote accountability, affordability, quality, and accessibility in the health care system. The Affordable Care Act creates a Health Insurance Marketplace or “Marketplace” – also known as the Affordable Insurance Exchange – in each state, that together provide millions of Americans and small employers with access to affordable health insurance coverage. The Marketplace allows individuals, employers, and employees to shop for, select, and enroll in QHPs. The Marketplace also determines individuals’ eligibility for premium tax credits and cost sharing reductions, as well as helps individuals access other Federal and state health care programs, such as Medicaid and the Children’s Health Insurance Program (CHIP). By providing one-stop shopping, the Marketplace makes purchasing health insurance easier and more understandable than in the past, and puts greater control and greater choice in the hands of eligible individuals and small employers.

Section 1311(i) of the Affordable Care Act requires each Marketplace to establish a Navigator grant program. This funding opportunity announcement (FOA) is open to eligible entities and individuals (as described in Section 1311(i)(2) of the Affordable Care Act and 45 C.F.R. § 155.210(a) and (c)) applying to serve consumers in States with an FFM or State Partnership Marketplace. As health reform implementation continues, consumers will need to understand new programs, take advantage of consumer protections, and navigate the health insurance system

to find the most affordable coverage that meets their needs. Marketplace Navigators are intended to assist consumers in those areas. A regulation implementing Affordable Care Act Section 1311(i), 45 C.F.R. § 155.210², requires that at least two types of entities serve as Navigators in each Marketplace, and that at least one Navigator be a community and consumer-focused nonprofit. This regulation also requires that entities or individuals serving as Marketplace Navigators must have expertise in eligibility and enrollment rules and procedures; the range of qualified health plan options and insurance affordability programs; the needs of underserved and vulnerable populations; and Marketplace privacy and security standards.

Entities or individuals eligible to apply for this FOA must be capable of carrying out, at a minimum, all duties required by regulation, including maintaining expertise in eligibility, enrollment, and program specifications; conducting public education activities to raise awareness about the Marketplace; facilitating selection of a QHP; providing information and services in a fair, accurate, and impartial manner; providing referrals to any applicable office of health insurance consumer assistance or ombudsman established under Section 2793 of the Public Health Service Act, or any other appropriate State agency or agencies, to address consumer grievances, complaints, or questions about their health plan, coverage, or a determination; and providing information in a manner that is culturally and linguistically appropriate to the population served by the Marketplace, including individuals with limited English proficiency and that is accessible to individuals with disabilities. HHS regulations, at 45 C.F.R. § 155.215,³ establish training and conflict of interest standards, and standards relating to providing culturally and linguistically appropriate services and services that are meaningfully accessible to persons with disabilities, for all Navigators serving consumers in an FFM or State Partnership Marketplace. This rule is binding on all recipients of grant funding under this FOA.

On May 27, 2014, CMS finalized regulations that update the requirements applicable to Navigators. The final rule, *Exchange and Insurance Market Standards for 2015 and Beyond*, requires Navigators to ensure that applicants (1) are informed of the functions and responsibilities of Navigators; (2) provide authorization prior to a Navigator's obtaining access to an applicant's personally identifiable information; and (3) may revoke at any time the authorization provided to the Navigator. The regulations also require Navigators to maintain a record of the authorization provided, and to maintain a physical presence in the Exchange service area, so that face-to-face assistance can be provided to applicants and enrollees. Additionally, the regulations (1) prohibit Navigators in all types of Marketplaces from charging any applicant or enrollee, or requesting or receiving any form of remuneration from or on behalf of an individual applicant or enrollee, for application or other assistance related to Navigator duties;

² See 45 C.F.R. § 155.210, at <http://www.ecfr.gov/cgi-bin/text-idx?SID=cd68a07060c00790a950985ea8f99e76&node=45:1.0.1.2.71.3.27.4&rqn=div8>.

³ See 45 C.F.R. § 155.215, at <http://www.ecfr.gov/cgi-bin/text-idx?SID=cd68a07060c00790a950985ea8f99e76&node=45:1.0.1.2.71.3.27.5&rqn=div8>.

(2) beginning November 15, 2014, prohibit Navigators in FFMs and State Partnership Marketplaces from compensating individual Navigators on a per-application, per-individual-assisted, or per-enrollment basis; (3) prohibit Navigators in all types of Marketplaces from providing certain kinds of gifts to any applicant or potential enrollee in connection with or as an inducement for enrollment; (4) prohibit Navigators in all types of Marketplaces from using Marketplace funds to purchase gifts or gift cards, or promotional items that market or promote the products or services of a third party, that would be provided to any applicant or potential enrollee; (5) prohibit Navigators in all types of Marketplaces from soliciting any consumer for application or enrollment assistance by going door-to-door or through other unsolicited means of direct contact, including calling a consumer to provide application or enrollment assistance without the consumer initiating the contact, unless the individual has a pre-existing relationship with the individual Navigator or Navigator entity and other applicable State and Federal laws are otherwise complied with; and (6) prohibit Navigators in all types of Marketplaces from initiating any telephone call to a consumer using an automatic telephone dialing system or an artificial or prerecorded voice, except in cases where the individual Navigator or Navigator entity has a relationship with the consumer and other applicable State and Federal laws are otherwise complied with. The regulations specify certain types of state requirements applicable to Navigators that CMS considers to prevent the application of the provisions of title I of the Affordable Care Act. The regulations clarify that the conflict of interest requirements applicable to Navigators would not prevent a health care provider from becoming a Navigator in an FFM or State Partnership Marketplace solely because it receives consideration from a health insurance issuer for health care services provided. The regulations also clarify that Navigators' duty to provide fair, accurate, and impartial information and services includes providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process. As of their effective date, these regulations will be binding on all recipients of grant funding under this FOA and can be viewed in their entirety at <http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf>.

In April 2013, HHS released a funding opportunity to support Navigator activities in the FFM and State Partnership Marketplaces, *PPHF-2013-Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges*, number CA-NAV-13-001. As a result of this funding opportunity, on August 15, 2013, HHS awarded approximately \$67 million to 105 Navigator grant applicants in FFM and State Partnership Marketplace states. Grantees are serving as in-person resources in their communities for consumers needing additional assistance in shopping for and enrolling in health insurance coverage through the Marketplace. The current grant cycle runs through August 14, 2014. Entities and individuals cannot serve as federal Navigators without receiving federal grant funding to perform Navigator duties. The federal Navigator grants awarded in 2013 expire in August 2014. Federal Navigator grant awards are not automatically renewed. Therefore existing Navigator grantees who are interested in continuing to serve as Navigators must reapply for a second round of funding under this FOA. In

addition, entities and individuals that have not previously received an award are encouraged to apply.

4. Program Requirements

The primary goal of the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces under this FOA is to provide awards to eligible entities or individuals to operate as Navigators as described in Section 1311(i) of the Affordable Care Act. Successful applicants are required to demonstrate that they will use cooperative agreement funds to perform all required Navigator duties as described in 45 C.F.R. §§ 155.210(e) and 155.215, including:

- Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Marketplace;
- Provide information and services in a fair, accurate, and impartial manner, which includes providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process. Such information must acknowledge other health programs such as Medicaid and CHIP;
- Facilitate selection of a QHP;
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under Section 2793 of the PHS Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage;
- Consistent with the requirements set forth in 45 C.F.R. § 155.215, provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Marketplace, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act; and
- Complying fully with the conflict-of-interest and training standards set forth in 45 C.F.R. § 155.215.

In addition to the duties described above, as part of the required duty to conduct public education activities, Navigators are expected to create opportunities for individuals to enroll, and to sponsor and participate in outreach activities within the service areas identified in the application and award documents. Navigators will be required to assist any consumer seeking assistance, even if that consumer is not a member of the community(ies) or group(s) the applicant expects to target, as outlined in their funding proposal. There may be some instances where a Navigator

does not have the immediate capacity to help an individual. In such cases, the Navigator should make every effort to provide assistance in a timely manner, but could also refer consumers seeking assistance to other Marketplace resources, such as the toll-free Marketplace call center, certified application counselors, or to another Navigator in the same Marketplace who might have better capacity to serve that individual more effectively. Although Navigators may not refer consumers to specific agents and brokers, they may provide a comprehensive list of available agents and brokers in the state for consumers to reach out to if desired. Additionally, if a Navigator in an FFM or State Partnership Marketplace is approached by a consumer who lives in a State with a State-based Marketplace, or in a State in which the Navigator does not serve, the Navigator must refer the consumer to a Navigator in the consumer's State.

Personnel in Navigator entities awarded cooperative agreements through this funding opportunity who plan to serve as **Navigators must complete at least 20 hours of an HHS-developed training program and pass an online exam to ensure appropriate understanding of relevant Marketplace-related information and become federally certified.** Navigator entities awarded cooperative agreements must also comply with any state-specific requirements, so long as these state-specific requirements do not prevent the application of the provisions of title I of the Affordable Care Act. Navigators will receive resources from HHS to complement the training program, including a manual of standard operating procedures. This solicitation provides detailed information on the cooperative agreement requirements related to these activities and instructions for application submission.

II. AWARD INFORMATION

1. Total Funding

HHS expects to award \$60,000,000 to recipients pending the availability of funds. If additional funds become available at the end of FY 2014 to award the Navigator cooperative agreements, HHS may award funds in excess of \$60 million to applicants applying through this FOA in accordance with the funding methodology described below.

2. Award Amount

Each applicant is eligible for only one, non-renewable, one-year cooperative agreement award. At least \$600,000 in funds will be available for each FFM/State Partnership Marketplace service area (see Section VIII. 2, *State Reference List*). **At least** two types of applicants (See Section III. 1, *Eligible Applicants*) in each FFM/State Partnership Marketplace service area will receive awards, including at least one community and consumer-focused nonprofit. Cooperative agreement award amounts will vary depending on the number of individuals the applicant plans to serve and whether funds requested are for allowable costs. Applicants should include in their estimate of the individuals they expect to serve individuals who participate in public education activities, individuals assisted with selection of a QHP, and individuals referred to applicable

state ombudsmen or agencies for help with grievances, complaints, or questions regarding their health plan, coverage, or a determination under such plan or coverage. An applicant may propose to serve populations in multiple FFM/State Partnership Marketplace service areas through the submission of one application, by submitting separate Budget Narratives requesting funding for each service area it proposes to serve (See Section IV. D, *Budget and Budget Narrative*, for additional information). If an applicant is proposing to serve in more than one service area, **the proposal must include a contingency plan that describes how the service area or program model will be adjusted if the applicant does not receive the total amount of funds requested**, including how reductions in staffing, project scope, and fund disbursement will occur should the applicant not be funded to serve all proposed service areas.

Each FFM/State Partnership Marketplace service area will receive an apportionment of funds in the amounts listed below. To obtain the portion (in percent) of the eligible uninsured in a given FFM/State Partnership Marketplace service area, the total number of uninsured (under age 65) legal residents in each State with a FFM/State Partnership Marketplace was divided by the total number of uninsured legal residents among all States with a FFM/State Partnership Marketplace. The funding amount available was then apportioned according to each FFM/ State Partnership Marketplace service area's portion of uninsured legal residents, with a minimum award of \$600,000 available per FFM/State Partnership Marketplace service area. This created a percentage which was multiplied by the total amount of available Navigator cooperative agreement funding to generate the available funding threshold for each FFM/State Partnership Marketplace service area. In cases where a FFM/State Partnership Marketplace service area's apportionment was less than \$600,000, funding was rounded up to \$600,000 by proportionately reducing awards from FFM/State Partnership Marketplace States with apportionments larger than \$600,000.

The amount of funding awarded to a successful applicant within a FFM/State Partnership Marketplace service area will be based on the scope and breadth of the activities being proposed and the size of the population to be served. For example, if an applicant in Oklahoma proposes to serve a small community in a remote area in the panhandle, with the goal of reaching 1,100 consumers, then the budget request must reflect an amount that is reasonable and appropriate with the activity (or activities) being proposed. When making awards, HHS reserves the right to reduce the budget requested, or only partially fund proposed activities, based on its review of the expected population and budget submitted by the applicant, as well as the availability of remaining funds for the Marketplace service area.

Applicants will be selected for an award using the criteria described in Section II. 7, *Factors Affecting Application Selection* and based on the funding apportioned (a minimum of \$600,000 per service area). During the selection process, applicants will be ranked by score within each state. From each state's ranking list, the highest scoring community and consumer-focused nonprofit will be awarded first, based on the requirement in 45 C.F.R. § 155.210(c)(2) that one Navigator in each Marketplace must be a community and consumer-focused nonprofit. The

remaining funds in the state will be awarded based on an applicant's score and the other factors outlined in Section II. 7, *Factors Affecting Application Selection*.

**Funding Apportionment, Per FFM/State Partnership Marketplace Service Area
(\$600,000 minimum per state)**

| States with a FFM or State Partnership Marketplace | Number of Uninsured (under age 65)* | Total Funding Apportioned to the FFM/State Partnership Marketplace Service Area** |
|---|--|--|
| Alabama | 616,153 | \$1,204,521 |
| Alaska | 141,912 | \$600,000 |
| Arizona | 965,973 | \$1,888,386 |
| Arkansas | 460,989 | \$901,190 |
| Delaware | 70,217 | \$600,000 |
| Florida | 3,357,788 | \$6,564,163 |
| Georgia | 1,642,966 | \$3,211,845 |
| Illinois | 1,427,650 | \$2,790,923 |
| Indiana | 900,982 | \$1,761,336 |
| Iowa | 241,306 | \$600,000 |
| Kansas | 331,205 | \$687,777 |
| Louisiana | 753,820 | \$1,473,647 |
| Maine | 136,625 | \$600,000 |
| Michigan | 1,120,744 | \$2,190,950 |
| Mississippi | 510,549 | \$998,076 |
| Missouri | 813,471 | \$1,590,260 |

| | | |
|----------------|-----------|-------------|
| Montana | 182,574 | \$600,000 |
| Nebraska | 177,297 | \$600,000 |
| New Hampshire | 125,644 | \$600,000 |
| New Jersey | 887,699 | \$1,735,368 |
| North Carolina | 1,368,912 | \$2,676,096 |
| North Dakota | 73,934 | \$600,000 |
| Ohio | 1,315,129 | \$2,570,955 |
| Oklahoma | 637,202 | \$1,245,670 |
| Pennsylvania | 1,188,504 | \$2,323,415 |
| South Carolina | 724,577 | \$1,416,480 |
| South Dakota | 88,000 | \$600,000 |
| Tennessee | 837,837 | \$1,637,893 |
| Texas | 4,812,930 | \$9,408,829 |
| Utah | 340,429 | \$665,506 |
| Virginia | 867,488 | \$1,695,858 |
| West Virginia | 267,700 | \$600,000 |
| Wisconsin | 491,510 | \$960,855 |
| Wyoming | 87,659 | \$600,000 |

*Population data for the total number of non-elderly uninsured legal residents in each State are based on the Assistant Secretary for Planning and Evaluation (ASPE) tabulations from the CY 2012 American Community Survey (ACS) Public Use Microdata Sample (PUMS) adjusted to exclude estimated undocumented people⁴. The ACS PUMS files are available online at <http://www.census.gov>.

⁴ The adjustment methodology is based on imputations of immigrant legal status in ASPE's TRIM3 micro simulation model (<http://trim.urban.org/>). The imputations of immigrant legal status were used to estimate the probability that an uninsured noncitizen in the ACS PUMS data was a legal resident of the United States. These probabilities – varying by state, race/ethnicity, income, and age – were then used to reweight the ACS PUMS data and produce the adjusted tabulations.

**Should a state not currently included in this list revert from a State-based Marketplace to a FFM or SPM, CMS will determine how to establish funding for a Navigator program in that State at that time.

3. Anticipated Award Date

The anticipated award date is September 8, 2014.

4. Period of Performance/Budget Period

The period of performance/budget period is up to 12 months, beginning on the date of award. The period of performance may end sooner than 12 months if the FFM or State Partnership Marketplace is replaced by a State-based Marketplace in the FFM/State Partnership Marketplace service area before the end of the grant period.

5. Funding

The grantee's ability to draw down funds will be dependent on HHS's acceptance of the required quarterly Federal Financial Reports (FFR) and the grantee's compliance with the terms and conditions provided with the Notice of Award (NoA) for the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces.

6. Number of Awards

The total number of awards will depend upon the number of consumers each applicant proposes to serve. The total funding apportionment for each State with an FFM/State Partnership Marketplace (see Section VIII. 2, *State Reference List*) is no less than \$600,000. At least two types of applicants in each FFM/State Partnership Marketplace service area will receive awards, including at least one community and consumer-focused nonprofit. Applicants proposing to serve multiple FFM/State Partnership Marketplace service areas must submit only one application, but must include a separate Budget Narrative for each FFM/State Partnership Marketplace service area. Applications for multiple service areas should include a contingency plan addressing how reductions in staffing, project scope, and fund disbursement will occur should the applicant not be funded to serve all proposed service areas.,

Small entities and individuals proposing to serve smaller, hard-to-reach, or underserved populations are encouraged to apply, particularly by partnering with other entities and/or individuals to form a consortium⁵ which serves a larger total portion of the population.

⁵ A consortium for the purposes of this FOA refers to two or more individuals, two or more private or public organizations, or a combination of individual(s) and private or public organization(s) that have identified a lead agency and demonstrate through their application a plan to establish an agreement, including but not limited to a contractual agreement, to work in partnership to fulfill all the requirements of this FOA.

Applications must include a description of how the applicant intends to serve all proposed service areas that considers the number of consumers they intend to serve in each area. In the case of an application from more than one entity or individual (i.e., a consortium), applicants must designate a lead applicant to serve as the primary contact. Additionally, an individual can apply both individually and as part of a consortium, or as part of multiple consortia; however, the applicant would need to be mindful when preparing their applications of the possibility of receiving multiple awards. To be prepared to carry out multiple grant proposals, the applicant would need to budget time according to each proposed work plan and budget, reflecting the portion of time the applicant would spend on each project. An applicant's total budgeted time for all applications to which it is a party should not exceed 100% of the applicant's time.

All awards issued under this announcement are subject to the availability of funds. In the absence of funding, HHS is under no obligation to make awards under this announcement.

7. Factors Affecting Application Selection

The technical merit of applications will be determined by:

A. Ranking of Application

Applications will be reviewed by an objective review panel and will receive a "raw" score out of 200 points based on their ability to address the requirements of this FOA (See Section V. *Application Review Information*). The application will then be ranked through use of statistical techniques which negate, to the extent possible, any differences in scoring behaviors among different committees/panels.

B. Total Number and Type of Applications Funded within each State

45 C.F.R. § 155.210 requires that at least two types of entities serve as Navigators in each Marketplace, and that at least one Navigator be a community and consumer-focused nonprofit. Accordingly, the highest ranking community and consumer-focused nonprofit in each state will be selected for award, so long as there are no factors identified in the selection process, as outlined under *Section V. 2 Review and Selection Process*, that would prevent selection of this entity. A second entity in each state will be selected based upon its ranking, the scope of proposed activities (see below), and the factors outlined in *Section V.2 Review and Selection Process*.

C. Scope of Proposed Activities

It is possible that multiple high ranking applications focusing on the same community within a State will not all be funded. Proposals that will increase the span of populations served by Navigators will be given priority.

D. Current Navigator Awardees

In addition to being evaluated based on the aforementioned criteria, current awardees will also be evaluated based upon (a) demonstrated performance in meeting the requirements as outlined in the original FOA (*PPHF-2013 – Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges*, CA-NAV-13-001) and compliance with the terms and conditions of their current Navigator award; as well as (b) how well their application for this round of awards explains (i) the activities executed successfully under their current Navigator award and (ii) the applicant's plan for addressing any performance or progress concerns under their current award, if applicable.

8. Type of Award

These awards will be structured as Cooperative Agreements. The Federal Grant and Cooperative Agreement Act of 1977, 31 U.S.C. 6301, defines the cooperative agreement as an alternative assistance instrument to be used in lieu of a grant whenever substantial Federal involvement with the recipient during performance is anticipated. The difference between grants and cooperative agreements is the degree of Federal programmatic involvement rather than the type of administrative requirements imposed. Therefore, statutes, regulations, policies, and the information contained in the HHS Grants Policy Statement that are applicable to grants also apply to cooperative agreements, unless the award itself provides otherwise.

HHS will work with each Navigator award recipient to evaluate its progress relative to its Navigator Work Plan and may condition funding based on progress and adherence to Federal guidance and Marketplace requirements, including training and conflict of interest requirements, and adherence to the Culturally and Linguistically Appropriate Services (CLAS) and disability access standards as set forth in 45 C.F.R. § 155.215. HHS will track grantee progress and provide technical assistance when needed. As such, HHS may require individual awarded entities to submit additional reports and information based on performance.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

The intent of this FOA is to award cooperative agreements to eligible entities, individuals, and consortia to operate as Navigators. Eligible entities, individuals, and consortia must propose to assist consumers in States that will have a FFM or State Partnership Marketplace (See Section VIII. 2, *State Reference List* for applicable States). This cooperative agreement funding opportunity is open to individuals and private and public entities. A regulation implementing

Affordable Care Act Section 1311(i), 45 C.F.R. § 155.210, requires that at least two types of entities serve as Navigators in each Marketplace, and that at least one Navigator be a community and consumer- focused nonprofit. Other entities may include, but are not limited to, trade, industry and professional associations; commercial fishing industry organizations; ranching and farming organizations; chambers of commerce; unions; resource partners of the Small Business Administration; licensed insurance agents and brokers; or other public or private entities or individuals that meet Navigator program requirements, including but not limited to Indian tribes, tribal organizations, urban Indian organizations, and State or local human services agencies. Entities should be able to demonstrate that they have existing relationships in the communities they expect to target, or could readily establish those relationships, including relationships with uninsured and underinsured consumers. Accordingly, applicants should describe their previous work with consumers, including the uninsured and underinsured, and how this work will support their work as a Navigator, or should explain how they are in a position to readily establish relationships with the community(ties) they intend to target. Applicants are encouraged to demonstrate experience and expertise in meeting the linguistic and cultural needs of diverse communities. Previous awardees are eligible to apply for this funding cycle and should discuss activities and prior performance as Navigators in their application. Previous awardees should review Sections IV.2 *Content and Format of Application Submission* and V.1. *Criteria* for additional guidance on how this application should incorporate references to activities performed under current Navigator awards and how those activities will change or remain the same during this funding cycle.

We also note that during their term as Navigators, individuals and entities are not permitted to receive any direct or indirect consideration from a health insurance issuer or issuer of stop loss insurance connected to the enrollment of individuals into QHPs or non-QHPs⁶.

CMS regulations, at 45 C.F.R. § 155.210(c)(1)(iii), require that entities who wish to become Navigators must meet any applicable State licensing, certification, or other standards, so long as such standards do not prevent the application of the provisions of title I of the Affordable Care Act.

Each applicant is eligible for only one cooperative agreement award, which can cover multiple FFM/State Partnership Marketplace service areas, if applicable.

⁶ In a preamble discussion of this prohibition, CMS has explained that it interprets “consideration” for purposes of the prohibition to mean financial compensation, including monetary or in-kind of any type, including grants, as well as any other type of influence a health insurance issuer could use, including but not limited to things such as gifts and free travel, which may result in steering individuals to particular QHPs offered in the Exchange or plans outside of the Exchange (77 FR 18333).

Ineligible entities

- Health insurance issuers;
- Subsidiaries of health insurance issuers;
- Issuers of stop loss insurance and their subsidiaries;
- Associations that include members of, or lobby on behalf of, the insurance industry; or
- Recipients of any direct or indirect consideration from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP or non-QHP. CMS recently clarified in a final regulation that no health care provider shall be ineligible to operate as a Navigator in an FFM or State Partnership Marketplace solely because it receives consideration from a health insurance issuer for health care services provided.

Consistent with 45 C.F.R. § 155.215(a)(1)(i), all applicants (individuals, entities and all members making up a consortium) should submit a brief statement (one or two short paragraphs) within the Project Narrative attesting that they are not ineligible entities, including an attestation that no staff members have any of the prohibited relationships with health insurance or stop loss insurance issuers that are outlined above. As is explained in 45 C.F.R. § 155.215 and the preamble language discussing that provision, some conflicts of interest would not be absolute bars to service as a Navigator, provided that the conflict of interest would not ultimately prevent the entity or individual from providing information and services in a fair, accurate, and impartial manner. In addition, in accordance with 45 C.F.R. § 155.215(a)(1)(ii), **successful applicants will be required to provide a written plan to remain free of conflicts of interest and to disclose to CMS, as operator of the FFM or State Partnership Marketplace, certain non-disqualifying conflicts of interest as specified in 45 C.F.R. § 155.215(a)(1)(iv).**

In addition, no state agency in a State where there is a Consumer Partnership Marketplace may apply for a Navigator cooperative agreement under this FOA. We will evaluate on a case by case basis whether counties may apply in such States.

Eligibility Threshold Criteria

- All applicants must have submitted a required letter of intent to navigatorgrants@cms.hhs.gov by June 30, 2014. If a letter of intent has not been submitted by the required due date, any subsequent application submitted by the entity will be ineligible. A copy of the letter of intent should also be included with the final application. For more information, please see subsection 5. *Letter of Intent to Apply*, located in this Section.
- Application deadline: Applications not received electronically through www.grants.gov by the application deadline will not be reviewed.

- Application requirements: Applications will be considered for funding only if the application meets the requirements as outlined in Section III, *Eligibility Information*, and Section IV, *Application and Submission Information*.
- Page limit: The application Project Narrative must not exceed 15 pages in length, the Work Plan and Timeline must not exceed three pages in length, and the Budget Narrative must not exceed three additional pages (for a total of up to 21 pages in length). The additional documentation, including Standard Forms, Copy of previously submitted Letter of Intent, Cover Letter, and Project Abstract, is excluded from the page limitation. Type font must be 12. For more information, see Section IV.2, *Content and Form of Application Submission*.

Applicants are strongly encouraged to use the review criteria information provided in Section V, *Application Review Information*, to help ensure that the proposal adequately addresses all the criteria that will be used in evaluating the proposals.

Employer or other Taxpayer Identification Number

To be eligible, an applicant must be an individual, or a public or private entity recognized by the State as a legal structure such as a proprietorship or corporation. All applicants, to include individuals, must apply using a valid Employer Identification Number (EIN), or other Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service. Individuals may choose to provide their personal Social Security Numbers (SSNs) to apply via Grants.gov. In compliance with Section 7 of the Privacy Act of 1974, please note that disclosure of your SSN is voluntary, the submission of your SSN is not mandated by any statutory authority, and this number may be used for all of the following purposes:

- To verify an individual applicant is a U.S. Citizen or a legal permanent resident.
- To confirm the individual does not owe any debt to the federal government.
- To confirm if the individual is debarred or suspended from participation in Federal assistance programs (see HHS Grants Policy Statement).
- To complete a background check on the individual.
- To comply with HHS business review requirements, the SSN may be used to determine the adequacy of the applicant's financial and business management capabilities that will support the expenditure of and accountability for CMS funds. This may include submitting the individual's SSN for a credit check.
- If selected for award, to create an account in the Payment Management System linked to the SSN.
- If selected for award, to create an account in the Grants Management system used to manage, monitor, and make changes to awards. This system is also used for regular correspondence between the awardee and CMS.

- If selected for award, the individual will have to insert the SSN on all federal reporting forms completed in the Payment Management System and/or Grants Management System used by CMS.

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS number)

All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number in order to apply. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. Please note that individuals will have to provide an EIN or other TIN to receive a DUNS number. This number should mirror the one used to submit an application in Grants.gov. To obtain a DUNS number, access the following website: www.dunandbradstreet.com or call 1-866-705-5711. See Section IV. 1, *Address to Request Application Package*, for more information on obtaining a DUNS number.

System for Award Management (SAM)

All applicants must register in the System for Award Management (SAM)⁷ database (<https://www.sam.gov/portal/public/SAM>) in order to be able to submit an application at <http://www.grants.gov>. In order to register, applicants must provide their DUNS and EIN/TIN numbers. Please note that individuals should use the same EIN or other TIN used to obtain a DUNS number and submit an application through Grants.gov. Additional information about SAM is available at <https://www.sam.gov/portal/public/SAM/>. Applicants must successfully register with SAM prior to submitting an application or registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. See Section IV, *Application and Submission Information*, for more guidance on SAM registration. Primary awardees must maintain a current registration with the SAM database, and **may make subawards only to entities that have DUNS numbers**. Organizations must report executive compensation as part of the registration profile at <https://www.sam.gov/portal/public/SAM/> by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170). See Section VI, *Award Administration Information*, for more information on FFATA. The Grants Management

⁷ Applicants were previously required to register with the Central Contractor Registration. The CCR was a government-wide registry for organizations that sought to do business with the federal government. CCR collected, validated, stored, and disseminated data to support a variety of federal initiatives. This function is now fulfilled by SAM. SAM has integrated the CCR and will also incorporate 7 other Federal procurement systems into a new, streamlined system. If an applicant had an active record in CCR prior to the rollout of SAM, an active record would be available in SAM. However, more than a year has passed since the rollout of SAM, so entities must ensure that their registration with CCR (through SAM) is still active prior to applying under this funding opportunity.

Specialist assigned to monitor the subaward and executive compensation reporting requirements is Iris Grady, who can be reached at divisionofgrantsmanagement@cms.hhs.gov.

Continued Eligibility

Awardees must meet reporting and certification deadlines to be eligible throughout the project period. Information about reporting and certification will be provided with the Notice of Award for the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces.

2. Cost Sharing or Matching

Cost sharing or matching is not required as a condition of award.

3. Tribal Entities

Indian Tribes, tribal organizations, and urban Indian organizations are eligible to apply as specified in Section III. 1, *Eligible Applicants*.

4. Community and Consumer Focused Nonprofit Organizations

Community and consumer-focused nonprofit organizations are eligible to apply as specified in Section III. 1, *Eligible Applicants*. Like all applicants, community and consumer-focused nonprofits must demonstrate that they have existing relationships, or could readily establish relationships, with consumers in the community(ties) they expect to target, including consumers who are uninsured or underinsured.

5. Letter of Intent to Apply

Please note that applicants are required to submit a non-binding Letter of Intent by June 30, 2014 in order to apply. Please note that an application will not be reviewed unless there is a Letter of Intent for the application. Receipt of such letters enables HHS to better plan for the application review process. The signed Letter of Intent to Apply must be submitted electronically in any of the following formats: PDF, word doc, or the body of an email to navigatorgrants@cms.hhs.gov and should also be included with the applicant's application submitted through grant.gov.

The Letter of Intent to Apply should include:

- Name of applicant(s) to include individuals, entities, or consortiums
 - Yes – we intend to apply

6. Pre-Application Conference Calls

HHS will hold four pre-application conference call webinars for potential applicants. The conference calls will provide an overview of this project, budget guidance, review the instructions provided by this FOA and other available materials, and will include an opportunity for potential applicants to ask questions.

First call: Thursday, June 12, 2014 from 1:30 to 3:00 p.m. Eastern Daylight Time

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 6-12-14

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1036932>

Second call: Tuesday, June 17, 2014 from 1:30 to 3:00 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1036407>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 6-17-14

Third call: Tuesday, June 24, 2014 from 1:30-3:00 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1036408>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 6-24-14

Fourth call: Tuesday, July 1, 2014 from 1:30-3:00 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1036406>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 7-1-14

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

This FOA contains all the instructions to enable a potential applicant to apply. The application should be written primarily as a narrative with the addition of standard forms required by the Federal government for all grants and cooperative agreements.

Application Materials

Application materials will be available for download at <http://www.grants.gov>. Please note that HHS requires applications for all announcements to be submitted electronically through <http://www.grants.gov>. For assistance with <http://www.grants.gov>, contact support@grants.gov or 1-800-518-4726. At <http://www.grants.gov>, applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website. The FOA can also be viewed on the Centers for Medicare and Medicaid Services website at <http://www.cciio.cms.gov>.

Specific instructions for applications submitted via <http://www.grants.gov>:

- You may access the electronic application for this project at <http://www.grants.gov>. You must search the downloadable application page by the CFDA number 93.332.

- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. HHS strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time needed to complete the required registration steps.
- All applicants under this announcement must have an Employer Identification Number/Taxpayer Identification Number (EIN/TIN) to apply. **Please note that applicants should begin the process of obtaining an EIN/TIN as soon as possible after the announcement is posted to ensure this information is received in advance of application deadlines.**
- All applicants, as well as sub-recipients must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number at the time of application in order to be considered for a cooperative agreement. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. To obtain a DUNS number, access the following website: www.dunandbradstreet.com or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 8c on the Form SF-424, Application for Federal Assistance). The name and address in the application should be exactly as given for the DUNS number. **Applicants should obtain this DUNS number as soon as possible after the announcement is posted to ensure all registration steps are completed in time.**
- The applicant must also register in the System for Award Management (SAM) database in order to be able to submit the application. Applicants are encouraged to register early, and must have their DUNS and EIN/TIN numbers in order to do so. Information about SAM is available at <https://www.sam.gov/portal/public/SAM>. The SAM registration process is a separate process from submitting an application. **You should allow a minimum of five business days to complete SAM registration; however, in some cases, the registration process can take approximately two weeks or longer to be completed. Therefore, applicants should begin the SAM registration process as soon as possible after the announcement is posted to ensure that it does not impair your ability to meet required submission deadlines.**
- Authorized Organizational Representative: The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with grants.gov for a username and password. AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password at http://grants.gov/applicants/get_registered.jsp. AORs must wait one business day after successful registration in SAM before entering their profiles in Grants.gov. **Applicants should complete this process as soon as possible after successful registration in SAM to ensure this step is completed in time to apply before application deadlines.**

- When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz POC will receive an email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence.
- The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications.
- **Any files uploaded or attached to the Grants.Gov application must be PDF file format and must contain a valid file format extension in the filename. Even though Grants.gov allows applicants to attach any file formats as part of their application, CMS restricts this practice and only accepts PDF file formats. Any file submitted as part of the Grants.gov application that is not in a PDF file format, or contains password protection, will not be accepted for processing and will be excluded from the application during the review process. In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced in size, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation. All documents that do not conform to the above specifications will be excluded from the application materials during the review process.**
- After you electronically submit your application, you will receive an acknowledgement from <http://www.grants.gov> that contains a Grants.gov tracking number. HHS will retrieve your application package from Grants.gov. **Please note, applicants may incur a time delay before they receive acknowledgement that the application has been accepted by the Grants.gov system. Applicants should not wait until the application deadline to apply because notification by Grants.gov that the application is incomplete may not be received until close to or after the application deadline, eliminating the opportunity to correct errors and resubmit the application. Applications submitted after the deadline, as a result of errors on the part of the applicant, will not be accepted.**
- After HHS retrieves your application package from Grants.gov, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by Grants.gov.

Each year organizations and entities registered to apply for Federal grants through <http://www.grants.gov> must renew their registration with the System for Award Management (SAM). You can register with SAM online; registration will take about 30 minutes to complete (<https://www.sam.gov/portal/public/SAM>). **Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying via Grants.gov. Similarly, failure to maintain an active SAM registration during the**

application review process can prevent HHS from issuing your agency an award under this program.

Applications cannot be accepted through any email address. Full applications can only be accepted through <http://www.grants.gov>. Full applications cannot be received via paper mail, courier, or delivery service.

All grant applications must be submitted electronically and be received through <http://www.grants.gov> by 1:00 pm Eastern Daylight Time on the applicable due date.

All applications will receive an automatic time stamp upon submission and applicants will receive an email reply acknowledging the application's receipt.

Please be aware of the following:

- Search for the application package in Grants.gov by entering the CFDA number 93.332.
- If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: www.grants.gov/customersupport or 1-800-518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).

When contacting Grants.gov, always obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved. To be considered timely, applications must be received on or before the published deadline date.

Grants.gov complies with Section 508 of the Rehabilitation Act of 1973. If an individual uses assistive technology and is unable to access any material on the site including forms contained within an application package, they can email the Grants.gov contact center at support@grants.gov or call 1-800-518-4726.

2. Content and Form of Application Submission

Form of Application Submission

Applicants, please note that applications that fail to follow the strict formatting requirements outlined below regarding font size, page limitations, and line spacing will be deemed ineligible.

Each application must include all contents described below, in the order indicated, and conform to the following specifications:

- Use 8.5” x 11” letter-size pages (one side only) with 1” margins (top, bottom, and sides). Other paper sizes will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5” x 11”.
- All pages of the project narrative must be paginated in a single sequence.
- Font size must be 12-point with an average character density no greater than 14 characters per inch.
- The narrative portions of the application, including the Work Plan and Timeline, must be DOUBLE-SPACED.
- Tables included within any portion of the application should follow the same font requirements, but do not need to be double spaced. Tables are counted toward the applicable page limits.
- The project abstract is restricted to a one-page summary which should be single-spaced.
- The application Project Narrative must not exceed fifteen pages in length, the Work Plan and Timeline must not exceed three pages in length, and the Budget Narrative must not exceed three additional pages (for a total of up to 21 pages in length). The additional documentation listed below, including Standard Forms, Cover Letter, Copy of previously submitted Letter of Intent, and Project Abstract is excluded from the page limitation.

Overview of Cooperative Agreement Application Structure and Content

Standard Forms

The following standard forms must be completed with an electronic signature and enclosed as part of the application:

- SF-424: Official Application for Federal Assistance (see note below)
- SF-424A: Budget Information Non-Construction
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities
All applicants must submit this document. If your entity does not engage in lobbying, please insert “Non-Applicable” on the document and include the required Authorized Organizational Representative (AOR) name, contact information, and signature.
- Project Site Location Form(s)
- Project abstract summary

Note: On SF-424 “Application for Federal Assistance”:

- Item 15 “Descriptive Title of Applicant’s Project.” Please indicate in this section the name of this funding opportunity: **Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces.**

- Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these grants.

Cover Letter

A letter from the Applicant’s Authorized Organizational Representative, indicating the eligible public or private entity, individual, or consortium (such as community or consumer-focused nonprofit group, resource partner of Small Business Administration, or other entity or individual who meets the requirements set forth in 45 C.F.R. § 155.210), title of the project, the Principal Investigator/Project Director of the cooperative agreement with contact information, and amount of funding requested. The letter should indicate the lead applicant and list any co-applicants in the case of a consortium.

A. Project Abstract (maximum of one page)

A one-page abstract should serve as a succinct description of the proposed project and must include the goals of the project, a list of potential sub-recipients that will provide Navigator services (if known) including those entities that are part of a consortium, the total budget for each Marketplace service area to be served, the population(s) or group(s) that the applicant expects to target, including the number of consumers expected to be reached, and plans for providing language and disability accessibility, a list of counties within the State(s) in which the applicant proposes to serve, and a description of how the cooperative agreement will be used to fulfill Navigator duties as outlined in 45 C.F.R. § 155.210(e) and § 155.215. The abstract is often distributed to provide information to the public and Congress and therefore should be clear, accurate, concise, and written without reference to other parts of the application.

B. Project Narrative (maximum of fifteen pages)

The project narrative must be no more than fifteen pages in length and is expected to address how the applicant will implement the cooperative agreement program, and ultimately, meet the objective of providing Navigator services as outlined in 45 C.F.R. §§ 155.210 and 155.215. Applicants should clearly state in the introduction of the Project Narrative whether they are current Navigator awardees and, under each element below, provide information which is inclusive of activities funded or performed under their current Navigator award and also distinguishes those activities from any new activities to be supported through this opportunity.

1. Type of entity and description of the community(ies) or group(s) the applicant expects to serve

Applicants must specify who will perform the cooperative agreement activities under this funding opportunity announcement (individual, entity, or consortium). In the case of an entity or consortium performing cooperative agreement activities, the applicant must describe the type of entity and provide a description of the organizational structure(s) of the entity or consortium.

Applicants must describe the community(ies) that they expect to target; the population(s) they intend to target, including how they intend to assist the uninsured or underinsured; the State(s) and county(ies) in which this(ese) community(ies) reside(s); the reason for expecting that they will focus their efforts on primarily that(those) community(ies); the number of people they expect to serve; and the percentage of the State's uninsured population in the community(ies) they expect to serve.

Applicants must be able to demonstrate established relationships, or the ability to readily establish relationships, with uninsured and underinsured consumers in the community(ies) they propose to target. The description should include the applicant's goals for number of individual Navigators trained, and the number of consumers the applicant intends to reach. Applicants proposing to serve in multiple areas of a state, or in multiple Marketplace service areas or states, are also expected to describe how they will balance their efforts between the different areas based on the uninsured populations in those areas. For assistance in determining the number of people and percentage of the State's uninsured population, applicants are encouraged to refer to the American Community Survey data on the uninsured available at <http://www.cms.gov/Outreach-and-Education/Outreach/HIMarketplace/Census-Data-.html>. Current Navigator awardees under opportunity CA-NAV-13-001 should explain how funding requested in excess of the amount provided under their current Navigator award will expand upon the community(ies) currently served and/or the services currently provided to consumers.

2. Scope of activities

Applicants must discuss how the applying entity, individual, or consortium proposes to operate as a Navigator(s), to include:

- A plan for carrying out, at a minimum, those duties described in Section I. 4, *Program Requirements*;
- A description of how the applicant will serve the proposed targeted area(s);
- A description of the communication and marketing plan to reach the targeted proposed area(s);
- A description of existing relationships and how additional relationships could be readily established with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a QHP;
- A brief statement attesting that the applying entity, individual, or any member of a consortium is not an ineligible entity, including an employee with any prohibited relationships with health insurance or stop loss issuers, as outlined in 45 C.F.R. §§ 155.210(d) and 155.215(a)(1)(i), and in Section III. 1, *Eligible Applicants*;
- A plan to perform the statutory and regulatory duties of a Navigator for the entire length of the cooperative agreement;

- An attestation that all staff and volunteers working under this cooperative agreement will remain free of conflicts of interest during their term as a Navigator; and
- A plan to ensure staff and volunteers complete all required training.
- For current Navigator awardees under opportunity CA-NAV-13-001, this section should describe the progress already made with regards to currently approved activities and how the applicant plans to continue, or to improve or expand upon these activities as a result of receiving funding through this second opportunity.

3. Ensuring Privacy and Security of Consumer Personally Identifiable Information (PII)

Protecting consumers' personally identifiable information is of great importance and applicants should demonstrate the ability to ensure consumers are protected. Applicants should develop and include with their application a plan to protect the privacy and security of consumers' personally identifiable information that includes a discussion of the following:

- How the applicant intends to comply with FFM privacy and security standards and to use computers, including laptops or tablets, in accordance with those standards and 45 C.F.R. § 155.260. The privacy and security standards for current Navigator awardees under opportunity CA-NAV-13-001 can be found here: <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/privacy-and-security-terms-and-conditions-6-4-14.pdf>; and
- Process for ensuring staff and volunteers complete all required training related to ensuring privacy and security of consumer PII, including training on compliance with FFM privacy and security standards.
- Process for ensuring that Marketplace applicants (1) are informed of the functions and responsibilities of Navigators; (2) provide authorization prior to a Navigator's obtaining access to a Marketplace applicant's personally identifiable information; and (3) may revoke at any time the authorization provided to the Navigator.

Applicants should discuss how they plan to ensure that staff performing Navigator duties will protect consumer PII. Discussion should include:

- Plans for training staff on how to receive, secure, and handle PII or other sensitive data, and
- Process for evaluating staff qualifications for receiving, securing, and handling PII or other sensitive data.
- While applicants are not required to conduct background checks on staff that will perform Navigator duties or have access to sensitive information or PII, applicants that include a discussion of plans to do so may receive a higher score in this category than applicants that do not. Any discussion of background checks should include a discussion of what would be considered to be adverse findings, such as identification of an

individual who has been debarred or sanctioned from any Federal programs, or a finding of past criminal charges against an individual, and what action would be taken with respect to any adverse findings. Recommended background checks for applicant staff carrying out Navigator duties include all of the following:

- Office of Inspector General (OIG) Sanction Check
 - OIG has a list that identifies individuals who are debarred/sanctioned from participating on any Federal programs.
- Criminal Background Investigation
 - This type of investigation can include a national criminal database search, as well as a locality search (to include Federal, District & County Court and criminal records check).
- State-required Background Check
 - This can include any investigations required of Navigators under state law.
- Current Navigator awardees under opportunity CA-NAV-13-001 should include a discussion of their track record handling and protecting consumer PII.

4. Accomplishments

Applicants must include information regarding the individual, entity, or consortium's track record and accomplishments involving the activities outlined below. If the applicant is a consortium, information for each member should be included.

- Developing and maintaining relationships with key stakeholders including employers and employees, consumers (including uninsured and underinsured consumers), and self-employed individuals likely to be eligible for enrollment in a QHP;
- Assisting consumers, including those from vulnerable populations, with the process of obtaining health care eligibility determinations and obtaining health coverage, including experience as a Navigator in an FFM or State Partnership Marketplace, if applicable;
- Conducting public education and outreach activities;
- Providing information and services to individuals with varying levels of education and financial and health literacy in a manner that is culturally and linguistically appropriate; and
- Working with individuals with limited English proficiency, individuals with disabilities, populations underserved in the current private health insurance market, and vulnerable populations.
- Current Navigator awardees under opportunity CA-NAV-13-001 should identify which of these accomplishments were achieved as a result of receiving Navigator funding.

5. Expertise of Personnel

Applicants must provide information on the total number of all staff, including full-time, part-time, and volunteer staff, as well as a description of staff expertise with the Health Insurance Marketplace and/or the private health insurance market, conducting public education and outreach activities, assisting consumers in obtaining health coverage determinations, finding available health insurance options (including public programs), and working with individuals with limited English proficiency, individuals with disabilities, the populations underserved in the current private health insurance market, and vulnerable populations. Applicants must also discuss personnel expertise demonstrating the ability to perform work that is culturally and linguistically appropriate and work that is accessible to individuals with disabilities. If selected for award, applicants will be required to submit a plan to ensure personnel comply with the conflict of interest provisions in 45 C.F.R. § 155.215. For current Navigator awardees, under opportunity CA-NAV-13-001, applications should describe the level of expertise in personnel both before and after receipt of the Navigator funding, including how their Navigators meet the requirements set forth in 45 C.F.R. §§ 155.210 and 155.215, and describe how additional funding through this opportunity will be used for new activities related to developing staff expertise, for example, training staff that the entity expects to add during the period of any new grant, or conducting recertification training for all existing staff.

C. Work Plan and Timeline (maximum of three pages)

A timeline is required for achievement of project goals and objectives consistent with those outlined in the project narrative. The work plan submitted with the application should document plans for use of the funds as well as associated timeframes, including time spent completing the HHS-provided training and examination prior to performing any Navigator-related functions. Prior Navigator grantees who receive a new grant will also be required to undergo recertification training. Applicants should identify by name and title the individual(s) responsible for accomplishing the goals of the project.

D. Budget and Budget Narrative (maximum of three pages)

Applicants should submit a budget with appropriate budget line items, as well as a narrative that identifies and describes the funding needed to accomplish the cooperative agreement's goals. For the budget recorded on form SF-424A, applicants should outline the total amount requested by line item category, as well as provide an overall total requested. The SF-424A must be fully completed. The Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF-424A, including a breakdown of costs for each activity/cost within the line item. The proportion of the requested funding designated for each activity should be clearly defined and justify the applicant's readiness to receive funding. This will include providing complete explanations and justifications for the proposed activities. Applicants must include specific salary rates if planning to use cooperative agreement funds to pay for salaries. The

budget must separate out funding that is administered directly by the lead individual or entity from funding that will be subcontracted to others, including consortium partners.

If the applicant intends to serve multiple States, a separate Budget Narrative should be submitted for each State; however, only one SF-424A may be submitted and should include the total funds requested for each line item category, as well as an overall total cooperative agreement request. For all applicants, a contingency plan should be included for use in the event that they receive less than the total amount of funds requested. Contingency plans should include an explanation of how the intended service area or program model will be adjusted if the applicant does not receive the total amount of funds requested. The contingency plan should include details on how staffing, project scope, and activities would be modified, and the budget reconstructed, if the application is not fully funded. When applying to serve multiple States, also discuss how the service area or program model will be adjusted if the applicant does not receive the total amount of funds requested, including how reductions in staffing, project scope, and fund disbursement will occur should the applicant not be funded to serve all proposed service areas.

As part of each application for funding, applicants must request funding only for activities not currently being funded/supported by prior funding. Awards made under this funding opportunity should not supplant any existing funding, including funding provided under *PPHF-2013-Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges*, number CA-NAV-13-001. Current Navigator awardees should distinguish activities to be funded through this opportunity from those currently being funded through 2013 Navigator cooperative agreement awards. Applicants must also attest that they are not seeking Navigator grant funding for activities that are already funded under section 1311(a) of the Affordable Care Act.

The budget presentation must include the following:

- Estimated budget total
- Total estimated funding requirements for each of the following line items, and a breakdown for each line item:
 - Personnel;
 - Fringe benefits;
 - Contractual costs, including subcontract contracts;
 - Equipment (including personal computers, scanners for consumers to use in uploading consumer supporting documentation to accompany applications, wireless cards if necessary, and any materials necessary for staff to ensure no consumer Personally Identifiable Information (PII) is compromised while performing Navigator duties);
 - Supplies;

- Travel (including costs associated with performing outreach and education and traveling to assist consumers in more remote regions of the State, if applicable);
- Other costs (such as rent and other costs that will not fit in any of the previous categories);
- Indirect charges, in compliance with the Code of Federal Regulations (See Section VI. 2, *Administrative and National Policy Requirements* for a complete list of regulations and cost principles for this funding announcement). If requesting indirect costs in the budget, a copy of the current indirect cost rate agreement is required.
- Provide budget notes for major expenditures and notes on personnel costs and major contractual costs.
- Completion of the Budget Form 424A remains a requirement for consideration of your application. This estimated budget presentation is an important part of your proposal and will be reviewed carefully by HHS staff.

For more information on completing the budget narrative, please see Appendix 1, Guidance for Preparing a Budget Request and Narrative in Response to SF 424A.

Completing the SF-424A:

All applicants must submit an SF-424A. To fill out the budget information requested on form SF-424A, review the general instructions provided for the SF-424A and follow the instructions outlined below.

Section A – Budget Summary

- *Grant Program Function or Activity* (column a) = Enter “Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces” in row 1.
- *New or Revised Budget, Federal* (column e) = Enter the Total Federal Budget Requested for the 1-year project period in rows 1 and 5.
- *New or Revised Budget, Non-Federal* (column f) = Enter Total Amount of any Non-Federal Funds Contributed (if applicable) in rows 1 and 5.
- *New or Revised Budget, Total* (column g) = Enter Total Budget Proposed in rows 1 and 5, reflecting the sum of the amount for the Federal and Non-Federal Totals.

Section B – Budget Categories

- Enter the total costs requested for each Object Class Category (Section B, number 6) for the 1-year project period.
- Column (1) = Enter Year 1 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total

for direct and indirect charges for all year 1 line items should be entered in column 1, row k (sum of row i and j).

- Column (5) = Enter total costs for the project period for each line item (rows a-h), direct total costs (row i), and indirect costs (row j). The total costs for all line items should be entered in row k (sum of row i and j). The total in column 5, row k should match the total provided in Section A – Budget Summary, New or Revised Budget, column g, row 5.

3. Submission Dates and Times

All cooperative agreement applications must be submitted electronically and be received through <http://www.grants.gov> by 1:00 p.m. Eastern Daylight Time on the respective due date.

Required Letter of Intent due date – June 30, 2014

Application due date – July 10, 2014

The anticipated announcement date for cooperative agreement awards will be September 8, 2014.

4. Intergovernmental Review

Applications for these cooperative agreements are not subject to review by States under Executive Order 12372 “Intergovernmental Review of Federal Programs” (45 C.F.R. Part 100). Please check box “C” on item 19 of the SF-424 (Application for Federal Assistance) as Review by States under Executive Order 12372 does not apply to these cooperative agreements.

5. Funding Restrictions

No cooperative agreement funds awarded under this solicitation may be used for any item listed under the Prohibited Uses of Grant Funds as detailed below:

Awards issued by the Department of Health and Human Services through the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces funding opportunity may **not** be used for any of the following:

- A.** To cover the costs to provide direct health care services to individuals.
- B.** To match any other Federal funds.
- C.** To provide services, equipment, or support that are the legal responsibility of another party under Federal or State law (such as vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.

- D.** To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
- E.** To cover any pre-award costs.
- F.** To carry out services that are the responsibility of the Marketplace, such as eligibility determinations and transferring enrollment information for consumers to a QHP, or to carry out any functions already funded through federal Marketplace Establishment grants under section 1311(a) of the Affordable Care Act.
- G.** To assist consumers residing in a state with a State-based Marketplace (See Section VIII. 2, *State Reference List*) or in a state the Navigator does not serve. FFM/State Partnership Marketplace Navigators may provide these consumers with basic information about Marketplace, but should refer them to Navigators, the Marketplace Call Center, and other resources within the state where the consumer resides for more in-depth assistance.
- H.** To expend funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body.
- I.** To fund staff retreats or promotional giveaways.
- J.** To purchase gifts or gift cards, or promotional items that market or promote the products or services of a third party, that would be provided to any applicant or enrollee.

V. APPLICATION REVIEW INFORMATION

In order to receive a cooperative agreement under this FOA, applicants must submit an application, in the required format, no later than the deadline date.

If an applicant does not submit all of the required documents and does not address each of the topics described below, the application will be disqualified.

As indicated in Section IV. 2, *Content and Form of Application Submission*, all applicants must submit the following:

1. Standard Forms
2. Cover Letter
3. Project Abstract
4. Copy of Previously Submitted Letter of Intent
5. Project Narrative
6. Work Plan and Timeline
7. Budget and Budget Narrative(s)

1. Criteria

In order to receive a cooperative agreement award, an eligible entity, individual, or consortium must submit a proposal to operate as a Navigator. Successful applicants are required to

demonstrate that they will use cooperative agreement funds to, at a minimum, carry out all statutory and regulatory duties, as found in section 1311(i) of the Affordable Care Act, and 45 C.F.R. §§ 155.210 and 155.215, of a Navigator for the entire length of the grant period, including: maintaining expertise in eligibility, enrollment, and program specifications; conducting public education activities to raise awareness about the Marketplace; providing information and services in a fair, accurate, and impartial manner; facilitating selection of a QHP; providing referrals to any applicable office of health insurance consumer assistance or ombudsman established under Section 2793 of the Public Health Service Act, or any other appropriate State agency or agencies, to address consumer grievances, questions, or complaints about their health plan, coverage, or a determination; providing information in a manner that is culturally and linguistically appropriate and accessible to individuals with disabilities consistent with the requirements set forth at 45 C.F.R. § 155.215; and complying fully with the training and conflict of interest requirements set forth at 45 C.F.R. § 155.215. Current Navigator awardees, funded under *PPHF -2013-Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges*, number CA-NAV-13-001, should identify themselves as such in their project narratives and include information on their current Navigator awards as outlined under each element below.

The review criteria are as follows (based on 200 points):

Type of entity (individual, organization, or consortium) and description of the community(ies) or group(s) the applicant expects to serve (40 points)

- Description, including the organizational structure of an entity or consortium, and location of the applying entity **(5 points)**
- Location and description of community(ies) expected to be served, including State(s) and a list of all applicable county(ies), and why the applicant expects to primarily serve the(se) community(ies) **(10 points)**
- Description of how the applicant intends to assist the uninsured and underinsured in the proposed targeted community(ies), the number of people they expect to serve, and the percentage of the State's uninsured population accounted for by the targeted community(ies)⁸. The description should also include the applicant's goals for number of individual Navigators trained. Applicants proposing to serve multiple areas of a state, or multiple states, are also expected to describe how they will balance their efforts among the different areas based on the uninsured populations in those areas. **(5 points)**
- Description of plans to maintain a physical presence in the Marketplace service area, in accordance with the recently finalized rule, so that in-person,

⁸ For assistance in determining the number of people and percentage of the State's uninsured population, applicants are encouraged to refer to the American Community Survey data on the uninsured available at <http://www.cms.gov/Outreach-and-Education/Outreach/HIMarketplace/Census-Data-.html>.

face-to-face assistance can be provided to Marketplace applicants and enrollees⁹. **(5 points)**

- Detailed demonstration of established community relationships, or the ability to readily establish relationships, with uninsured and underinsured consumers in the community(ies) expected to be targeted **(15 points)**

Scope of activities (50 points)

For current Navigator awardees, under opportunity CA-NAV-13-001, this section should describe the progress **already made** with regards to the below mentioned scope of activities and whether or how the applicant plans to improve or build upon these activities as a result of receiving funding through this second opportunity.

The applicant’s plan must demonstrate how the applicant will:

- Maintain and execute expertise in eligibility, enrollment, and program specifications **(5 points)**
- Conduct public education activities in the community(ies) the applicant is proposing to serve to raise awareness about the Marketplace. CMS strongly encourages applicants to conduct in-person education and outreach activities. **(5 points)**
- Provide fair, accurate, and impartial information and services, including providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process **(5 points)**
- Facilitate selection of a QHP **(5 points)**
- Make referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the Public Health Service Act, or any other appropriate State agency or agencies, to assist enrollees with grievances, complaints, or questions about their health plan, coverage, or a determination related to their coverage **(5 points)**

⁹ As noted in the final rule and its preamble, Navigators in FFMs or State Partnership Marketplaces are required only to maintain a physical presence in the Marketplace service area, and are not required to maintain their “principal” place of business in the Marketplace service area, where “principal” place of business is interpreted to mean that an entity could have only one principal place of business nationwide, similar to the legal concept that may be used in determining corporate citizenship for purposes of establishing diversity jurisdiction in Federal court, as required under 28 U.S.C. 1332(c).

- Reach specific populations within the community(ies) or group(s) the applicant expects to serve, including individuals with limited English proficiency, populations underserved in the current health insurance market, consumers who would be served by Small Business Health Options Programs (SHOPs), and vulnerable populations **(5 points)**
- Utilize existing and/or developing new relationships with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a QHP **(10 points)**
- Comply with all statutory and regulatory requirements applicable to the Navigator program, as set forth in 45 C.F.R. §§ 155.210 and 155.215, for the entire length of the cooperative agreement period **(10 points)**

Ensuring Privacy and Security of Consumer Personally Identifiable Information (PII) (35 points)

Current Navigator awardees under opportunity CA-NAV-13-001 should include a discussion of their track record handling and protecting consumer PII.

- Applicants should develop and include with their application a to protect the privacy and security of consumers’ PII that includes a discussion of the following:
 - How the applicant intends to comply with FFM privacy and security standards and to use computers, including laptops or tablets, in accordance with those standards and 45 C.F.R. § 155.260. The privacy and security standards for current Navigator awardees under opportunity CA-NAV-13-001 can be found here: <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/privacy-and-security-terms-and-conditions-6-4-14.pdf> **(5 points)**
 - Process for ensuring staff and volunteers complete all required training, including training on ensuring privacy and security of consumer PII and complying with FFM privacy and security standards. **(5 points)**
 - Process for ensuring that Marketplace applicants (1) are informed of the functions and responsibilities of Navigators; (2) provide authorization prior to a Navigator’s obtaining access to a Marketplace applicant’s personally identifiable information; (3) may revoke at any the authorization provided to the Navigator. **(5 points)**
- Applicants should discuss how they plan to ensure that staff performing Navigator duties will protect consumer PII. Discussion should include:

- Plans for training staff on how to receive, secure, and handle PII or other sensitive data, **(10 points)** and
- Process for evaluating staff qualifications for receiving, securing, and handling PII or other sensitive data. **(10 points)**
 - While applicants are not required to conduct background checks on staff that will perform Navigator duties or have access to sensitive information or PII, applicants that include a discussion of plans to do so may receive a higher score in this category than applicants that do not. Any discussion of background checks should include a discussion of what would be considered to be adverse findings, such as identification of an individual who has been debarred or sanctioned from any Federal programs, or a finding of past criminal charges against an individual, and what action would be taken with respect to any adverse findings. Recommended background checks for applicant staff carrying out Navigator duties include all the following:
 - Office of Inspector General (OIG) Sanction Check
 - OIG has a list that identifies individuals who are debarred/sanctioned from participating on any Federal programs.
 - Criminal Background Investigation
 - This type of investigation can include a national criminal database search, as well as a locality search (to include Federal, District & County Court and criminal records check).
 - State-required Background Check
 - This can include any investigations required of Navigators under state law.

Accomplishments (25 points)

For current Navigator awardees, under opportunity CA-NAV-13-001, please distinguish accomplishments made as a result of receiving Navigator funding from accomplishments made prior to and separate from the Navigator award.

Applicant's track record and accomplishments in:

- Developing and maintaining relationships with key stakeholders within community(ies) or group(s) the applicant expects to serve including

employers and employees, consumers (including uninsured and underinsured consumers) and/or self-employed individuals **(5 points)**

- Assisting consumers, including those from the vulnerable populations the applicant intends to serve, in obtaining health care eligibility determinations and obtaining health insurance coverage **(5 points)**
- Conducting public education and outreach activities **(5 points)**
- Providing information and services to individuals with varying levels of education and financial and health literacy in a manner that is culturally and linguistically appropriate **(5 points)**
- Working with individuals with limited English proficiency, individuals with disabilities, the populations underserved in the current health insurance market, and vulnerable populations **(5 points)**

Expertise of personnel (20 points)

For current Navigator awardees, under opportunity CA-NAV-13-001, applicant should describe the level of expertise in personnel both before and after receipt of the Navigator funding, and how additional funding through this opportunity will be used for new activities related to developing staff expertise, including training newly hired staff and/or recertifying current staff.

Staff Expertise in:

- The private health insurance market and the Health Insurance Marketplace, including prior experience serving as a Federal Navigator **(5 points)**
- Conducting public education and outreach activities, including developing a marketing and communication plan **(5 points)**
- Assisting consumers in obtaining eligibility determinations for health coverage and enrolling in health coverage **(5 points)**
- Working with individuals with limited English proficiency, individuals with disabilities, populations underserved in the current health insurance market, and vulnerable populations **(5 points)**

Budget (30 points)

For current Navigator awardees, under opportunity CA-NAV-13-001, this section should focus on activities which will be completed if selected for a second Navigator award. The funding for these activities must not overlap with the funding provided for current Navigator activities.

- Completeness of budget (to include SF-424A and Budget Narrative(s))

- Completeness/quality of explanations and justifications provided in Budget Narrative(s) **(5 points)**
- Completion of a separate Budget Narrative for each State the applicant intends to serve **(3 points)**
- Inclusion of a contingency plan discussing how the service area or program model will be adjusted if the applicant does not receive the total amount of funds requested, including how reductions in staffing, project scope, and fund disbursement will occur should the applicant not be funded to serve all proposed service areas.. **(5 points)**
- Reasonableness of requesting funding according to tasks proposed
 - Funds requested are reasonable in light of the number of consumers applicant estimates serving while carrying out all required duties**(5 points)**
 - Funds requested are reasonable based on geographic location of applicant’s proposed service area **(5 points)**
 - Ability to maximize funding received and used towards carrying out required Navigator duties **(5 points)**.
- Statement of assurance that funding from this opportunity will not be used for activities already funded through section 1311(a) of the Affordable Care Act or section 2793 of the Public Health Service Act, including to make payments to other types of Marketplace enrollment and eligibility assisters that are funded through section 1311(a) of the Affordable Care Act or to recipients of funds awarded to States under Consumer Assistance Program grants **(2 points)**.

2. Review and Selection Process

A team consisting of qualified, unbiased experts will review all applications. The review process will include the following:

- Applications will be screened to determine eligibility for further review using the criteria detailed in Section III, *Eligibility Information*, of this solicitation.
- An evaluation rubric will be developed by HHS, which will consist of critical elements identified in Section V, *Application Review Information*, of this solicitation. This evaluation rubric will be used by qualified, unbiased experts in their review of all applications. Applicants will receive a score of up to 200 points. The objective review panel may include federal reviewers and/or non-federal reviewers.
- The results of the objective review of applications by qualified experts will be used in conjunction with the other factors noted in the FOA (See Section II. 7, *Factors Affecting Application Selection*) to determine the technical merit of the applications and advise the approving HHS official. Final award decisions will be made by a HHS

program official. In making these decisions, the HHS program official will take into consideration: the regulatory requirement that there be at least two types of Navigators in each Marketplace and that one of these Navigators be a community and consumer-focused nonprofit; populations the applicant expects to serve; ranking of the applicant based upon recommendations of the review panel; reviews for programmatic and grants management compliance, to include performance under a current Navigator award; pre-award business review; the reasonableness of the estimated cost to the government and anticipated results; and the likelihood the proposed cost will result in the benefits expected.

- Successful applicants will receive one cooperative agreement award.
- Unsuccessful applicants will be advised by letter or electronic mail (sent to the individual signing the application on behalf of the organization) that its application will not be held for further consideration or be funded. The decision not to award a grant, or to award a grant at a particular funding level, is discretionary and is not subject to appeal to any OPDIV or HHS official or board.

3. Anticipated Award Date

The anticipated award date is September 8, 2014.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

Successful applicants will receive a Notice of Award (NoA) signed and dated by the HHS Grants Management Officer. The NoA is the document authorizing the grant award and will be issued to the applicant as listed on the SF-424 and available to the organization through the online grants management system used by CMS and awardee organizations. Any communication between HHS and applicants prior to issuance of the NoA is not an authorization to begin performance of a project.

Unsuccessful applicants will be notified by letter, sent electronically or through the U.S. Postal Service to the applicant as listed on its SF-424, within 30 days of the award date.

2. Administrative and National Policy Requirements

The following standard requirements apply to applications and awards under this FOA:

- Specific grant administrative requirements, as outlined in 45 C.F.R. Part 74 and 45 C.F.R. Part 92, apply to this cooperative agreement opportunity.

- All awardees receiving awards under this cooperative agreement project must comply with all applicable Federal statutes relating to nondiscrimination, including, but not limited to:
 - a. Title VI of the Civil Rights Act of 1964,
 - b. Section 504 of the Rehabilitation Act of 1973,
 - c. The Age Discrimination Act of 1975, and
 - d. Title II, Subtitle A of the Americans with Disabilities Act of 1990.
- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant’s original grant application or agreed upon subsequently with HHS, and may not be used for any prohibited uses.
- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project. All cooperative agreement budgets must include some funding to facilitate participation on the part of individuals who have a disability or long-term illness and their families.

Cooperative Agreements are administered in accordance with the following program requirements, regulations, policies, and cost principles:

- The criteria as outlined in this grant announcement and in Affordable Care Act Section 1311(i) and 45 C.F.R. §§ 155.210 and 155.215.
- Administrative Regulations for Grants:
 - 45 C.F.R. Part 74, Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations.
 - 45 C.F.R. Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments.
- Grants Policy:
 - HHS Grants Policy Statement, Revised 01/07.
- Cost Principles:
 - Title 2, Code of Federal Regulations: Grants and Agreements, Part 220 – Cost Principles for Educational Institutions (previously OMB Circular A-21)
 - Title 2, Code of Federal Regulations: Grant and Agreements, Part 225— Cost Principles for State, Local, and Indian Tribal Governments (previously OMB Circular A-87).
 - Title 2, Code of Federal Regulations: Grant and Agreements, Part 230— Cost Principles for Non-Profit Organizations (previously OMB Circular A-122).
 - 48 C.F.R. subpart 31.2—Contracts with Commercial Organizations
- Audit Requirements:

- OMB Circular A-133, Audits of States, Local Governments, and Non-profit Organizations.

Indirect Costs

If requesting indirect costs, a currently effective Indirect Cost Rate Agreement will be required. Applicants are required to use the rate agreed to in the Indirect Cost Rate Agreement. However, if there is not an agreed-upon rate, the award (if the applicant is selected) may not include an amount for indirect costs unless the individual or organization has never established an indirect cost rate (usually a new recipient) and intends to establish one. In such cases, the award shall include a provisional amount equaling one-half of the amount of indirect costs requested by the applicant, up to a maximum of ten percent of direct salaries and wages (exclusive of fringe benefits). If the recipient fails to provide a proposal by the required date and time (See Section IV. 3, *Submission Dates and Times*), indirect costs paid in anticipation of establishment of a rate will be disallowed. See the Health and Human Services Grants Policy Statement at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf> for more information.

The provisions of 2 C.F.R. Part 220 (previously OMB Circular A-21), 2 C.F.R. Part 225 (previously OMB Circular A-87), 2 C.F.R. Part 230 (previously OMB Circular A-122), and 48 C.F.R. subpart 31.2 govern reimbursement of indirect costs under this solicitation.

3. Terms and Conditions

Note to prospective applicants and grantees: The 2014 Navigator Cooperative Agreement will not include funding from the Prevention and Public Health Fund which is a change from how the Navigator program was funded in 2013. If you are a recipient of a *PPHF-2013-Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges*, and you receive a Navigator award in 2014, you are responsible for fulfilling all Terms and Conditions (including reporting requirements) associated with your 2013 Navigator award through full expenditure of the 2013 funding in addition to complying with all Terms and Conditions associated with your 2014 Navigator Notice of Award.

This solicitation is subject to the *Department of Health and Human Services Grants Policy Statement (HHS GPS)* at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>. Standard and special terms of award will accompany the NoA. Potential applicants should be aware that special requirements could apply to cooperative agreement awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA). Awardees must also agree to respond to requests that are necessary for the evaluation of national efforts and provide data on key elements of their own cooperative agreement activities.

HHS may terminate any CMS award for material noncompliance. Material noncompliance includes, but is not limited to, violation of the terms and conditions of the award; failure to perform award activities in a satisfactory manner; improper management or use of award funds; or fraud, waste, abuse, mismanagement, or criminal activity.

All recipients must ensure that they avoid conflicts of interest in the award and administration of subaward contracts. As a result of award, recipients must adhere to the requirements outlined in the uniform administrative requirements. Applicants subject to 45 CFR Part 74 must comply with sections 74.42, Codes of conduct, and 74.43, Competition. Applicants subject to 45 CFR Part 92 must comply with section 92.36, Procurement standards.

4. Cooperative Agreement Terms and Conditions of Award

The following special terms of award are in addition to, and not in lieu of, otherwise applicable OMB administrative guidelines:

- OMB cost principles at 2 CFR Part 220 (previously OMB Circular A-21); Cost Principles for Educational Institutions;
- 2 CFR Part 225 (previously OMB Circular A-87); Cost Principles for State, Local, and Indian Tribal Governments;
- 2 CFR Part 230 (previously OMB Circular A-122); Cost Principles for Non-Profit Organizations;
- 48 CFR subpart 31.2—Contracts with Commercial Organizations; HHS grant administration regulations at 45 CFR Parts 74 and 92 (Part 74 is applicable when higher education, hospitals, other nonprofit organizations, and commercial organizations are eligible to apply and Part 92 is applicable when State, local, and Tribal Governments are eligible to apply); and
- Other HHS and PHS grant administration policies.

The administrative and funding instrument used for this program will be a Cooperative Agreement, an assistance mechanism in which substantial HHS programmatic involvement with the recipient is anticipated during the performance of the activities. Under each Cooperative Agreement, HHS' purpose is to support and stimulate the recipient's activities by involvement in, and otherwise working jointly with, the award recipient in a partnership role. To facilitate appropriate involvement during the period of this Cooperative Agreement, HHS and the recipient will be in contact at least once a month, and more frequently when appropriate.

Cooperative Agreement Roles and Responsibilities are as follows:

Department of Health and Human Services

HHS will have substantial involvement in program awards, as outlined below:

- Technical Assistance – HHS will host opportunities for training and/or networking, including conference calls and other vehicles.
- Collaboration – To facilitate compliance with the terms of the Cooperative Agreement and to support recipients more effectively, HHS will actively coordinate with other relevant Federal Agencies including but not limited to the Indian Health Service, the Internal Revenue Service, the Department of Homeland Security, the Administration for Children and Families, and the Social Security Administration.
- Program Evaluation – HHS will work with recipients to implement lessons learned to continuously improve this program and the nation-wide implementation of Marketplace Navigator Programs.
- Project Officers and Monitoring – HHS will assign specific Project Officers to each Cooperative Agreement award to support and monitor recipients throughout the period of performance. HHS Grants Management Officers, Grants Management Specialists, and Project Officers will monitor, on a regular basis, progress of each recipient. This monitoring may be by phone, document review, on-site visit, other meeting and by other appropriate means, such as reviewing program progress reports and Federal Financial Reports (FFR or SF-425). This monitoring will be to determine compliance with programmatic and financial requirements.

Recipients

Recipients and assigned points of contact retain the primary responsibility and dominant role for planning, directing and executing the proposed project as outlined in the terms and conditions of the Cooperative Agreement and with substantial HHS involvement. Recipients shall engage in the following activities:

- State and Marketplace Requirements – comply with applicable state law and all applicable current and future requirements of the Marketplace, including those issued through rulemaking and guidance specified and approved by the Secretary of HHS.
- Collaboration and Sharing – collaborate with the critical stakeholders listed in this funding opportunity and the HHS team, including the assigned Project Officer. Recipients serving consumers in a State that is engaging actively with the federal government in the operation of certain aspects of the FFM in a Consumer Assistance State Partnership Marketplace (these recipients will be notified in the cooperative agreement terms and conditions provided with the NoA) may also be required to collaborate with any State agency helping to oversee the day-to-day management of the Navigator program.
- Reporting – comply with all reporting requirements outlined in this funding opportunity and the terms and conditions of the Cooperative Agreement to ensure the timely release of funds.
- Program Evaluation – cooperate with HHS-directed national program evaluations.
- Participate in technical assistance venues as appropriate.

- Program Standards – comply with all applicable current and future Marketplace and Marketplace Navigator standards, as detailed in regulations, guidance, and the cooperative agreement terms and conditions provided with the NoA.

Intellectual Property

As a term and condition of a grant award, under 45 CFR Part 74.36 and 45 CFR Part 92.34, the Federal awarding agency will retain a royalty-free, nonexclusive, irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, for Federal Government purposes: (a) the copyright in any work developed under a grant, subgrant or contract under a grant or subgrant, and (b) any rights of copyright to which grantee, subgrantee, or a contractor purchases ownership with grant support.

5. Reporting

A. Progress Reports

Awardees must agree to cooperate with any Federal evaluation of the program and must provide required weekly, monthly, quarterly, and final (at the end of the cooperative agreement period) reports in a form prescribed by CMS, as well as any additional reports as required. Reports will be submitted electronically. These reports will outline how cooperative agreement funds were used, describe program progress, describe any barriers encountered including how any potential conflicts of interest were mitigated and process for handling non-compliant staff or volunteers, describe how the program ensured access to culturally and linguistically appropriate services, and detail measurable outcomes to include how many staff and volunteers completed required training and became certified as Navigators and how many consumers were served. CMS will provide the format for program reporting and the technical assistance necessary to complete program reporting requirements. At each stage, CCIIO staff will evaluate reports and provide feedback to recipients.

The applicant will not include PII in any weekly, monthly, quarterly, or final reports to HHS. In addition, the applicant must ensure compliance with the standards adopted by the FFM/State Partnership Marketplace pursuant to 45 C.F.R. § 155.260 when providing Navigator services to consumers involving the use of PII. The data privacy and security standards for current Navigator awardees under opportunity CA-NAV-13-001 can be found here:

<http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/privacy-and-security-terms-and-conditions-6-4-14.pdf>. Additional details, including the due dates for the quarterly and final reports, will be provided in the terms and conditions of award.

B. Financial Reports

The Federal Financial Report (FFR or Standard Form 425) has replaced the SF-269, SF-269A, SF-272, and SF-272A financial reporting forms. All grantees must utilize the FFR to report cash transaction data, expenditures, and any program income generated.

Grantees must report on a quarterly basis cash transaction data via the Payment Management System (PMS) using the FFR in lieu of completing a SF-272/SF-272A. The FFR, containing cash transaction data, is due within 30 days after the end of each quarter. The quarterly reporting due dates are as follows: 4/30, 7/30, 10/30, 1/30. A Quick Reference Guide for completing the FFR in PMS is at: www.dpm.psc.gov/grant_recipient/guides_forms/ffr_quick_reference.aspx.

Within 90 calendar days of the budget/project period end date, grantees must also report on the FFR their expenditures and any program income generated in lieu of completing a Financial Status Report (FSR) (SF-269/SF-269A). Expenditures and any program income generated should only be included on the final FFR. Additional information will be included in the standard and special terms and conditions of award.

C. Transparency Act Reporting Requirements

Awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by Section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at www.fsrs.gov).

D. Audit Requirements

Grantees must comply with the audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at www.whitehouse.gov/omb/circulars.

E. Payment Management Requirements

Grantees must submit a quarterly electronic SF-425 via the Payment Management System. The report identifies cash expenditures against the authorized funds for the cooperative agreement. Failure to submit the report may result in the inability to access cooperative agreement funds. The SF-425 Certification page should be faxed to the PMS contact at the fax number listed on the SF-425, or it may be submitted to:

Division of Payment Management
HHS/ASAM/PSC/FMS/DPM
PO Box 6021
Rockville, MD 20852
Telephone: 1-877-614-5533

VII. AGENCY CONTACTS

1. Programmatic Questions

For programmatic questions about the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces, please email: navigatorgrants@cms.hhs.gov.

2. Administrative Questions

For administrative questions about the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces, please email: Grants@cms.hhs.gov.

VIII. APPENDICES

1. Guidance for Preparing a Budget Request and Narrative in Response to SF 424A

Introduction

This guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by ensuring that the required or needed information is provided. This is to be done for the 12-month project period. Applicants should be careful to request funding only for activities that will be funded by this specific funding opportunity, *Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces*. Any other grant funding provided by HHS, including previously awarded Navigator Cooperative Agreements, should not be supplanted by funds issued through this opportunity.

Applicants must request funding only for activities not already funded/supported by a previous award. Awards should support separate activities and new federal funding should not be supplanted by prior federal funding. In the budget request, applicants should distinguish between activities that will be funded under this Cooperative Agreement application and activities funded with other sources. Other funding sources include: *PPHF-2013-Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges*, other HHS grant programs, and other federal funding sources as applicable.

A. (Personnel) Salaries and Wages

For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Sample Budget

Personnel Total \$ _____
Navigator Grant \$ _____
Funding other than Navigator Grant \$ _____
Sources of Funding _____

| <u>Position Title and Name</u> | <u>Annual</u> | <u>Time</u> | <u>Months</u> | <u>Amount Requested</u> |
|---|---------------|-------------|---------------|-------------------------|
| <i>Project Coordinator</i> <i>Susan Taylor</i> | \$45,000 | 100% | 12 months | \$45,000 |
| <i>Finance Administrator</i> <i>John Johnson</i> | \$28,500 | 50% | 12 months | \$14,250 |

Outreach Supervisor \$27,000 100% 12 months \$27,000
 (Vacant*)

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in-service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data; responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to HHS. This position relates to all program objectives.

B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

Sample Budget

Fringe Benefits Total \$ _____
 Navigator Grant \$ _____
 Funding other than Navigator Grant \$ _____
 Sources of Funding _____

25% of Total salaries = Fringe Benefits

If fringe benefits are not computed by using a percentage of salaries, itemize how the amount is determined.

| | | |
|---------------------------------------|--------|----------|
| Example: Project Coordinator — Salary | = | \$45,000 |
| Retirement 5% of \$45,000 | = | \$2,250 |
| FICA 7.65% of \$45,000 | = | 3,443 |
| Insurance | = | 2,000 |
| Workers' Compensation | = | |
| | Total: | _____ |

C. Travel

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Travel for other participants, advisory committees,

review panel, etc. should be itemized in the same way specified below and placed in the “Other” category. Travel incurred through a contract should be shown in the contractual category.

In-State Travel—Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. The mileage rate cannot exceed the rate set by the General Services Administration (GSA). If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Costs for per diem/lodging cannot exceed the rates set by GSA. Include the cost of ground transportation when applicable. Please refer to the GSA website by using the following link <http://www.gsa.gov/portal/content/104877>.

Out-of-State Travel—Provide a narrative justification describing the same information requested above. Include HHS meetings, conferences, and workshops, if required by HHS. Itemize out-of-state travel in the format described above.

Sample Budget

Travel (in-State and out-of-State) Total \$ _____
 Navigator Grant \$ _____
 Funding other than Navigator Grant \$ _____
 Sources of Funding _____

Sample In-State Travel Budget

In-State Travel:

| | | |
|--|---|----------|
| <i>1 trip x 2 people x 500 miles r/t x .27/mile</i> | = | \$270 |
| <i>2 days per diem x \$37/day x 2 people</i> | = | 148 |
| <i>1 nights lodging x \$67/night x 2 people</i> | = | 134 |
| <i>25 trips x 1 person x 300 miles avg. x .27/mile</i> | = | 2,025 |
| <i>Total</i> | | \$ 2,577 |

Sample Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend an eligibility conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation. This travel furthers our efforts to accomplish specific project goals for the following reasons

Sample Out-of-State Travel Budget

Out-of-State Travel:

| | | |
|--|---|-------|
| <i>1 trip x 1 person x \$500 r/t airfare</i> | = | \$500 |
|--|---|-------|

| | | |
|--|---|-------|
| <i>3 days per diem x \$45/day x 1 person</i> | = | 135 |
| <i>1 night's lodging x \$88/night x 1 person</i> | = | 88 |
| <i>Ground transportation 1 person</i> | = | 50 |
| | | Total |
| | | \$773 |

Sample Justification

The Project Coordinator will travel to HHS, in Atlanta, GA, to attend the HHS Conference. This travel furthers our efforts to accomplish specific project goals for the following reasons

D. Equipment

Equipment is tangible nonexpendable personal property, including exempt property, charged directly to the award having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, lower limits may be established. Technology items such as computers that do not meet the \$5,000 per unit threshold or an alternative lower limit set by recipient policy that may therefore be classified as supplies, must still be individually tagged and recorded in an equipment/technology database. This database should include any information necessary to properly identify and locate the item. For example: serial # and physical location of equipment (e.g. laptops, tablets, etc.).

Provide justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the "Other" category. All IT equipment should be uniquely identified. Show the unit cost of each item, number needed, and total amount.

Sample Budget

Equipment Total \$ _____
Navigator Grant \$ _____
Funding other than Navigator Grant \$ _____
Sources of Funding _____

| <u>Item Requested</u> | <u>How Many</u> | <u>Unit Cost</u> | <u>Amount</u> |
|--|-----------------|------------------|-----------------------|
| <i>[Example] All-in-one Printer, Copier, and Scanner (large scale)</i> | <i>1 ea.</i> | <i>\$5,800</i> | <i>\$5,800</i> |
| <i>[Example] X-Ray Machine</i> | <i>1 ea.</i> | <i>\$8,000</i> | <i><u>\$8,000</u></i> |
| | | <i>Total</i> | <i>\$13,800</i> |

Sample Justification

[Provide complete justification for all requested equipment, including a description of how it will be used in the program. For equipment and tools which are shared among programs, please cost allocate as appropriate. Applicants should provide a list of hardware, software and IT equipment which will be required to complete this effort. Additionally, they should provide a list of non-IT equipment which will be required to complete this effort.]

E. Supplies

Supplies includes all tangible personal property with an acquisition cost of less than \$5,000 per unit or an alternative lower limit set by recipient policy. Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

| | |
|---------------------------------|--|
| | <i>Supplies Total</i> \$ _____ |
| | <i>Navigator Grant</i> \$ _____ |
| | <i>Funding other than Navigator Grant</i> \$ _____ |
| <i>Sources of Funding</i> _____ | |

| | | |
|---|---|----------------|
| <i>Laptop Computer</i> | = | <i>\$1,000</i> |
| <i>Printer</i> | = | <i>\$200</i> |
| <i>General office supplies (pens, pencils, paper, etc.)</i> | | |
| <i>12 months x \$240/year x 10 staff</i> | = | <i>\$2,400</i> |
| <i>Educational Pamphlets (3,000 copies @) \$1 each</i> | = | <i>\$3,000</i> |
| <i>Educational Videos (10 copies @ \$150 each)</i> | = | <i>\$1,500</i> |

Sample Justification

General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.

F. Consultant/Contractual Costs

All consultant/contractual costs should include complete descriptions and cost breakdowns – for each consultant or contract. The following information, outlined below, should also be provided for each consultant or contract.

REQUIRED REPORTING INFORMATION FOR CONSULTANT HIRING

This category is appropriate when hiring an individual who gives professional advice or provides services (e.g. training, expert consultant, etc.) for a fee and who is not an employee of the grantee organization. Submit the following required information for consultants:

1. Name of Consultant: Identify the name of the consultant and describe his or her qualifications.
2. Organizational Affiliation: Identify the organization affiliation of the consultant, if applicable.
3. Nature of Services to be Rendered: Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to HHS.
4. Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.
5. Number of Days of Consultation: Specify the total number of days of consultation.
6. Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per diem, and supplies.
7. Justification of expected rates: Provide a justification for the rate, including examples of typical market rates for this service in your area.
8. Method of Accountability: Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

REQUIRED INFORMATION FOR CONTRACT APPROVAL

All recipients must submit to HHS the following required information for establishing a third-party contract to perform project activities.

1. Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.

4. Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks to be performed by the contractor as related to the accomplishment of program objectives. Deliverables should be clearly defined.
5. Method of Accountability: How will the contractor be monitored? Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. Copies of the actual contracts should not be sent to HHS, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

G. Construction (not applicable)

H. Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Sample Budget

Other Total \$ _____
 Navigator Grant \$ _____
 Funding other than Navigator Grant \$ _____
 Sources of Funding _____

| | | |
|---|---|--------------------|
| Telephone (\$ ___ per month x ___ months x #staff) | = | <u>\$ Subtotal</u> |
| Postage (\$ ___ per month x ___ months x #staff) | = | <u>\$ Subtotal</u> |
| Printing (\$ ___ per x ___ documents) | = | <u>\$ Subtotal</u> |
| Equipment Rental (describe) (\$ ___ per month x ___ months) | = | <u>\$ Subtotal</u> |
| Internet Provider Service (\$ ___ per month x ___ months) | = | <u>\$ Subtotal</u> |
| Word Processing Software (@ \$400—specify type) | = | <u>\$ Subtotal</u> |

[Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If the item is not self-explanatory and/or the rate is excessive, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).]

Sample Justification

We are requesting costs to accommodate telephone and internet costs for the 3 new hires that will be working on this project in the new space designated. We are also requesting printing and postage costs to support producing fliers to disseminate in the community and brochures to educate participants enrolled in the program. The word processing software will be used to help us track data and compile reports. To track and compile the data, we will need to rent _____. Without this equipment, we will not be able to produce this information in an accurate and timely manner.

I. Total Direct Costs \$_____

Show total direct costs by listing totals of each category.

J. Indirect Costs \$_____

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the Cognizant Federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

Sample Budget

The rate is ____% and is computed on the following direct cost base of \$_____.

| | |
|-----------------|---------------------------------------|
| | Personnel \$ _____ |
| | Fringe \$ _____ |
| | Travel \$ _____ |
| | Supplies \$ _____ |
| | Other \$ _____ |
| Total \$ | x ____% = Total Indirect Costs |

If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

2. State Reference List

The following States will have a FFM or a State Partnership Marketplace for benefit year 2015. Applicants may propose to serve consumers in any of the States listed below.¹⁰

Alabama
Alaska
Arizona
Arkansas
Delaware
Florida
Georgia
Illinois
Indiana
Iowa
Kansas
Louisiana
Maine
Michigan
Mississippi
Missouri
Montana
Nebraska
New Hampshire
New Jersey
North Carolina
North Dakota
Ohio
Oklahoma
Pennsylvania
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
West Virginia
Wisconsin
Wyoming

¹⁰ Should a state not currently included in this list revert from a State-based Marketplace to a FFM or SPM, CMS will determine how to address funding for a Navigator program in this state at that time.

3. Application Check-Off List

Required Contents

A complete proposal consists of the materials organized in the sequence below. Please ensure that the project narrative is page-numbered and the following forms are completed with an electronic signature and enclosed as part of the proposal:

- SF-424: Application for Federal Assistance
- SF-424A: Budget Information
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities
- Project Site Location Form
- Cover Letter
- Copy of Previously Submitted Letter of Intent
- Project Abstract
- Project Narrative
- Work Plan and Timeline
- Budget and Budget Narrative(s)