

QUESTION SUBMISSION FORM

Utilize this form to submit questions to Covered California regarding the Navigator Grant Application. Please refer to **Section 7.2.4** of the Request for Applications for instructions on completing and submitting this form.

Please complete the following information:

| | | | |
|---------------------------|--|---------------|--|
| Date: | | | |
| Organization Name: | | | |
| Contact Name: | | Title: | |
| Email: | | | |
| Phone Number: | | | |

Please provide a description of the subject or issue in question or discrepancy found and reference the specific section and page number:

Please email this completed form to: grantinfo@ccgrantsandassistors.org

Thank you for your interest in Covered California's Navigator Grant Program.