### A.2 Primary and Subcontractor Letter of Intent (LOI) to Participate

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is your organization applying as a collaborative applicant where you are a lead agency with subcontractors (Yes or No)?  If no, you are not using subcontractors please skip ahead and do not complete this section.  If yes, complete this section for each subcontractor. This form is REQUIRED if the Applicant is applying as a collaborative (lead agency with subcontractors). This must be filled out for EACH subcontractor. For example, if you have five subcontractors you will be partnering with, then you will have five forms to submit. If you have not finalized your selection of subcontractors, please fill in this section with as much information as possible and be sure to indicate your intended partnerships in Section B.1.3, Proposed Personnel. | | | | | | | | | | | |
| Subcontractor 1 | | | | | | | | | | | |
| Organization Full and Legal Name: | |  | | | | | | | | | |
| Federal Employer ID Number: | |  |  | **-** |  |  |  |  |  |  |  |
| Name of Executive Director, CEO or other person authorized to enter into contractual obligation: | |  | | | | | | | | | |
| Title: | |  | | | | | | | | | |
| Physical Address of Primary Office: | |  | | | | | | | | | |
| City: | |  | | | | | | | | | |
| Zip: | |  | | | | | | | | | |
| Mailing Address of Primary Office: | |  | | | | | | | | | |
| City: | |  | | | | | | | | | |
| Zip: | |  | | | | | | | | | |
| Office Phone Number: | | ( ) | | | | | | | | | |
| Alternate Phone Number: | | ( ) | | | | | | | | | |
| Fax Number: | | ( ) | | | | | | | | | |
| Email Address: | |  | | | | | | | | | |
| Website Address: | |  | | | | | | | | | |
| Is the Organization a CEE in the In-Person Assistance Program? Yes / No | | If Yes, what is the 10-Digit CEE #:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Please provide information for the Primary Contact for this Subcontractor | | | | | | | | | | | |
| Primary Contact Person: |  | | | | | | | | | | |
| Title: |  | | | | | | | | | | |
| Physical Address: |  | | | | | | | | | | |
| City: |  | | | | | | | | | | |
| Zip: |  | | | | | | | | | | |
| Office Phone Number: | ( ) | | | | | | | | | | |
| Alternate Phone Number: | ( ) | | | | | | | | | | |
| Fax Number: | ( ) | | | | | | | | | | |
| Email Address: |  | | | | | | | | | | |
| Website Address: |  | | | | | | | | | | |

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| **Category** | |
|  | **American Indian Tribe or Tribal Organization** |
|  | **Chamber of Commerce** |
|  | **City, County or Local Government Agency** |
|  | **Commercial Fishing, Industry Organization** |
|  | **Community College or University** |
|  | **Faith-Based Organization** |
|  | **Indian Health Services Facility** |
|  | **Labor Union** |
|  | **Licensed Attorney** |
|  | **Non-Profit Community Organization** |
|  | **Ranching and Farming Organization** |
|  | **Resource Partners of the Small Business Administration** |
|  | **Safety-Net Clinic** (including Community Clinics, Free Clinics, FQHC, FQHC Look-Alikes, IHS Direct Services Clinics, IHS 638 Contracting or Compacting Clinics, IHS Urban Indian Health Centers) |
|  | **School District** |
|  | **Tax Preparer as defined in Section 2251(a)(1)(A) of the Business and Professions Code** |
|  | **Trade, Industry, or Professional Organization** |
|  | **Other (Specify)** |

**Documentation of Eligibility includes**

The applicant and each subcontractor (if using subcontractors), will need to submit the following:

IRS Determination Letter of your organization’s 501(c)3 or 501(d) status, if applicable.

All entities must provide Federal Tax Identification Number and any corresponding status determination on official letterhead.

### A.2.1 Primary and Subcontractor Partnership Agreement

This Letter of Intent to Participate stands as evidence that the “Lead Agency” ***(Insert applicant agency)*** and the “Subcontractor” ***(Insert subcontractor agency)*** intend to work together as a “Collaborative” to conduct outreach, education and enrollment activities to California’s uninsured populations under the auspices of the Covered California Navigator Grant Program. If selected, both agencies will participate in the implementation of the Navigator Grant Program, as proposed in the Application and all relevant attachments. Both agencies understand and acknowledge the following:

* + - 1. *Lead Agency:* It is the responsibility of the Lead to verify that all Subcontractors meet the eligibility requirements of this grant and to report activity on behalf of the Collaborative, inclusive of all subcontractors.
      2. *Subcontractor:* It is the responsibility of the Subcontractor to report all activity and expenses to the Lead as outlined in the reporting requirements of this Application.
      3. *Collaborative:* The **Lead** and **Subcontractor(s)** will work cooperatively to plan and execute the Strategic Workplan as outlined in the Collaborative’s Application, Applicant Worksheets, and all relevant attachments. The **Lead** and **Subcontractor(s)** will implement and monitor activities to reach enrollment goals per the Agreement.

The **Lead** and the **Subcontractor** attest that both agencies:

* Have read the Navigator Grant Program Request for Application and all related documents;
* Understand the expectations and verify that they have the capacity and expertise necessary to deliver the outlined services as identified in the Application.
* Have read the regulations set forth at 10 CCR section 6650 et seq, and at 45 C.F.R. section 155.210.

We, the undersigned, as authorized representatives of ***(Insert applicant agency)*** and ***(Insert subcontractor agency),*** do hereby support the submission of this application.

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|  |  |  |
|  |  |  |
| *Authorized Signature from Lead* |  | *Authorized Signature from Subcontractor* |
|  |  |  |
|  |  |  |
| Name of Lead Signatory |  | Name of Subcontractor Signatory |
|  |  |  |
| Date |  | Date |