



COVERED
CALIFORNIA

Navigator Program Request for Application
June 30, 2014

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1 EXECUTIVE SUMMARY

The California Health Benefit Exchange, hereafter referred to as Covered California, is the state's marketplace for the federal Patient Protection and Affordable Care Act. Individuals and small businesses can shop the marketplace for affordable and high quality health insurance plans. In addition, Covered California helps individuals determine whether they are eligible for premium assistance, cost sharing reductions or other insurance affordability programs such as low-cost or no-cost Medi-Cal. For more information on Covered California, visit www.CoveredCA.com.

Covered California is announcing a Navigator Program with up to \$16,900,000 in grant funds available for the grant award period of October 1, 2014 through June 30, 2015 to enroll an estimated 130,700 Covered California subsidy eligible consumers. Eligible organizations may apply for funds to conduct outreach, education, enrollment assistance and post enrollment services on behalf of Covered California. Navigator Program Activities include:

- Informing Covered California subsidy eligible consumers of the availability and benefits of obtaining health care coverage;
- Promoting the value of purchasing health care coverage;
- Motivating consumers to act;
- Helping consumers to shop and compare plans;
- Facilitating enrollment into Covered California Health Insurance Plans;
- Assisting consumers with the Covered California renewal process; and
- Providing post enrollment support to Covered California consumers.

Covered California is looking to engage organizations with experience providing outreach to California's diverse populations and proven success enrolling consumers in health care programs. Covered California is seeking innovative proposals that include the use of store fronts or other on-going permanent locations where Covered California subsidy eligible consumers can receive enrollment assistance outside of normal business hours. Navigator Grantees will provide outreach and education throughout the grant award period, assist California consumers with the enrollment application process during the annual Open Enrollment period of November 15, 2014 through February 15, 2015 or during the Non-Open Enrollment Period for those individuals with a qualifying event.

Covered California has established two funding pools for the Navigator Program, the Regional Funding Pool and Targeted Funding Pool. Covered California anticipates awarding up to \$14,650,000 in grants to reach an estimated 100,700 new Covered California subsidy eligible consumers. Covered California is allocating an additional \$2,250,000 for a bonus pool that is estimated to reach an additional 30,000 Covered California subsidy eligible consumers. Grantees who meet their enrollment goals would be eligible for a \$7,500 bonus payment for each additional 100 effectuated enrollments. Covered California anticipates awarding a combination of grants in both the Regional and Targeted funding pool.

Organizations will be selected through a competitive grant application process. Applications will be evaluated based on the best overall value and most effective enrollment strategies. Grant applicants must comply with the Enrollment Assistance Program regulations. Interested organizations are encouraged to carefully consider the information contained in this document and review the resources on our stakeholder website at <http://hbex.coveredca.com/navigator-program/>.

2 NAVIGATOR GRANT PROGRAM

2.1 PURPOSE OF THE NAVIGATOR PROGRAM

The Navigator Program is a requirement of the Patient Protection and Affordable Care Act of 2010. The Navigator Program will be funded from revenue generated by Covered California.

An entity that serves as a Navigator must carry out the Navigator Program Activities described in the Enrollment Assistance Program regulations (CCR Chapter 12 Article 8 Section 6664), including but not limited to:

1. Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange;
2. Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs;
3. Facilitate selection of a Covered California Health Plan;
4. Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the Public Health Services 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;
5. Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, 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;
6. Prior to receiving access to any consumer's personally identifiable information, inform the consumer of their role and responsibilities and obtain the consumer's authorization to access their personal information;
7. Comply with the privacy and security requirements in 45 C.F.R. 155.260; and
8. Provide post enrollment support to ensure successful enrollment and retention, including increasing health literacy, assisting with renewals, and educating consumers on how to avoid disenrollment for non-payment.

2.2 PURPOSE OF THIS REQUEST FOR APPLICATION

The purpose of this Request for Application is to solicit applications from interested organizations to participate in the Navigator Program. Organizations selected will work with Covered California to develop a strategic workplan for their region and/or target market segments that will leverage existing relationships within their communities to reach eligible consumers to enroll them in Covered California Health Plans. This strategic workplan will take into account the aggressive enrollment goals and establish an outreach and education strategy that incorporates a staffing plan to accomplish the goals of Covered California. The strategic workplan should include a plan to conduct outreach and education throughout the grant term with enrollment activities concentrated during Open Enrollment.

Once the strategic workplan has been developed and approved by Covered California, the Navigator Grantee will implement the activities identified in the strategic workplan, and Covered California will disperse the 1st payment, equivalent to 25% of the grant award, to the Navigator Grantee.

2.2.1 REGIONAL GROUND CAMPAIGNS

Grantees will be required to participate in Covered California’s Regional Ground Campaign efforts upon request. These ground campaign efforts will involve strategy development and collaboration with Certified Insurance Agents, Outreach and Education Grantees, other Navigator Grantees, and local stakeholders. Regional meetings will be held to ensure a shared vision, goals and objectives of reaching Covered California’s subsidy eligible consumers. Navigator Grantees may take the lead in coordinating these efforts upon mutual agreement with Covered California.

2.3 GRANT AWARD PERIOD

The grant award period is from October 1, 2014 through June 30, 2015. Grantees who meet their enrollment goals may be offered a 1 year extension, if funding is available. During the entire term of the Agreement, Navigator Grantees will perform outreach and education activities. The majority of enrollment activities will occur during the 3-month Open Enrollment period from November 15, 2014 through February 15, 2015 for the 2015 benefit year beginning January 1, 2015. However, Navigator Grantees will also provide enrollment assistance for consumers who have a qualifying life event and are eligible for a Special Enrollment Period. Applicant strategic workplans should reflect the concentration of activity during this period and an understanding of Covered California’s aggressive enrollment goals.

2.4 FUNDING POOLS

Covered California has allocated up to \$16,900,000 in grant funds to reach an estimated 130,700 Covered California subsidy eligible consumers. Up to \$14,650,000 will be awarded to the two funding pools established by Covered California. An additional \$2,250,000 million may be awarded through the bonus pool for the Navigator Program:

- **Regional Funding Pool:** Funding to conduct Navigator Program Activities within six established regions; and
- **Targeted Funding Pool:** Funding to conduct Navigator Program Activities to hard-to-reach populations.
- **Bonus Pool:** Grantees who meet their enrollment goals will be eligible for a \$7,500 bonus payment for each additional 100 effectuated enrollments, as long as funding is available.

	Targeted Funding Pool	Regional Funding Pool
Purpose	Engage entities or collaboratives with access to targeted segments of the population that share common characteristics such as language, ethnicity or employment sector.	Engage entities or collaboratives to reach eligible consumers in each of the six established regions of the state.
Target Populations	Populations with high levels of uninsured, such as the hard-to-reach, young adults, and those with limited English proficiency	Six regions: North, Bay Area, Central California, Los Angeles/Orange County, Inland, and San Diego
Grant Award Size	\$50,000 - \$1 million	

Applicants may submit Applications to both the Regional and Targeted Funding Pools. Please see **Section 3.5 – Grant Application Submission** for more information.

2.4.1 TARGETED FUNDING POOL

The Targeted Funding Pool is based on non-geographic factors to reach those market segments and populations that have significantly high rates of uninsured individuals. Examples of Target Markets include:

- Hard-to-move populations with high numbers of uninsured (e.g. young adults) who are unlikely to obtain health care coverage because they do not understand the value of having coverage;
- Populations with Limited English Proficiency;
- College students;
- LGBTQ individuals;
- Culturally diverse populations and communities, such as Native American Indians, Latinos, Asians, Asian Pacific Islanders, and African Americans;
- Families with mixed immigration status; and
- Employment sectors in which there are high numbers of uninsured workers, including but not limited to:
 - Construction;
 - Restaurant and other food services;
 - Crop production;
 - Elementary and secondary schools;
 - Grocery stores;
 - Truck transportation;
 - Real Estate;
 - Automotive repair and maintenance;
 - Child day care services;
 - Traveler accommodation;
 - Hospitals;
 - Investigation and security services; and
 - Independent artists, performing arts, spectator sports and related industries.

Covered California anticipates funding allocations for each targeted population will be based on the estimated distribution of the uninsured individuals in the targeted population and the number of consumers that the applicant is proposing to reach.

2.4.2 REGIONAL FUNDING POOL

Covered California has established a Regional Funding Pool to support Navigator functions in the following six regions: North, Bay Area, Central California, Los

Angeles/Orange County, Inland, and San Diego. The Regional Funding Pool ensures that all regions of the state benefit from the Navigator Program, while also directing adequate resources to those regions with the greatest number of Californians eligible to enroll. Applicants are strongly encouraged, but not required, to cover all areas of a region. However, on occasion, Covered California may ask organizations selected for funding to attend an event in any area of the region.

The Regional Funding Pool is intended to encourage regional collaborations, including established and emerging partnerships, to submit joint proposals to reach Covered California's target markets within a single region. Covered California anticipates funding allocations for each region based on the number of consumers likely to enroll.

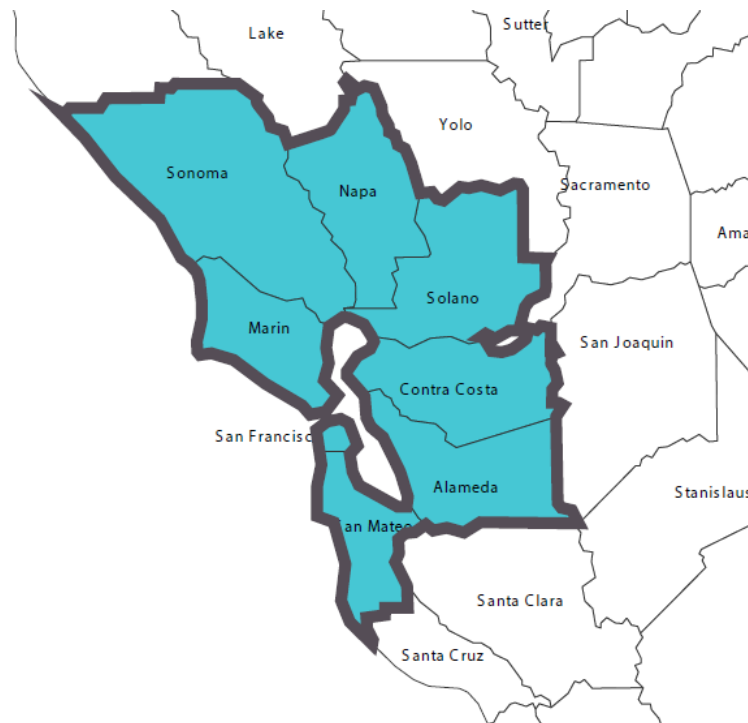
The maps below show the six regions in the Regional Funding Pool and the counties in each region.



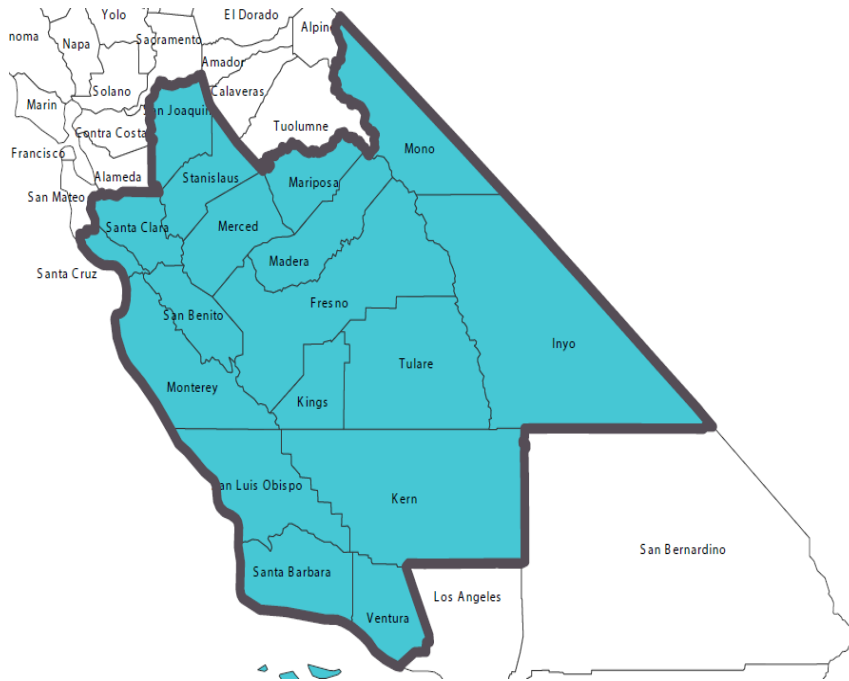
NORTHERN CALIFORNIA REGION



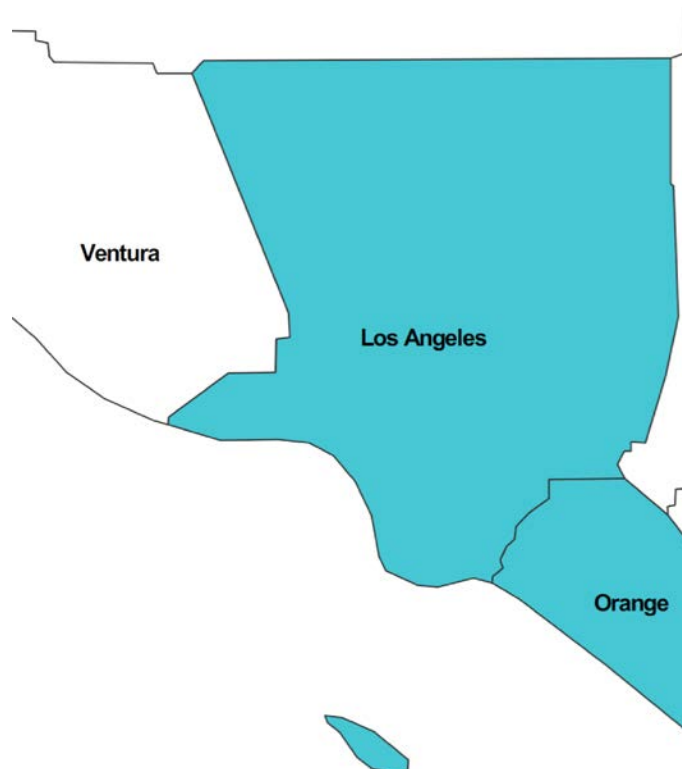
BAY AREA REGION



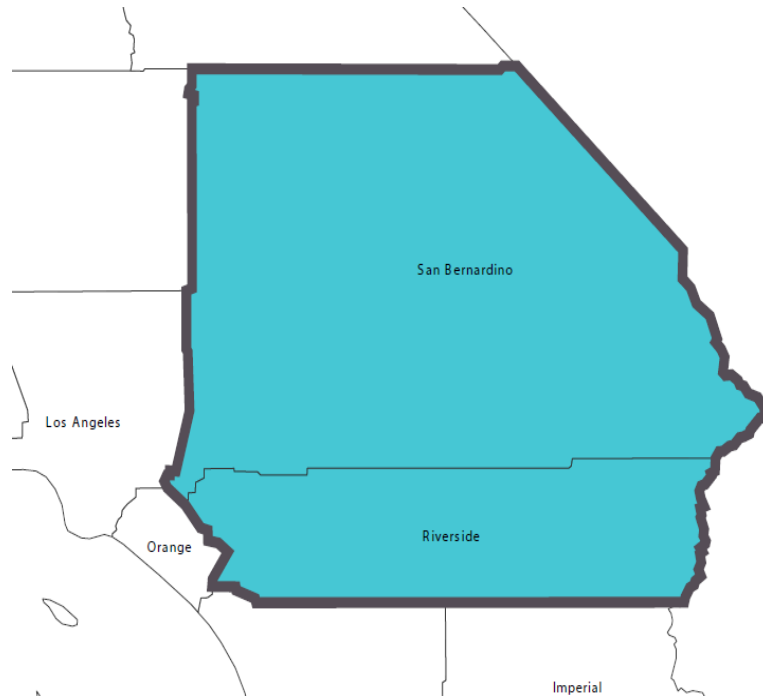
CENTRAL CALIFORNIA REGION



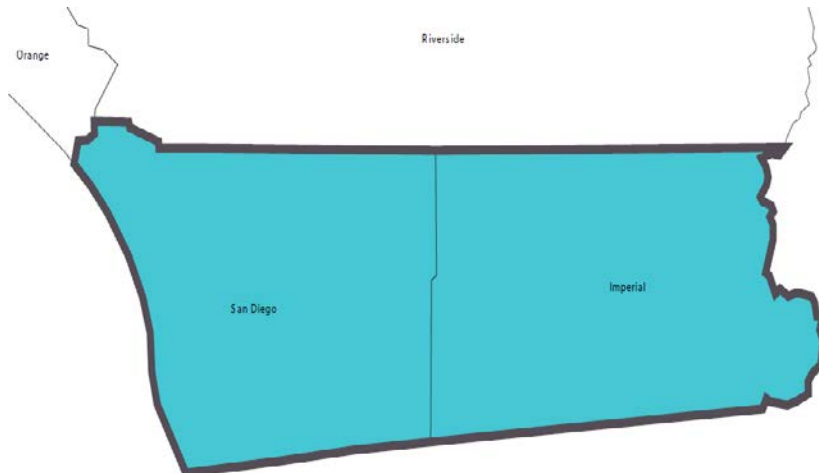
LOS ANGELES/ORANGE COUNTY REGION



INLAND REGION



SAN DIEGO REGION



2.5 ELIGIBLE ENTITIES

All Navigator Program Applicants must meet the following eligibility criteria as described below and in compliance with the Enrollment Assistance Program regulations:

- Demonstrate that the entity has existing relationships, or could readily establish relationships, with Covered California subsidy eligible consumers and self-employed individuals likely to be eligible for enrollment in a Covered California Health Plan;
- Meet any licensing, certification or other standards prescribed by Covered California;
- Not have a conflict of interest during the term as a Navigator Grantee; and
- Comply with the privacy and security requirements in 45 C.F.R. 155.260.
- .

Covered California welcomes Applications from organizations and entities that meet these criteria and also demonstrate proven experience in consumer outreach, education and enrollment. For collaborative Applicants, it is the responsibility of the lead agency to verify that all sub-contractors meet the eligibility requirements of this grant. In compliance with the Affordable Care Act, Covered California will select at least one Navigator Grantee that is a community-focused nonprofit, and an additional qualified entity as identified by the list below.

Entities Eligible for Navigator Grants
American Indian Tribes or Tribal Organizations
Chambers of Commerce
City, County and Local Government Agencies
Commercial Fishing Industry Organizations
Community Colleges and Universities
Faith-Based Organizations
Indian Health Services Facilities
Labor Unions
Licensed Attorneys
Non-Profit Community Organizations
Ranching and Farming Organizations
Resource Partners of the Small Business Administration
Safety-Net Clinics (including Community Clinics, Free Clinics, FQHC, FQHC Look-Alikes, IHS Direct Services Clinics, IHS 638 Contracting or Compacting Clinics, IHS Urban Indian Health

Entities Eligible for Navigator Grants

Centers)

School Districts

Tax Preparers as defined in Section 22251(a)(1)(A) of the Business and Professions Code

Trade, Industry, and Professional Organizations

2.6 COLLABORATIVE APPLICATIONS AND USE OF SUBCONTRACTORS

Covered California encourages applicants to submit collaborative applications. Collaborative applications should identify existing or emerging partnerships that can demonstrate operational readiness and the ability to meet aggressive enrollment goals. Collaborative applications should identify a lead organization, and list all other collaborative partners as subcontractors. It is the sole responsibility of the Grantee (lead organization) to ensure subcontractors meet the eligibility criteria and follow all other aspects of the Navigator Program.

If a prospective applicant plans to subcontract any part of this effort, the Grant Application must include the information detailed in **Section A.2 - Subcontractor Information** of the Electronic Grant Application (Attachment I). In addition, the applicant and each Subcontractor must submit a **Subcontractor Letter of Intent to Participate**. There is no provision for re-granting. The use of any subcontractor(s) must be fully explained in the Grant Application.

3 GRANT APPLICATION PROCESS, INSTRUCTIONS AND SCHEDULE

The Grant Application Process is a competitive process through which Covered California can evaluate the strengths and weaknesses of the applicants and make final selections based on the criteria contained in this Grant Application document. The goal of the competitive Grant Application Process is to identify Grantees that will provide the overall best value and most effective activities to meet the goals, objectives and guiding principles of the Navigator Program. Applicants who demonstrate their experience and ability to effectively provide the services sought at a competitive price will be favorably considered for grant funding.

Covered California reserves the right to:

- Accept grant Applications as submitted;
- Reject a grant Application, in whole or in part;
- Reject all grant Applications;
- Cancel the Request For Application; and/or
- Extend the application submission deadline.

3.1 SINGLE POINT OF CONTACT

Applicants may only contact the Single Point of Contact as noted in the Table below for any matters related to this Grant Application unless otherwise indicated.

GRANT APPLICATION SINGLE POINT OF CONTACT

Physical Address	Richard Heath and Associates, Inc. 7625 N. Palm Ave #107 Fresno, CA 93711
Mailing Address	Richard Heath and Associates, Inc. Attn: Covered California Program 7775 N. Palm Ave. Suite 102 - 66 Fresno, CA 93711
Email Address	grantinfo@ccgrantsandassistors.org

3.2 GRANT APPLICATION PROCESS

A multi-step Grant Application process will be used to select the Navigator Grantees. The major steps include:

- Letter of Intent to Respond (Optional)
- Grant Applicant Conference/Webinar (Optional)
- Grant Application Submission (Required)
- Grant Application Evaluation and Selection Process (Required)
- Grant Award (Required)

3.2.1 GRANT APPLICATION SCHEDULE

The following table outlines the tentative schedule for important Activities and Dates. Unless otherwise stated, **the deadline for all scheduled Activities is 5:00 p.m. (PST)** on the specified date. All dates are approximate and subject to change as necessary without an addendum to this Grant Application. Changes will be posted at <http://hbex.coveredca.com/navigator-program/>.

Activity	Approximate Date
Release of Request for Applications	June 30, 2014
Grant Applicant Webinar with Questions and Answers	July 1, 2014
Letter of Intent to Respond Due	July 8, 2014
Round 1 Response to Questions Due	July 8, 2014
Round 1 Response to Questions Received through July 8 Posted on Exchange Website	July 11, 2014
Last Day to Submit Inquiries and Questions	July 15, 2014
Round 2 Response to Questions Received through July 15 Posted on Exchange Website	July 17, 2014
Final Application Submission	July 28, 2014
Grant Application, Evaluation and Selection Process	July 29 – August 26, 2014
Notification of Intent to Award Posted on the Exchange's Website	Beginning August 27, 2014. Covered California reserves the right to award in phases.
Last Day to Submit Protest	Five (5) business days from the date an organization is notified that they were not selected
Navigator Grant Award Period	October 1, 2014 – June 30, 2015

3.2.2 LETTER OF INTENT TO RESPOND

Potential applicants should submit a Letter of Intent to Respond to the Single Point of Contact identified in **Section 3.1 – Single Point of Contact**, by the date and time specified in **Section 3.2.1 - Grant Application Schedule**. The Letter of Intent should conform to the following guidelines:

- Be provided on the organization's letterhead;
- Identify a single contact person, including their first and last name, title, email address and direct phone number;

- Be signed by a person who is authorized to contractually bind the organization in a potential future agreement;
- Indicate the estimated number of consumers that the applicant will enroll during the grant award period; and
- Indicate the funding pool(s) for which the applicant intends to apply, including identification of the target population(s) and/or region(s). Applicants that intend to submit more than one Application should only submit a single Letter of Intent identifying funding pools, regions and/or target populations.

While the Letter of Intent is optional, Covered California strongly encourages organizations to send the Letter of Intent as soon as the entity believes that it will be applying for the Grant Program. A list of organizations that have submitted a Letter of Intent will be posted on Covered California's website to encourage collaboration and partnerships among interested organizations unless an organization requests otherwise in its letter.

The Letter of Intent may be submitted via email or by mail to the Single Point of Contact. **In addition, Applicants that submit a Letter of Intent will receive updates via email regarding the Navigator Program or modifications to the timeline. Such information and modifications to the timeline will also be posted at <http://hbex.coveredca.com/navigator-program/>**

3.2.3 GRANT APPLICATION WEBINAR

Potential applicants are strongly encouraged, but not required, to attend a webinar regarding the Grant Application on July 1, 2014 at 1:30pm. The webinar link will be available at <http://hbex.coveredca.com/navigator-program/>.

Upon request, Covered California will provide reasonable accommodations, including the provision of informational material in an alternative format. Requests for such accommodations must be made at grantinfo@ccgrantsandassistors.org.

3.2.4 GRANTEE QUESTIONS AND CLARIFICATION

Covered California will accept written questions or concerns related to this Grant Application and/or its accompanying materials, instructions, or requirements, until the date and time specified in **Section 3.2.1 – Grant Application Schedule**. Applicants are encouraged to send questions as they arise.

Organizations may submit questions by completing the Grant Program Question Submission Form, located on the website at <http://hbex.coveredca.com/navigator-program/>. The form is to be submitted via e-mail or by mail to the Single Point of Contact. The last day to submit inquiries is **July 15, 2014**. Please reference the "Navigator Program" in the subject line when submitting inquiries.

Questions received after the deadlines are not guaranteed to be answered. Covered California may, at its sole discretion, post responses to questions at the date and time specified in **Section 3.2.1 - Grant Application Schedule**.

Applicants should notify the Single Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error in this Request for Application by the deadline for submitting questions and comments. If an organization fails to notify Covered California of such issues, the organization will submit an Application at their own risk, and if awarded a Grant, the organization:

- Shall have waived any claim of error or ambiguity in this Request for Application;
- Shall not contest the Exchange’s interpretation of such provision(s); and
- Shall not be entitled to additional compensation, relief, or time by reason of the ambiguity, error, or later correction.

If questions or concerns indicate significant problems with the requirements of this Request for Application, Covered California may, at its sole discretion, post clarifications to this Request for Application without an amendment. Clarifications to the Request for Application will be posted at <http://hbex.coveredca.com/navigator-program/>.

3.3 PROTEST PROCESS

A protest may be submitted according to the procedures set forth below. If an organization has submitted an Application which it believes to be responsive to the requirements of the solicitation process and should have been selected, according to **Section 5 – Evaluation Process and Criteria**, and the applicant believes Covered California has incorrectly selected another applicant for the award, the applicant may submit a protest of the selection as described below. Final decisions regarding the selection of Grantees and protests will be at the sole discretion of Covered California’s Executive Director.

All protests must be made in writing, should be signed by an individual who is authorized to contractually bind the applicant, and should contain a statement of the reason(s) for protest, citing the law, rule, regulation or procedures on which the protest is based. The protester should provide facts and evidence to support its claim. Certified or registered mail should be used unless delivered in person, in which case the protester should obtain a receipt of delivery. Protests must be postmarked or delivered in person within five business days after the date on the Letter of Notification of Intent to Award to the address below.

Physical Address	Covered California Attn: Community Relations Division, Navigator Program Manager 1601 Exposition Blvd. Sacramento, CA 95814
Mailing Address	Covered California Attn: Community Relations Division, Navigator Program Manager 1601 Exposition Blvd. Sacramento, CA 95814

3.4 GRANTEE RESOURCES

Applicants are strongly encouraged to review the documents listed below to better understand the eligible populations that qualify for health care coverage. This information is very important for applicants to understand when identifying their geographic areas and/or target populations in their Grant proposal. Additional data and statistical information can be found at <http://hbex.coveredca.com/data-research/>

- UCLA CaSIM 1.9 Model
- NORC Marketing Consumer Baseline/Segmentation Study

These documents, along with other helpful resources such as links to Covered California's partners are posted at <http://hbex.coveredca.com/>.

3.5 GRANT APPLICATION SUBMISSION

Entities are invited to submit a Grant Application for consideration. Applicants must respond to each narrative question completely, and should not reference other sections of the Application to supplement their responses, as each section will be scored independently. Content that is provided beyond the stated character limits for each section will not be reviewed or scored.

Applicants should ensure that their application complies with the instructions contained in this Request for Application document. Materials submitted by proposed applicants will be kept confidential to the extent provided by law. Requests to view and/or obtain copies of Applications submitted by other organizations are exempt from disclosure under the Public Records Act. In addition, Government Code Section 100508(a) (1) exempts from disclosure under the Public Records Act all deliberative processes, communications, or portions of negotiations with entities contracting or seeking to enter into an Agreement with the Exchange and entities with which the Exchange is considering an Agreement. Included within the exemption are evaluation materials, forms and score sheets which are produced during the evaluation process.

Applicants may submit separate Applications to both the Regional and Targeted Funding Pools. An applicant may submit one or more Applications as follows:

- A single Application to the Regional Funding Pool to serve one region;
- Up to 6 Applications to the Regional Funding Pool to serve multiple regions;
- A single Application to the Targeted Funding Pool; or,
- A single Application to the Targeted Funding Pool and up to 6 Applications to the Regional Funding Pool.

An entity may appear on only one Application per funding pool, either as the lead or as a subcontractor. Therefore, the maximum number of Applications that an entity may appear on is seven (7).

In the event an organization submits its Grant Application prior to the due date, the organization may later revise its Application **so long as the revision is received by the due date**. When submitting the revised Grant Application, the revised document will completely replace the prior submission. Organizations must re-submit their Grant Application in its entirety; replacement pages will not be accepted

Covered California has terminated the Navigator Request for Application issued on February 12, 2014. Applications submitted previously will be unlocked and made available for

modifications when the new Request for Application is released. Applicants that applied under the previous Request for Application are able to revise and resubmit their application if they choose. Prior applications are required to be resubmitted to be considered an applicant under this Request for Application.

3.6 SUBMISSION METHOD

Covered California will only accept Applications that are submitted electronically at <http://hbex.coveredca.com/navigator-program/>.

4 STRATEGIC WORKPLAN AND PROJECT COST GUIDELINES

Covered California strongly encourages cost-effective proposals that are likely to achieve significant enrollment of eligible consumers in Covered California Health Plans. The tables below depict potential award amounts, suggested funding allocation, and the projected number of enrollments by award size. Applicants are encouraged, but not required to utilize these figures as project cost guidelines in defining their grant proposals. However, applicants should describe in their proposal barriers in reaching the target population and why the cost to reach that population requires a cost that is different from the benchmarks below. Covered California anticipates that an average of two (2) consumers will enroll on each application, based on historical data.

Suggested Funding Allocation by Grant Size. Flexibility in project cost allocation for activities will be allowed. Caps include 15% Admin., 10% Equipment, and at least 10% on Outreach Activities.

Grant Size	Admin Allowance	Equipment Allowance	Outreach, Education and Media Activities	Enrollment Activities	Post Enrollment & Retention Activities
	15%	10%	25%	30%	20%
\$50,000	\$7,500	\$5,000	\$12,500	\$15,000	\$10,000
\$100,000	\$15,000	\$10,000	\$25,000	\$30,000	\$20,000
\$200,000	\$30,000	\$20,000	\$50,000	\$60,000	\$40,000
\$300,000	\$45,000	\$30,000	\$75,000	\$90,000	\$60,000
\$400,000	\$60,000	\$40,000	\$100,000	\$120,000	\$80,000
\$500,000	\$75,000	\$50,000	\$125,000	\$150,000	\$100,000
\$750,000	\$112,500	\$75,000	\$187,500	\$225,000	\$150,000
\$1,000,000	\$150,000	\$100,000	\$250,000	\$300,000	\$200,000

Suggested Number of Applications and Enrollments by Grant Size

Grant Size	Effectuated Enrollments	Potential # of Consumers Enrolled
	# of Applications	2 People/App
\$50,000	150 - 200	350
\$100,000	300 - 400	700
\$200,000	500 - 800	1,400
\$300,000	900 - 1,200	2,100
\$400,000	1,300 - 1,500	2,800
\$500,000	1,600 - 2,000	3,500
\$750,000	2,100 - 3,000	5,250
\$1,000,000	3,100 - 4,000	7,000

4.1.1 APPROPRIATE USE OF FUNDS

Grantee’s award funding must only be used to conduct the Navigator Program activities and services contained within the Agreement. Funds may be used to perform the following activities: outreach, education, enrollment, and post enrollment support to eligible consumers.

Grantees should concentrate most enrollment-related expenditures during the Open Enrollment period that starts on November 15, 2014 and ends on February 15, 2015. Applicants may choose to allocate grant funds to meet the needs and goals of the organization as long as they are within the guidelines described below.

Outreach Activities

Grantees must allocate a **minimum of 10% of their total grant award** towards outreach activities. Grantees will be required to participate in Covered California’s ground campaign, including attending events at the request of Covered California within the region where the Grantee is funded.

Equipment Expenses

Grantees may procure equipment needed to carry out outreach, education, and enrollment activities with grant funding. **Equipment costs must not exceed 10% of the Grantee’s total grant award, and in no instance shall exceed \$50,000.** Equipment acquired through grant funding must be used solely to carry out the activities and services contained within the Agreement.

Examples of types of equipment that may be necessary to carry out program activities include, but are not limited to: laptops, tablets, desktop computers or printers. Equipment is intended to be used to assist consumers with enrollment, and provide

Grantees with access to web-based tools and systems. All Agreements in which equipment is procured with Navigator Program grant funds must be in compliance with federal and state laws.

Administrative Overhead or Indirect Expenses

Administrative overhead or indirect expenses **must not exceed 15% of the total grant award**. Covered California will cover the cost of fingerprinting and background checks for all staff providing enrollment assistance.

Marketing and Media Costs

Grantees may allocate a portion of their grant toward media and marketing expenses **not to exceed 10% of the total grant award**. Grant funds must be used for the sole purpose of marketing Covered California enrollment opportunities to target Covered California subsidy eligible populations. Expenses must align with the Grantee’s enrollment strategies, as described in their strategic workplan and must be approved in advance by Covered California. An example of an appropriate marketing or media expense would be to advertise a scheduled enrollment event in a local newspaper or through a local radio station. Marketing expenses may not supplant other efforts.

Payment

Payment will be disbursed based on the **payment schedule** below. Enrollment goals will be based on the number of individuals who successfully enroll and effectuate coverage in a Covered California Health Insurance Plan. Effectuation of coverage means that the first premium payment was made. Enrollment into the Medi-Cal Program will not count toward enrollment goals. Covered California reserves the right to withhold payment or reduce the grant award size if deliverables are not achieved.

Estimated Month of Payment	Payment	% Paid of Award	Deliverable
October 2014	25% of award	25%	Strategic workplan detailing outreach, education, enrollment, post-enrollment, and retention support activities and campaign strategy
January - February 2015	25% of award	50%	At the point of reaching 25% of enrollment goal and submission of outreach and education summary report
March - April 2015	25% of award	75%	At the point of reaching 75% of enrollment goal and submission of outreach and education summary report



Estimated Month of Payment	Payment	% Paid of Award	Deliverable
May - June 2015	25% of award + any Bonus Payment	100% + option to extend agreement for 1 year	At the point of reaching 100% of enrollment goal and final report documenting performance of outreach and education activities and campaign strategy

Covered California has established a bonus pool for high enrollment performance. For each additional 100 effectuated individuals enrolled in a Covered California Health Plan, an organization will receive a \$7,500 bonus payment.

Navigator Grantees and subcontractors are no longer eligible for the \$58 for Covered California Health Plan enrollments; however, they are eligible to receive the \$58 for Medi-Cal enrollments, provided funding is available.

4.1.2 INAPPROPRIATE USE OF FUNDS

Any acquisitions made with grant funding shall be in compliance with federal law. The State shall recoup or withhold all or part of a Grantee's funding for failure to comply with the standards set forth in the Standard Agreement upon which the award was based. Navigator Program Grant funds shall not supplant federal, state or private funds allocated to conduct the same or similar work contained within the Standard Agreement.

5 EVALUATION PROCESS AND CRITERIA

5.1 NAVIGATOR GRANT APPLICATION SELECTION CRITERIA

Covered California will select Grantees based on an assessment of the best overall value to implement Navigator Program Activities to Covered California subsidy eligible consumers. Covered California is not required to select the lowest priced Application submitted.

Covered California will thoroughly review responses to this Application. During the evaluation process, Covered California will consider the following:

- Alignment with the Navigator program objectives;
- Degree of innovation, including the use of grant funds on store fronts or other permanent locations where consumers can receive enrollment and renewal assistance outside of normal business hours;
- Evidence demonstrating likely effectiveness of outreach, education, enrollment, and post enrollment strategies; and
- Distinctiveness from other funded activities.

5.2 NAVIGATOR GRANT APPLICATION EVALUATION PROCESS

The evaluation process will use a 100-point rating using the following factors:

- A. (20 Points) Qualifications and References (Section B.1.2 of Attachment I)

- B. (20 points) Proposed Personnel (Section B.1.3 of Attachment I)
- C. (30 points) Statement of Work (Section B.1.4 of Attachment I)
- D. (30 points) Project Costs (Section B.1.5 of Attachment I)

5.3 NAVIGATOR GRANTEE NOTIFICATION

Awards will be based on the evaluation criterion identified in **Section 5.1 – Navigator Grant Application Selection Criteria** Notification of Intent to Award will be sent out on the date and time in **Section 3.2.1 – Grant Application Schedule** and posted at <http://hbex.coveredca.com/navigator-program/>. Awards may be announced in phases.

5.4 ADDITIONAL REQUIREMENTS FOR NAVIGATOR GRANT SELECTION

Organizations selected for a Navigator Grant will be required to submit the following per Section 6656 of the Enrollment Assistance Program regulations:

1. An executed agreement;
2. Proof of general liability insurance with coverage of not less than \$1,000,000 per occurrence with Covered California named as an additional insured, and workers compensation insurance; and
3. A completed STD. 204, payee data record.

In addition, all staff working under the Navigator grant who will be providing enrollment assistance must complete the training and certification requirements to become a Certified Enrollment Counselor as described in Section 6657, 6658, and 6660 of the Enrollment Assistance Program Regulations, including:

1. Submit a completed Certified Enrollment Counselor application;
2. Submit finger printing images;
3. Disclose all criminal convictions and administrative actions taken against the applicant;
4. Complete the required training; and
5. Pass the certification exam.

Applicants are strongly encouraged to review the Enrollment Assistance Program regulations posted at <http://hbex.coveredca.com/navigator-program/> for a complete list of requirements to participate in the Navigator Program.

6 RESOURCES

6.1 WORK PLAN

The spreadsheet to use to submit the strategic workplan deliverable noted in the payment remittance schedule. can be located at <http://hbex.coveredca.com/navigator-program/>, along with a sample strategic workplan for reference on how to complete the spreadsheet.

6.2 OUTREACH AND EDUCATION SUMMARY REPORT

The payment remittance schedule references an outreach and education summary report as a deliverable required for payment remittance. The report form is available for download and reference online at <http://hbex.coveredca.com/navigator-program/>

6.3 ATTACHMENT 1

Attachment I – Navigator Electronic Grant Application

Section A - Applicant Information

This section will be completed by the Applicant once for all funding pools/regions.

A.1 General Applicant Information

- A.1.1 Organization Information
- A.1.2 Primary Contact
- A.1.3 Organization Entity Type and upload Documentation of Eligibility
- A.1.4 Previous Applicant Experience
- A.1.5 Additional Funding
- A.1.6 Requested Funding

A.2 Subcontractor Information and upload Letter of Intent to Participate

Section B – Funding Pool Specific Application Information

This section will be completed for each individual funding pool/region selected.

B.1 Narrative Sections 1 – 5

- B.1.1 Cover Letter
- B.1.2.1 Qualifications
- B.1.2.2 References
- B.1.3 Proposed Personnel
- B.1.4 Approach to Statement of Work
 - B.1.4.1 Target Population
 - B.1.4.2 Navigator Implementation Strategy
 - B.1.4.3 Approach to Project Management and Quality Assurance
- B.1.5 Project Costs

B.2 County Funding Information

B.3 Experience with Target Population

B.4 Subcontractor Assignments

B.5 Applicant Worksheet Uploads

- B.5. Project Cost Allocation Worksheet

SECTION A - APPLICANT INFORMATION

A.1 - General Applicant Information

A.1.1 ORGANIZATION INFORMATION

Organization Full and Legal Name:										
Federal ID Number:			-							
Name of Executive Director, CEO or other person authorized to enter into contractual obligation:										
Title:										
Physical Address of Primary Office:										
City:										
Zip:										
Is Mailing Address same as above? If not, please provide mailing address:										
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 #: _____									

A.1.2 PRIMARY CONTACT

The Primary Contact Person is the person authorized by the applying entity to be a liaison with Covered California. This person is not necessarily the grant writer.

Primary Contact Person:										
Title:										
Physical Address:										
City:										
Zip:										
Office Phone Number:	()									
Alternate Phone Number:	()									
Fax Number:	()									
Email Address:										

A.1.3 ORGANIZATION ENTITY TYPE

Category	
<input type="checkbox"/>	American Indian Tribe or Tribal Organization
<input type="checkbox"/>	Chamber of Commerce
<input type="checkbox"/>	City, County or Local Government Agency
<input type="checkbox"/>	Commercial Fishing, Industry Organization
<input type="checkbox"/>	Community College or University
<input type="checkbox"/>	Faith-Based Organization
<input type="checkbox"/>	Indian Health Services Facility
<input type="checkbox"/>	Labor Union
<input type="checkbox"/>	Licensed Attorney
<input type="checkbox"/>	Non-Profit Community Organization
<input type="checkbox"/>	Ranching and Farming Organization
<input type="checkbox"/>	Resource Partners of the Small Business Administration
<input type="checkbox"/>	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)
<input type="checkbox"/>	School District
<input type="checkbox"/>	Tax Preparer as defined in Section 2251(a)(1)(A) of the Business and Professions Code
<input type="checkbox"/>	Trade, Industry, or Professional Organization

Documentation of Eligibility Upload Here

Allowed Types: **Microsoft Word** (.doc or .docx), **Adobe Acrobat** (.pdf). File must be uploaded as a single document, and must be less than 50 MB.

Documentation of Eligibility includes:

- 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.
- All entities must provide most recent Form 990 or Tax Return

A.1.4 PREVIOUS APPLICANT EXPERIENCE

Provide three (3) examples of experience, current or recent contracts and/or grants, related to Navigator Program activities as identified in this Request for Application. Specifically, describe the Applicant’s experience in motivating consumers to enroll in health care or other programs or services.

Example 1

Project Name:	
Contract/Grant Amount, if applicable:	
Term of Contract:	
Name of Awarding Entity:	
Outreach, Education and Enrollment Goals: (3,000 Character / 1 Page Limit)	
Successful Strategies, Outcomes, and Measurements of Impact and Success: (3,000 Character / 1 Page Limit)	

(This table repeated two additional times, all three examples required)

A.1.5 ADDITIONAL FUNDING

Is the applicant currently a Covered California Outreach and Education Grantee?

Yes No

If yes, please fill in the information below.

Total O&E Grant Award:	\$
Total Projected Expenses through September 2014:	\$
Remaining Grant Award:	\$

Is the applicant currently receiving other funding for Outreach, Education or Enrollment related to health care reform (Medicaid, State Children’s Health Insurance Program, etc) or other programs?

Yes No

If yes, please fill in the information below.

Funding Source:	
Amount:	
Contract Term (Beginning and End Date):	
Please provide a brief description of the activities, including the service area (Counties or other Geographic Areas) of this funding:	
(750 Character Limit)	

ADDITIONAL FUNDING –USERS MAY ADD AS MANY ADDITIONAL SOURCES AS NEEDED

A.1.6 REQUESTED FUNDING

Please indicate the different regions/funding pools from which the applicant intends to apply, and the amount requested for each:

Funding Pool / Region	Amount Requested
<input type="checkbox"/> Targeted Population	\$
<input type="checkbox"/> North Region	\$
<input type="checkbox"/> Bay Area Region	\$
<input type="checkbox"/> Central California Region	\$
<input type="checkbox"/> Los Angeles/Orange County Region	\$
<input type="checkbox"/> Inland Region	\$

<input type="checkbox"/> San Diego Region	\$
Total Requested Funding:	\$ (Calculated Total)

A.2 - Subcontractor Information

Is the applicant applying as a collaborative (lead agency with subcontractors)?

Yes No

If yes, complete this section for each subcontractor. You will be able to assign subcontractors to specific funding pools/regions in Section B. If you have not finalized your selection of subcontractors, do not fill in this section. Instead, indicate your intended partnerships in Section B.1.3, Proposed Personnel.

Subcontractor 1

Organization Full and Legal Name:	
Federal 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:	

Subcontractor 1 (continued)

Category	
<input type="checkbox"/>	American Indian Tribe or Tribal Organization
<input type="checkbox"/>	Chamber of Commerce
<input type="checkbox"/>	City, County or Local Government Agency
<input type="checkbox"/>	Commercial Fishing, Industry Organization
<input type="checkbox"/>	Community College or University
<input type="checkbox"/>	Faith-Based Organization
<input type="checkbox"/>	Indian Health Services Facility
<input type="checkbox"/>	Labor Union
<input type="checkbox"/>	Licensed Attorney
<input type="checkbox"/>	Non-Profit Community Organization
<input type="checkbox"/>	Ranching and Farming Organization
<input type="checkbox"/>	Resource Partners of the Small Business Administration
<input type="checkbox"/>	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)
<input type="checkbox"/>	School District
<input type="checkbox"/>	Tax Preparer as defined in Section 2251(a)(1)(A) of the Business and Professions Code
<input type="checkbox"/>	Trade, Industry, or Professional Organization

Subcontractor Letter of Intent to Participate Upload Here

Allowed Types: **Microsoft Word** (.doc or .docx), **Adobe Acrobat** (.pdf). File must be uploaded as a single document, and must be less than 50 MB.

Documentation of Eligibility Upload Here

Documentation of Eligibility includes:

- 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.
- All entities must provide most recent Form 990 or Tax Return

Allowed Types: **Microsoft Word** (.doc or .docx), **Adobe Acrobat** (.pdf). File must be uploaded as a single document, and must be less than 50 MB.

A.2 Subcontractor Information: Letter of Intent to Participate Upload

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:

- a. *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.
- b. *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.
- c. *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 deliverables and verify that they have the capacity and expertise necessary to deliver the outlined services as identified in the Application.

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

Authorized Signature from Lead

Authorized Signature from Subcontractor

Name of Lead Signatory

Name of Subcontractor Signatory

Date

Date

END OF SECTION A

SECTION B – FUNDING POOL SPECIFIC APPLICATION INFORMATION

Applicant will then select what type of funding pool or region application to complete. There are 7 choices, and the applicant may work on one of each:

- Target Population
- North Region
- Bay Area Region
- Central California Region
- Los Angeles/Orange Region
- Inland Region
- San Diego Region

The information in this section must be completed for each application type. Information entered in Section A will be used with Section B to create complete applications for submission.

B.1 Narrative Sections

B.1.1 COVER LETTER (MAXIMUM 3,000 CHARACTERS)

Include a cover letter (on company letterhead) with the following information:

- A. Title of this grant Application;
- B. Submission date of the proposal;
- C. Funding Pool;
- D. Requested funding amount;
- E. A summary of proposed project, including a description of the Covered California subsidy-eligible populations, and communities targeted by the project, proposed approach and likely impact; and
- F. Signature of an individual authorized to enter into contracts on behalf of the proposer.

[Upload Cover Letter (.doc or .pdf)]

B.1.2 QUALIFICATIONS AND REFERENCES (MAXIMUM 12,000 CHARACTERS)

The following sections shall be provided in a written narrative in a succinct manner that demonstrates that the Applicant meets the minimum and desired qualifications identified in **Request for Application and Grant Applicant Webinar**. For lead agencies applying as a collaborative with subcontractors, please provide a response that addresses the **qualifications of the collaborative** for each question below. Please order and number your responses as follows:

B.1.2.1. Qualifications

1. Provide an overall description of the Applicant's organization for the purposes of providing on-site, walk-in, and appointment-based in-person enrollment assistance. Include a description of the capacity and plans to have a store front (including hours and address / location) or other public location where consumer assistance will be provided outside of normal business hours. Describe how the

Applicant's established physical sites facilitate access to the communities targeted by this project. If the Applicant is applying as a collaborative lead agency with subcontractors, describe the nature of the collaborative, the mission, qualifications, experience, and role of each partner and established physical sites providing service.

2. Describe the Applicant's operational readiness to meet aggressive enrollment goals during the 3-month Open Enrollment period, including the Applicant's program management experience and administrative and fiscal capacity to manage a project of this scope. Describe and provide examples of the Applicant's ability to ramp up quickly, experience meeting aggressive goals in a short time frame and managing subcontractors (if applying as a collaborative).
3. Describe the Applicant's knowledge of and experience with the Affordable Care Act and Covered California's subsidy-eligible population.
4. If the Applicant is applying as the lead agency for a collaborative, submit a Subcontractor Letter of Intent to Participate for each subcontractor agency (see Attachment II – Letter of Intent to Participate).

B.1.2.2. References

1. Attach two (2) letters of recommendation from organizations that have successfully collaborated in the past with the Lead Applicant. These letters must be presented on the referring organization's letterhead and contain the name and contact information of the person signing the letter. Letters of recommendation from any Subcontractor performing services as part of the Applicant's proposal, or from any entity that might have a financial interest in the Award, **will not** be accepted. The two reference letters are **not** included in the character limit for this section.

Each letter should address:

- The nature and length of the relationship between the entities;
- The Applicant's strengths and examples of success in similar programs;
- A statement recommending the Applicant for Covered California's Navigator Program, which focuses on subsidy-eligible population enrollment.

[Upload for Letter of Recommendation 1 (.doc or .pdf)]

[Upload for Letter or Recommendation 2 (.doc or .pdf)]

B.1.3 PROPOSED PERSONNEL (MAXIMUM 12,000 CHARACTERS)

Please order and number your responses as follows:

1. Describe the Applicant's strategy for staffing enrollment activities and why this approach is effective in meeting aggressive enrollment goals.
2. Describe the Applicant's current staffing capacity to perform the services requested in this grant Application and the hiring schedule for additional staff.
3. Describe current staffing capacity of all subcontractors to perform the services requested in this grant application and the hiring schedule for additional staff.

4. If the applicant is planning to partner with other organizations but has not finalized the selection of its subcontractors, include a description of the potential partners.
5. Include brief biographical statements for the project manager and senior staff members who will be responsible for oversight of the Grant.
6. If the Applicant is applying as a collaborative with a lead agency and subcontractors, describe the role of each partner in this project and the value added to the proposed enrollment campaign.
7. Describe how the proposed staffing for this project reflects the cultural, linguistic, and other characteristics/preferences of the target populations that the Applicant proposes to serve.
8. Describe the education level – including specialized certifications such as Certified Health Education Specialists (CHES) – and relevant training related to health care, the Affordable Care Act, and/or outreach, education, and enrollment of the Applicant's staff members and how this preparation will further the goals and objectives of the Navigator Program.

B.1.4 APPROACH TO STATEMENT OF WORK (MAXIMUM 36,000 CHARACTERS)

Please order and number your responses as follows:

B.1.4.1. Target Population (Maximum 6,000 Characters)

1. Describe how the Applicant assessed the needs of the communities served and how the design of the proposed approach and strategy will meet the needs of the population based on age, ethnicity, culture, language proficiency, income, geography, and other defining characteristics.
2. Identify individuals and organizations in the communities served and what will motivate or influence them to partner with the Applicant to design and implement enrollment campaigns. Describe how the Applicant will leverage and build upon this coalition.
3. Describe the nature of the Applicant's relationship with the communities served, how many consumers are reached annually, and how the Applicant proposes to leverage these relationships for the proposed project. Describe the Applicant's approach, and demonstrated ability to eliminate barriers in order to motivate them to enroll in Covered California Qualified Health Plans.

B.1.4.2. Navigator Implementation Strategy (Maximum 24,000 Characters)

1. Describe the Applicant's proposed approach and strategy for maximizing enrollments during the Open Enrollment period of November 15, 2014 through February 15, 2015 and how goals will be achieved.
2. Describe some proposed enrollment events and the outreach and education strategy that will drive enrollments. Describe the settings and venues where Navigator activities will take place and why these venues are appropriate to reaching the target populations. Describe the capacity and plans to have a store front (including hours of operation and address / location) or other public location where consumer assistance will be provided outside of normal business hours.

3. Describe the Applicant's existing infrastructure and/or relationships that would facilitate the Applicant's ability to address the needs of the target Covered California subsidy-eligible population.

B.1.4.3. Approach to Project Management and Quality Assurance (Maximum 6,000 Characters)

1. Describe the Applicant's project management plan for the proposed project.
 - Describe the Applicant's plan for managing and monitoring Navigator Program Activities.
 - If the Applicant is applying as a collaborative (lead agency with subcontractors), describe how the lead agency will monitor progress toward accomplishing project goals. Describe any anticipated challenges with managing the collaborative and how the Applicant proposes to overcome them.
2. Describe the Applicant's policies and procedures related to protecting consumer's privacy and security.

B.1.5 PROJECT COSTS (MAXIMUM 6,000 CHARACTERS)

Provide a project cost narrative, describing the cost-effectiveness of the proposed Navigator Strategic Workplan and why the costs are commensurate with the enrollment goals. Describe the barriers to enrollment that Covered California subsidy-eligible target population may face and why the cost per enrollment may differ from the benchmarks identified in the Request for Application. If media and/or marketing costs are identified in the Project Cost Allocation, describe how marketing activities will reach communities not already reached through Covered California's existing Outreach, Education, and Marketing campaigns and how they will promote the Applicant's enrollment events. Existing Outreach and Education Grantees should describe how they plan to leverage equipment purchases made with Outreach and Education grant funds.

B.2 – County Funding Information

Total Requested Funding For this Application:	\$
------------------------------------------------------	-----------

For each county please indicate the requested funding, and the total number of successful applications projected for each county that this Application proposes to reach.

County	Amount Requested	Projected # of Outreach Touches	Projected # of Effectuated Individuals Enrolled into a Covered California Health Plan
Counties Populated from Application Type	\$		
...	\$		
...	\$		
Total:	\$		

B.3 - Experience with Target Population

Estimate the ethnicity of proposed target population(s):

Ethnicity:	Estimated Percentage	Projected # of Effectuated Individuals
African		
African American		
American Indian		
Armenian		
Cambodian		
Caucasian		
Chinese		
Filipino		
Hispanic/Latino		
Hmong		

Japanese		
Korean		
Laotian		
Middle Eastern		
Russian		
Ukrainian		
Vietnamese		
Other*		
Other*		
Total (100%)	100%	

*Enter ethnicities not included above

Estimate the language(s) spoken by the proposed target population(s):

Language	Percentage of Planned to Reach	Projected # of Effectuated Individuals
Arabic:	%	
Armenian:	%	
Cantonese:	%	
English:	%	
Farsi:	%	
Hmong:	%	
Khmer:	%	
Korean:	%	
Mandarin:	%	
Russian:	%	
Spanish:	%	
Tagalog:	%	
Vietnamese:	%	
ASL:	%	
Other*	%	
Other*	%	
Total Percent: 100%	100%	

*Enter languages not included above

Estimate the income level(s) of the proposed target population(s):

Federal Poverty Level (FPL)	Percentage Planned to Reach	Projected # of Effectuated Individuals (This is an Estimate)
	%	
Above 138% and up to 200% of FPL:	%	
Above 200% and up to 400% of FPL:	%	
Above 400% of FPL:	%	
Totals:	100%	

Estimate the age groups of the proposed target population(s):

Age Group	Percentage Planned to Reach	Projected # of Effectuated Individuals (This is an Estimate)
Under 18 years of age:	%	
18-34 years of age:	%	
35-64 years of age:	%	
65 years of age and older:	%	
Total:	100%	

B.4 – Subcontractor Assignments

Please select the subcontractors that would be assigned to this grant, should it be awarded:

B.5 – Applicant Worksheet Uploads

Please complete the worksheets in **Section B.5 – Project Cost Allocation Worksheet**

Allowed Document Types for Upload: **Microsoft Excel (.xls, .xlsx) ONLY**. Each worksheet file must be uploaded as a single document, and must be less than a total 50 MB.