



COVERED
CALIFORNIA

Navigator Program Request for Application

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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 \$5 million in grant funds available for the grant award period of June 1, 2014 through December 31, 2014. Eligible organizations may apply for funds to conduct outreach, education, and enrollment on behalf of Covered California. Navigator Program Activities include informing 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 and facilitating enrollment into Qualified Health Plans.

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. Navigator Grantees will provide outreach and education throughout the grant award period and assist California consumers with the enrollment application process during the annual Open Enrollment period of October 15, 2014 through December 7, 2014 or during the Special 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. Funding in the amount of \$3-4 million has been allocated to the Regional Funding Pool. Covered California anticipates awarding at least one grant in each of the six regions to ensure adequate resources are allocated to reach consumers across the state. Approximately \$2 million has been allocated for up to eight grants to organizations who will serve the 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 and all other instructions contained in this document. Interested organizations are encouraged to carefully consider the information contained in this document and review the resources on our stakeholder website at www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx.

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, which prohibits the use of federal grant dollars for the implementation of the program. The Navigator Program will be funded from revenue generated by Covered California.

At a minimum, 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:

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 Qualified Health Plan (QHP);
4. 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; and
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.

2.2 PURPOSE OF THIS REQUEST FOR APPLICATION

The purpose of this Request for Application (RFA) 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 Plans. This 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 workplan should include:

- A plan to conduct outreach and education throughout the term of the Agreement with enrollment activities concentrated during Open Enrollment;
- Monitoring and evaluation tools that measure the total number of consumers reached through outreach and education and number of households it plans to enroll; and
- A staffing plan that demonstrates the organizations capacity to carry out the Navigator Program Activities.

Once the work plan has been developed and approved by Covered California, the Navigator Grantee will implement the activities identified in the workplan.

2.3 GRANT AWARD PERIOD

The grant award period is from June 1, 2014 through December 31, 2014. During the entire term of the Agreement, Navigator Grantees will perform outreach and education activities. The majority of enrollment activities will occur during the 7-week Open Enrollment period from October 15, 2014 through December 7, 2014 for a coverage effectuation date of January 1, 2015. However, Navigator Grantees will also provide enrollment assistance for consumers who have a qualifying life event and are eligible to enroll during the Special Enrollment Period. Applicant workplans, budgets and staffing plans should reflect the concentration of activity during this period and an understanding of Covered California's aggressive enrollment goals. Covered California may elect to extend Navigator Agreements based on an assessment of performance and program priorities and available funding.

Navigator Program	Date*
Navigator Grant Application Release	Feb. 3, 2014
Navigator Applications Due	March 3, 2014
Announcement of Intent to Award	April 23, 2014
Contract Negotiations	April 24 – May 14, 2014
Grant Award Period Begins	June 1, 2014
Navigator Grantee Training and Certification	June 2014
Grantees Final Strategic Workplan Due	June 15, 2014
Navigators Begin Enrollment Assistance	July 1, 2014
Grant Award Period Ends	Dec. 31, 2014

*Note: Dates subject to change

2.4 FUNDING POOLS

Covered California has established two funding pools for the Navigator Program:

- **Regional Funding Pool:** \$3-4 million to conduct Navigator Program Activities within six established regions; and
- **Targeted Funding Pool:** \$1-2 million to conduct Navigator Program Activities to hard-to-reach populations.

	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 invincibles, and those with limited English proficiency	Six regions: North, Bay Area, Central, Los Angeles/Orange County, Inland, and San Diego
Funding Allocation	\$1-2 million	\$3-4 million
Grant Award Sizes	\$250,000 - \$500,000	\$250,000 - \$2,000,000
# of Awards	2-8	One per region

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 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.

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.

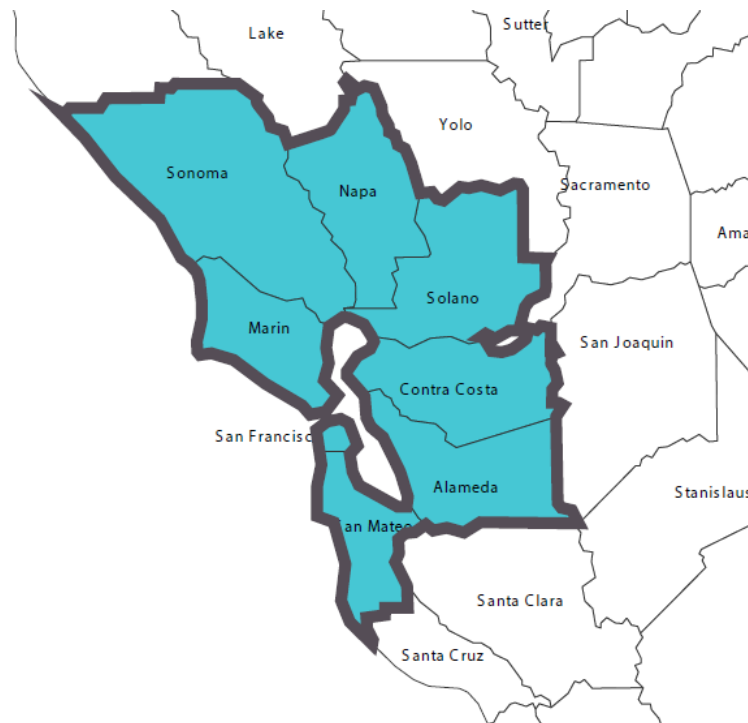
The maps below show the six regions in the Regional Funding Pool and the counties in each region.



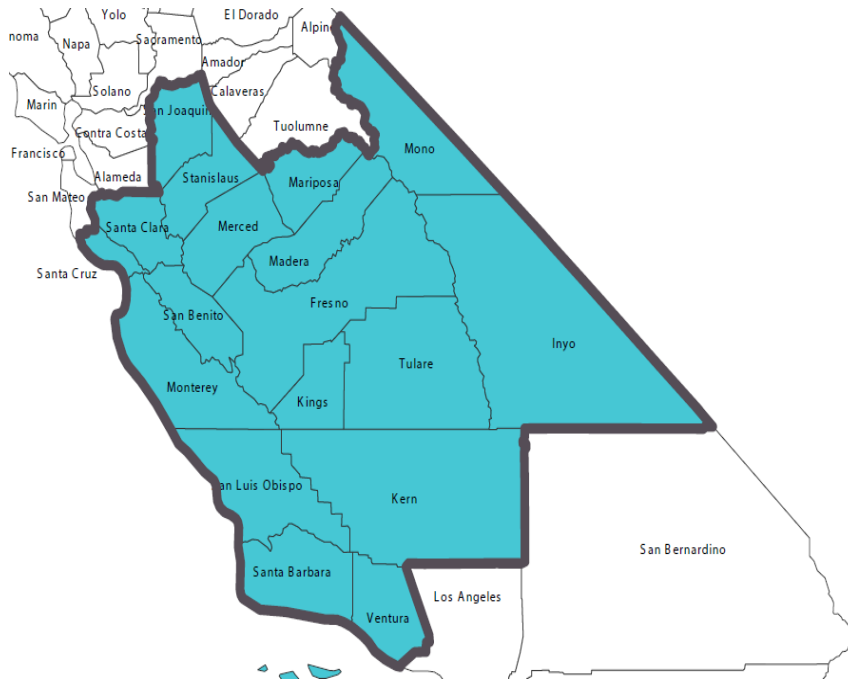
NORTH REGION



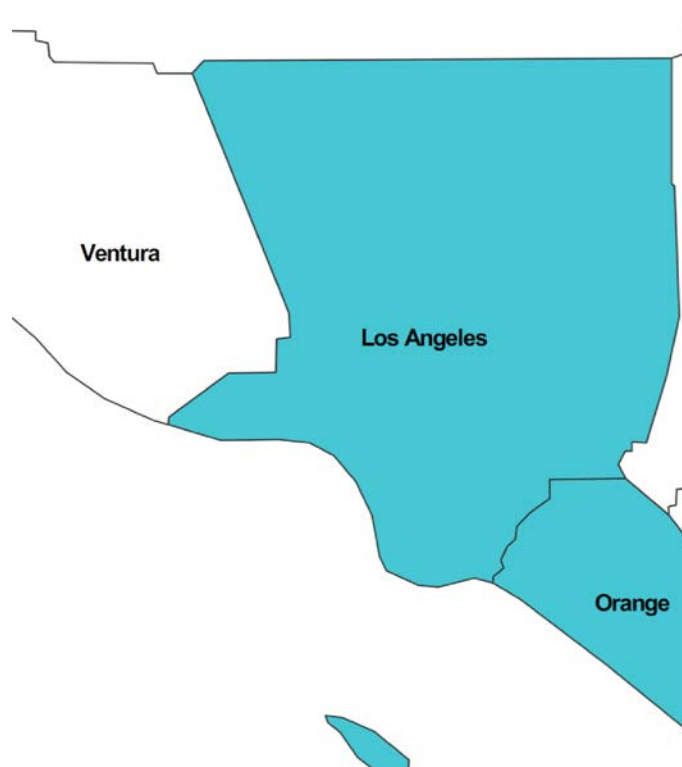
BAY AREA REGION



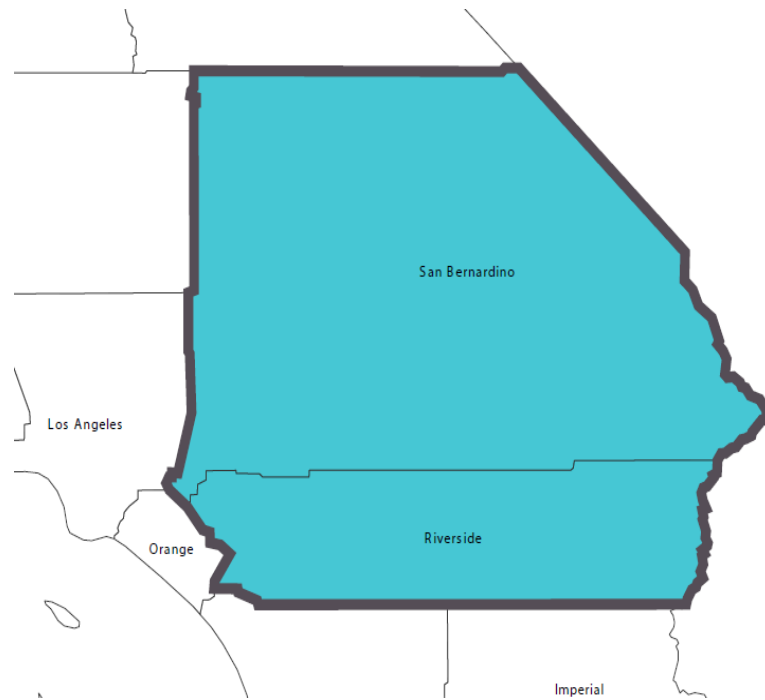
CENTRAL CA REGION



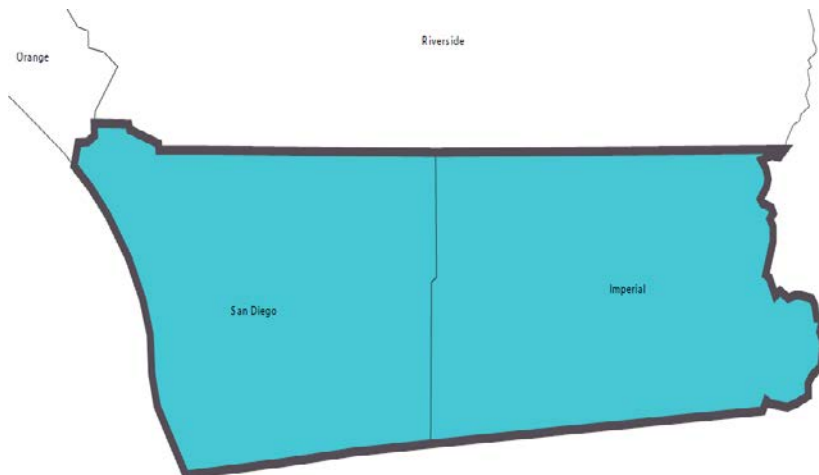
LOS ANGELES/ORANGE COUNTY REGION



INLAND REGION



SAN DIEGO REGION



2.4.2 TARGETED FUNDING POOL

Covered California established a Targeted Funding Pool 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 invincibles) 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;
 - Services to buildings and dwellings (except construction);
 - 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.

2.5 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 **Attachment II - 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; and/or
- Reject all grant Applications.

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.

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 www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx.

Activity	Approximate Date
Release of Request for Applications	Feb. 3, 2014
Letter of Intent to Respond Due	Feb. 7, 2014
Grant Applicant Webinar with Questions and Answers	Feb. 12, 2014 at 9:30 a.m.
Round 1 Response to Questions Received through Feb. 12 Posted on Exchange Website	Feb. 19, 2014
Last Day to Submit Inquiries and Questions	Feb. 21, 2014
Round 2 Response to Questions Received through Feb. 21 Posted on Exchange Website	Feb. 28, 2014
Final Application Submission	March 3, 2014
Grant Application, Evaluation and Selection Process	March 4 – April 22, 2014
Notification of Intent to Award Posted on the Exchange’s Website	April 23, 2014
Last Day to Submit Protest	April 30, 2014

3.2.2 LETTER OF INTENT TO RESPOND

Potential applicants should submit a Letter of Intent to the Single Point of Contact identified in **Section 3.1**, 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.

A list of organizations that have submitted a Letter of Intent will be posted 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. Covered California encourages organizations to send the Letter of Intent as soon as the entity believes that it will be applying for the Grant Program. **In addition, Applicants that submit a Letter of Intent will receive updates via email regarding any new information regarding the Navigator Program or modifications to the timeline. Such information and modifications to the timeline will be posted at www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx.**

3.2.3 GRANT APPLICATION WEBINAR

Potential applicants are strongly encouraged, but not required, to attend a webinar regarding the Grant Application on February 12, 2014 at 9:30am. The webinar link will be available at www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx.

Upon request, Covered California will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities upon request. Requests for such accommodations must be made at grantinfo@ccgrantsandassistors.org with one week in advance of the conference/webinar.

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 at www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx, and sending the Form via e-mail or by mail, to the Single Point of Contact. The last day to submit inquiries is February 21, 2014. Please reference the “Navigator Program” in the subject line when submitting inquiries.

Questions received after the deadline 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 must notify the Single Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error in this RFA 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 RFA;
- 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 RFA, Covered California may, at its sole discretion, post clarifications to this RFA without an amendment. Clarifications to the RFA will be posted at www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx.

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 4 – 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, signed by an individual who is authorized to contractually bind the applicant, and contain a statement of the reason(s) for protest, citing the law, rule, regulation or procedures on which the protest is based. The protester must provide facts and evidence to support its claim. Certified or registered mail must 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 Single Point of Contact by the date and time in **Section 3.2.1 – Grant Application Schedule**.

Protests must be mailed or delivered to:

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

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.

- UCLA CalSIM 1.8 Model
- NORC Marketing Consumer Baseline/Segmentation Study
- Top 100 Zip Codes

These documents, along with other helpful resources such as links to Covered California’s partners are posted at www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx.

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 must ensure that their application complies with the instructions contained in this RFA 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

3.6 SUBMISSION METHOD

Covered California will only accept Applications that are submitted electronically. Paper copy submissions will not be accepted. Applications must be submitted electronically at www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx.

4 EVALUATION PROCESS AND CRITERIA

4.1 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 uninsured communities. 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;
- Feasibility of staffing plan;
- Evidence demonstrating likely effectiveness; and
- Distinctiveness from other funded activities.

4.2 NAVIGATOR GRANT APPLICATION EVALUATION PROCESS

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

- (20 Points) Qualifications and References (Section B.1.2 of Attachment I)
- (20 points) Proposed Personnel (Section B.1.3 of Attachment I)
- (40 points) Statement of Work (Section B.1.4 of Attachment I)
- (20 points) Project Costs (Section B.1.5 of Attachment I)

4.3 NAVIGATOR GRANTEE NOTIFICATION

Awards will be based on the evaluation criterion identified in **Section 4.1 – 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 www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx.

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 Project Personnel
- B.1.4 Approach to Statement of Work
 - B.1.4.1 Target Population
 - B.1.4.2 Navigator Workplan
 - 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.5.1 Budget Worksheet
- B.5.2 Program Activity Workplan
- B.5.3 Staffing Plan 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 RFA. 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 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 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.

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.1.3 Organization Entity Type and A.2 Subcontractor Information: Documentation of Eligibility Upload

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

- IRS Determination Letter of the organization's 501(c)3 or 501(d) status, if applicable.
- Attach Tax Identification Number on official letterhead
- All entities must provide most recent Form 990 or Tax Return

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, Applicant Worksheet Uploads, 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 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 (RFA) 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 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 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 6,000 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 **RFA 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. 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 7-week 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 the role of Covered California.
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.

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

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

B.1.3 PROJECT PERSONNEL (MAXIMUM 6,000 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. Include brief biographical statements for the project manager and senior staff members who will be responsible for oversight of the Grant.
5. 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.

6. 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.
7. 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 18,000 CHARACTERS)

Please order and number your responses as follows:

B.1.4.1. Target Population (Maximum 3,000 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.
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 Qualified Health Plans or other insurance affordability programs.

B.1.4.2. Navigator Workplan (Maximum 12,000 Characters)

1. Describe the Applicant's proposed approach and strategy for maximizing enrollments during the Open Enrollment period of October 15, 2014 through December 7, 2014 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.
3. Describe the Applicant's existing infrastructure and/or relationships that would facilitate the Applicant's ability to address the needs of the target population(s).

B.1.4.3. Approach to Project Management and Quality Assurance (Maximum 3,000 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 contingency plans if anticipated benchmarks are not met.
 3. Describe the Applicant's policies and procedures related to protecting consumer's privacy and security.

B.1.5 PROJECT COSTS

Provide a budget narrative, describing the cost-effectiveness of the proposed Navigator Activity Workplan and why the costs are commensurate with the goals and objectives. If marketing costs are identified in the budget, 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 and activities. If the purchase of laptops or computers is identified in the budget, describe the cost effectiveness of purchasing this equipment, compared to leasing or renting it. In addition, Outreach and Education Grantees should describe how they plan to leverage equipment purchases made with Outreach and Education grant funds. The budget narrative should not exceed **3,000 characters**. Applicants must ensure that all budget amounts provided in an Application response align (i.e., cover letter, budget worksheet and budget narrative).

B.2 – County Funding Information

Total Requested Funding For this Application:	\$
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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.

If this is a regional application, all counties in that region will be pre-populated and are required. If this is a targeted population application, any counties may be selected.

County	Amount Requested	Projected # of Outreach and Education touches	Projected # of Successful Applications
Counties Populated from Application Type	\$		
...	\$		
...	\$		
Total:	\$		

B.3 - Experience with Target Population

Describe the ethnicity of proposed target population(s):

Ethnicity:	Estimated Percentage	Projected Number of Outreach and Education Touches
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%	Total O&E For this County

*Enter ethnicities not included above

Percentage of services provided in-language to proposed target population(s):

Language	Percentage of In-Language Services	# of Outreach and Education Touches
Arabic:	%	
Armenian:	%	
Cantonese:	%	
English:	%	
Farsi:	%	
Hmong:	%	
Khmer:	%	
Korean:	%	
Mandarin:	%	
Russian:	%	
Spanish:	%	
Tagalog:	%	
Vietnamese:	%	
ASL:	%	
Other*	%	
Other*	%	
Total Percent: 100%	100%	Total O&E For this County

*Enter languages not included above

Describe the proposed target population(s) income levels:

<u>Federal Poverty Level (FPL)</u>	<u>Estimated Percentage Planned to Reach</u>	# of Outreach and Education Touches
At or Below 138% of FPL:	%	(Calculated on % and county O&E)
Above 138% and up to 200% of FPL:	%	
Above 200% and up to 400% of FPL:	%	
Above 400% of FPL:	%	
Totals:	100%	

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

<u>Age Group</u>	<u>Estimated Percentage Planned to Reach</u>	# of Outreach and Education Touches
Under 18 years of age:	%	(Calculated on % and county O&E)
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** – Budget Worksheet, Program Activity Workplan, and the Staffing Plan 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.

B.5.1: Budget Worksheet Instructions

1. The Lead Agency shall complete a summary budget by line item which identifies project costs in the following general categories: personnel, benefits, travel, training, equipment and other expenses required to complete the activities identified in the Applicant's workplan.
2. The Lead Agency's budget shall also include a separate line for the total amount to be allocated to each Subcontractor.
3. A separate budget, reflecting the same expense categories and format as the Lead Agency, shall be established for each Subcontractor. The Subcontractor budget shall detail expenses by month and fiscal year. The Subcontractor budget shall be equal to the total in the Lead Agency summary.
4. The budget needs to cover the entire grant term: June 2014 - Dec. 2014.
5. All project costs must identify the requested funding for each month of the grant program.
6. Marketing costs should be justified by Outreach, Education and Enrollment strategies as indicated on the Navigator Activity Workplan, and should complement, not supplant, the Statewide Marketing and Outreach Plan.
7. Equipment costs shall not exceed 10% of the total grant award or \$50,000.
8. Training expenses should only include costs not already identified under Personnel and Travel.
9. The administrative overhead (indirect) rate shall not exceed 15% of the total grant award. Expenses included in the indirect rate shall not be included in the line item budget as this would result in duplicate funding of these expenses. Indirect costs are overhead expenses generally incurred by the Applicant organization which are not easily identifiable with a specific project. These include administrative expenses related to overall operations and shared among projects and/or functions. Examples include broad oversight, human resources department costs, accounting, legal expenses, rent, utilities, and facility maintenance.
10. Applicant should complete the section below each budget table to indicate the total number of households reached by outreach and education and the total number of successful applications projected to be completed for each organizations, by month. **Please note that these projections should match other areas of the grant application, including Navigator Activity Workplan, Section A and B.**

Lead Organization Name:

Budget Worksheet												
				June 2014	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	Entire Grant	
(1) Expense Area	(2) Organization Name (lead or subcontractor name)	(3) Line Item	(4) Description	(5) Amount	(6) Amount	(7) Amount	(8) Amount	(9) Amount	(10) Amount	(11) Amount	Total Requested	
Personnel		Enter position title	Enter % Full Time Equivalent and Role on Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Benefits		Enter position title	Enter benefit % for each position listed above	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Travel		Mileage Reimbursement (\$0.565/mile); per diem, accommodations for training, etc.	Enter description of travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Marketing		Must be justified by workplan activity strategies; not to supplant the Statewide Marketing and Outreach Plan	Enter description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Equipment			Enter equipment description and quantity; Not to exceed 10% of total grant award or \$50,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Training		Training costs other than personnel and travel expenses	Enter description of training cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other			Enter description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Lead Total Direct Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subcontractor 1		Enter name or firm	Enter total monthly Direct per Subcontractor 1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Direct Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subcontractor 2		Enter name or firm	Enter total monthly Direct per Subcontractor 2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Direct Expenses		Lead Direct + Subcontractor 1 Direct + Subcontractor 2 Direct		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
*Lead Indirect Administrative Rate		Not to exceed 15% of the total grant award		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
*Subcontractor 1		Enter name or firm	Enter total monthly Indirect per Subcontractor 1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Indirect Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
*Subcontractor 2		Enter name or firm	Enter total monthly Indirect per Subcontractor 2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Indirect Expenses		[Lead Indirect + Subcontractor 1 Indirect + Subcontractor 2 Indirect]		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Lead Total Expenses		Lead Direct + Lead Indirect		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subcontractor 1		Subcontractor 1 Direct + Subcontractor 1 Indirect		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subcontractor 2		Subcontractor 2 Direct + Subcontractor 2 Indirect		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Grant Total Expenses		Total Direct + Total Indirect		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

* Definition of Indirect Administrative Rate	Indirect costs are overhead expenses incurred by the applicant organization as a result of the project, but that are not easily identifiable with a specific project. These are administrative expenses that are related to overall operations and are shared among projects and/or functions. Examples include broad oversight, human resources department costs, accounting, grants management, legal expenses, utilities, and facility maintenance.
--	--

Total Households Reached through Outreach and Education Activities by the Lead agency*:	-	-	-	-	-	-	-	-	-	-	-
Total Successful Applications projected by this Lead agency*:	-	-	-	-	-	-	-	-	-	-	-
Total Households Reached through Outreach and Education Activities for ALL Subcontractors*:	-	-	-	-	-	-	-	-	-	-	-
Total Successful Applications projected by ALL Subcontractors*:	-	-	-	-	-	-	-	-	-	-	-
Total Households Reached through Outreach and Education Activities for this Grant Application (Lead+Subs):	-	-	-	-	-	-	-	-	-	-	-
Total Successful Applications projected by this Grant Application (Lead+Subs):	-	-	-	-	-	-	-	-	-	-	-

*These projections must match the projections described in the Activity Workplan attachment.

Subcontractor Name: _____

Budget Worksheet												
(1) Expense Area	(2) Organization Name (lead or subcontractor name)	(3) Line Item	(4) Description	June 2014 (5) Amount	July 2014 (6) Amount	August 2014 (7) Amount	September 2014 (8) Amount	October 2014 (9) Amount	November 2014 (10) Amount	December 2014 (11) Amount	Entire Grant Total Requested	
Personnel		Enter position title	Enter % Full Time Equivalent and Role on Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Benefits		Enter position title	Enter benefit % for each position listed above	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel		Mileage Reimbursement (\$0.565/mile); per diem, accommodations for training, etc.	Enter description of travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Marketing		Must be justified by workplan activity strategies; not to supplant the Statewide Marketing and Outreach Plan	Enter description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment			Enter equipment description and quantity; Not to exceed 10% of total grant award or \$50,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Training		Training costs other than personnel and travel expenses	Enter description of training cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other			Enter description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Direct Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*Indirect Administrative Rate	Not to exceed 15% of the total grant award			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Expenses	Total Direct + Total Indirect			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
* Definition of Indirect Administrative Rate	Indirect costs are overhead expenses incurred by the applicant organization as a result of the project, but that are not easily identifiable with a specific project. These are administrative expenses that are related to overall operations and are shared among projects and/or functions. Examples include broad oversight, human resources department costs, accounting, grants management, legal expenses, utilities, and facility maintenance.											
Total Households Reached through Outreach and Education Activities for this Subcontractor*:				-	-	-	-	-	-	-	-	-
Total Successful Applications projected by this Subcontractor*:				-	-	-	-	-	-	-	-	-

*These projections must match the projections described in the Activity Workplan attachment.

B.5.2: Activity Workplan Instructions

Applicant must fully complete this worksheet to demonstrate their capability, and that of their subcontractors, if applicable, to reach and enroll the number of individuals proposed in the application.

Applicant must complete all activities during the grant term June 1, 2014 - Dec. 31, 2014

The Lead organization must provide **one** comprehensive worksheet that includes both the lead and all subcontractor activities, if any subcontractor agencies exist.

This worksheet must be complete for **each** region/population proposed to be reached, for **each** county within that region, and for **each** organization reaching that county.

Please refer to the Sample tab for an example of how to complete this worksheet for many organizations reaching multiple counties.

Activities and projections should be unique. If a lead and a subcontractor plan to reach the same county, please list out their activities separately. If two organizations plan to collaborate together, please list projected numbers that are unique for each organization; do not duplicate projected numbers.

Explanation of Columns:

Column 1 - Workplan ID for Reference

Column 2 - Ending Date for The Reporting Week (Ends on Sunday)

Column 3 - Name of Organization; must be completed for the Lead and each additional Subcontractor

Column 4 - Activity Name for Reference

Column 5 - County in which Outreach/Education and Enrollment activities are conducted

Column 6 - Number of households reached through Outreach and Education, for the week, for the county

Column 7 - Number of Successful Applications projected, for the week, for the county

Column 8 - Special Target Populations expected to reach

Column 9 - Specific Ethnicities expected to reach

Column 10 - Strategies used for the week, for the county

Workplan									
(1) Work Plan ID	(2) Week Ending	(3) Organization Attending (Lead and/or subcontractor)	(4) Activity	(5) Location - County	(6) Number of Households reached through Outreach and Education	(7) Number of Projected Successful Applications	(8) Special Target Populations Reached	(9) Ethnicities Reached	(10) Strategies
1	7/6/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
2	7/13/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
3	7/20/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
4	7/27/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
5	8/3/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
6	8/10/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
7	8/17/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
8	8/24/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
9	8/31/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
10	9/7/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
11	9/14/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
12	9/21/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
13	9/28/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
14	10/5/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
15	10/12/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
16	10/19/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
17	10/26/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
18	11/2/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
19	11/9/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
20	11/16/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
21	11/23/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
22	11/30/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
23	12/7/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
24	12/14/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
25	12/21/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
26	12/31/2014	Subcontractor	Weekly Outreach and Enrollment Activities						

B.5.3: Staffing Plan Worksheet Instructions

This worksheet is designed to indicate the Applicant's staffing readiness and enrollment capacity. It contains two tabs, one for Staff and one for Additional Sites; both tabs must be completed.

Staffing Plan Template:

The Lead organization must provide one comprehensive worksheet that includes both the lead and all subcontractor staff members, if any subcontractor agencies exist.

This worksheet must be complete for each staff member (currently hired or to-be-hired) that is proposed to conduct enrollments for this grant program. Please note that Certified Enrollment Counselors within the Navigator Grant Program will NOT be allowed to participate as Certified Educators or Certified Enrollment Counselors in any other Covered California funded program.

Please include any to-be-hired staff as well by denoting "Staff 1", "Staff 2", etc in the Staff Name rows.

Staffing Plan Template: Explanation of Columns:

Column 1 - Organization Name for the Staff Member

Column 2 - Staff Member's Name

Column 3 - % Full time equivalent (FTE) of this Employee, Volunteer or Intern

Column 4 - Staff Type; Indicate whether this staff member is an Employee, Volunteer or Intern

Column 5 - Indication if this Staff Member is already a Certified Enrollment Counselor (CEC) through the In-Person Assistance Program

Column 6 - Indication if this Staff Member is already a Certified Educator (CE) through the Outreach and Education Program

Column 7 - Number of expected successful applications completed each week by this staff member during special enrollment

Column 8 - Number of expected successful applications completed each week by this staff member during open enrollment

Column 9 - Indicate the languages spoken by this staff member

Additional Sites Template:

This worksheet must be completed to include every additional site belonging to the lead and any subcontractors where Navigator Program Activities will be performed.

Additional Sites Template: Explanation of Columns:

Column 1 - Site Name

Column 2 - Name of the organization (Lead or Subcontractor) this site belongs to

Column 3 - Physical Street Address

Column 4 - Suite or Unit # (If applicable)

Column 5 - City

Column 6 - Zip Code

Staffing Plan Worksheet								
(1) Organization Name	(2) Staff Name	(3) FTE %	(4) Staff Type (Hired, To-be-Hired, Volunteer, Intern)	(5) Current In-Person Assistance Certified Enrollment Counselor? Y/N	(6) Current O&E Certified Educator? Y/N	(7) Number of Projected Successful Applications per week (Special Enrollment)	(8) Number of Projected Successful Applications per week (Open Enrollment: Oct. 15 thru Dec. 7, 2014)	(9) Languages Spoken
TOTAL	0					0	0	

Additional Sites					
(1) Site Name	(2) Organization / Subcontractor	(3) Street Address	(4) Suite/Apt #	(5) City	(6) Zip Code
TOTAL	0				