

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

Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges

**Notice of Funding Opportunity
Invitation to Apply for 2018**

**Funding Opportunity Number: CA-NAV-18-001
CFDA: 93.332**

Funding Opportunity Posting Date: July 10, 2018

Applicable Dates:

Mandatory Letter of Intent to Apply Due Date	N/A
Electronic Application Due Date:	August 9, 2018 (3:00 p.m. EDT)
Anticipated Issuance Notices of Award:	September 12, 2018
Anticipated Period of Performance:	12 months from the date of initial award

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Executive Summary

The Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges (Funding Opportunity) will enable recipients to operate as Exchange Navigators in States with a Federally-facilitated Exchange (FFE), as authorized by the Patient Protection and Affordable Care Act (PPACA)¹. To view a current list of States that will have an FFE in benefit year 2019, see Appendix VI, *List of States for which Cooperative Agreement Funding is Available*.

When Exchanges were in their infancy, and public awareness and understanding of coverage options was low, the U.S. Department of Health and Human Services (HHS) encouraged Navigators to cast a wide net and to provide intensive face-to-face assistance to consumers. The FFEs have been in operation since 2013 for the 2014 open enrollment period, and the public is more aware of the options for private coverage available through them. Certified application counselors, direct enrollment partners, and Exchange-registered agents and brokers serve as additional resources to consumers. It is appropriate to scale down the Navigator program to reflect the enhanced public awareness of health coverage through the Exchanges.

Even as the FFE Navigators' role evolves, awarded entities must still carry out the required statutory Navigator duties and the additional requirements laid out in Sections B. *Award Information* and E. *Application Review Information* of this Funding Opportunity: 1) conduct public education activities to raise awareness of the availability of qualified health plans; 2) distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits under Section 36B of the Internal Revenue Code of 1986 and cost-sharing reductions under Section 1402 of the PPACA; 3) facilitate enrollment in qualified health plans; 4) provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under Section 2793 of the Public Health Service Act, or any other appropriate State agency or agencies, 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 FFE.

This document describes how to submit proposals for available funding in fiscal year (FY) 2018-2019 and how the Centers for Medicare & Medicaid Services (CMS) will determine which proposals will be funded. This document should be read in its entirety, as some information has changed from the previous award cycles.

¹ The Patient Protection and Affordable Care Act (Pub. L. 111–148) was enacted on March 23, 2010. The Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152), which amended and revised several provisions of the Patient Protection and Affordable Care Act, was enacted on March 30, 2010.

Item	Description
HHS Awarding Agency	Centers for Medicare & Medicaid Services (CMS)
CMS Awarding Center	Center for Consumer Information and Insurance Oversight (CCIIO)
Notice of Funding Opportunity Title	Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges
Authorization	Patient Protection and Affordable Care Act (PPACA), Sections 1311(d)(4)(K), 1311(i), and 1321(c)(1)
Funding Opportunity Type	New
Funding Opportunity Number	CA-NAV-18-001
Type of Award	Cooperative Agreement
Catalog of Federal Domestic Assistance	93.332
Letter of Intent to Apply Due Date (if applicable)	Not Applicable
Application Due Date & Time	August 9, 2018 3:00 PM Eastern U.S. Time
Anticipated Issuance Notice(s) of Award	September 12, 2018
Anticipated Period of Performance	12 months from the date of award
Anticipated Total Available Funding	\$10 million
Estimated Number of Awards	25-50

A. PROGRAM DESCRIPTION

A1. Purpose

The Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges (Funding Opportunity) will enable recipients to operate as Exchange Navigators in States with a Federally-facilitated Exchange (FFE), as authorized by the PPACA. To view a current list of eligible States that will have an FFE in benefit year 2019, see Appendix VI, *List of States for which Cooperative Agreement Funding is Available*.

A2. Authority

This Cooperative Agreement is being issued by the Secretary of HHS pursuant to Sections 1311(d)(4)(K), 1311(i), and 1321(c)(1) of the PPACA. Section 1311(i) of the PPACA states that an Exchange “shall establish a program under which it awards grants” to entities which facilitate education about and enrollment in qualified health plans (QHPs) through Exchanges. These entities are known as “Navigators.”

Please visit the following link to view the full list of relevant regulations that HHS has published under Title 45 of the Code of Federal Regulations: https://ecfr.io/Title-45/cfr155_main

A3. Background

Section 1311(i) of the PPACA requires Exchanges to establish a Navigator grant program. This Funding Opportunity is open to eligible entities and individuals (described in Section 1311(i)(2) of the PPACA and 45 C.F.R. §155.210(a) and (c)) applying to serve consumers in States with a FFE. Entities and individuals cannot serve as federally certified Navigators without receiving federal cooperative agreement funding to perform Navigator duties. This is the fourth Funding Opportunity since 2013² provided for Navigators serving FFE consumers.

A4. Program Requirements

Entities or individuals eligible to apply for this Funding Opportunity must be capable of carrying out, at a minimum, all Navigator duties required by the PPACA and HHS regulations. The primary regulations that establish requirements for awardees under this Funding Opportunity are 45 C.F.R. §§ 155.210³ and 155.215⁴. These regulations establish duties that are required of all recipients of funding under this Funding Opportunity, including, but not limited to:

² For more information on the previous Navigator Funding Opportunity announcements and awardees, please see <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html>.

³ See 45 C.F.R. § 155.210, at https://ecfr.io/Title-45/se45.1.155_1210

⁴ See 45 C.F.R. § 155.215, at https://ecfr.io/Title-45/se45.1.155_1215

- Conducting public education activities to raise awareness about the Exchange;
- Facilitating selection of a QHP;
- Providing information in a manner that is culturally and linguistically appropriate to the needs of the population served by the Exchange, including individuals with limited English proficiency, and ensuring accessibility and usability of Navigator tools and functions for individuals with disabilities;
- Providing referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the Public Health Service Act, or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage;
- Complying with applicable training and conflict of interest standards;
- Obtaining the authorization of applicants for coverage available through an Exchange application prior to accessing their personally identifiable information.

In addition to the duties summarized above, federal regulations at 45 C.F.R. § 155.210(e) outline additional duties that recipients of FFE Navigator cooperative agreements awarded in 2018 and beyond must carry out:

- Provide targeted assistance to serve underserved or vulnerable⁵ populations, as identified by the Exchange, within the Exchange service area. Throughout this Funding Opportunity, we refer to these populations as the “left behind” populations.
 - For purposes of this Funding Opportunity, the FFEs will consider “left behind” populations to include those individuals who are disproportionately without access to health insurance coverage or care and who may be unaware of the full range of the different types of coverage options available to them, including coverage options in addition to QHPs, such as association health plans and short-term, limited-duration insurance.
 - Examples of “left behind” populations may include: hourly wage workers (restaurant and retail workers); variable income workers (workers with unpredictable annual incomes who fluctuate in and out of eligibility for financial assistance when purchasing health insurance); and persons who did not get health insurance because of a lack of affordable coverage options in their area, or because they lacked a general knowledge about affordable health insurance options and how to enroll.
 - Applicants may propose additional “left behind” populations in their applications for the FFE’s approval.

⁵ See 45 C.F.R. § 155.210(e)(8)

- Provide information and assistance on all of the following topics⁶:
 - Understanding the process of filing Exchange eligibility appeals;
 - Understanding and applying for exemptions from the individual shared responsibility payment that are granted through the Exchange, understanding the availability of exemptions from the requirement to maintain minimum essential coverage and from the individual shared responsibility payment that are claimed through the tax filing process and how to claim them, and understanding the availability of IRS resources on this topic⁷;
 - The Exchange-related components of the premium tax credit reconciliation process, and understanding the availability of IRS resources on this process;
 - Understanding basic concepts and rights related to health coverage and how to use it; and
 - Referrals to licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice related to consumer questions about the Exchange application and enrollment process, exemptions from the requirement to maintain minimum essential coverage and from the individual shared responsibility payment, and premium tax credit reconciliations.

The HHS Notice of Benefit and Payment Parameters for 2019 final rule 83 FR 16930 (April 17, 2018), which takes effect June 18, 2018, amended CMS regulations to remove the requirement that Navigators maintain a physical presence in the Exchange service area. It also removed the requirement for there to be at least two Navigator entities, and for one of them to be a community and consumer-focused non-profit.

Applicants should be creative, proposing innovative strategies for meeting the statutory and regulatory requirements outlined above (*See* Section E. *Application Review Information*). For example, with respect to consumer outreach and education activities, innovative cost-effective strategies might include: distributing educational flyers, posting information on an organization’s website, or other cost-effective approaches to sharing information with consumers. Applicants are also encouraged to think critically about their proposed work plan and outline strategies that maximize their impact on the community and that use federal cooperative agreement funds efficiently —such as through strategic partnerships with public and

⁶ See 45 C.F.R. § 155.210(e)(9)

⁷ The elimination of the shared responsibility payment [applies to months beginning after December 31, 2018](https://www.irs.gov/affordable-care-act/individuals-and-families/individual-shared-responsibility-provision). Prior to this effective date, consumers are still required to have full-year coverage, or qualify for an exemption, in order to avoid paying the individual shared responsibility payment for tax years 2017 and 2018. More information can be found here: <https://www.irs.gov/affordable-care-act/individuals-and-families/individual-shared-responsibility-provision>.

private organizations, coordinating outreach activities with local CHIP outreach or other similar outreach programs, or providing more virtual or mobile assistance to consumers.

Prohibitions:

The regulations at 45 C.F.R. §§ 155.210 and 155.215 establish prohibitions that apply to all recipients of funding under this Funding Opportunity (*see* Section D6. *Cost Restrictions* for additional prohibitions). These include, but are not limited to:

- Receiving any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP or a non-QHP;
- Charging any applicant for or enrollee in coverage available through the Exchange for application or other assistance related to Navigator duties;
- Compensating individual Navigators on a per-application, per-individual-assisted, or per-enrollment basis;
- Providing gifts⁸ of any value to any applicant or potential enrollee as an inducement for enrollment;
- Providing gifts to any applicant or potential enrollee for a reason other than as an inducement for enrollment that exceed \$15, either individually or in the aggregate, when provided to that individual during a single encounter.
- Using Exchange funds to purchase gifts or gift cards, or promotional items that market or promote the products or services of a third party, that would be provided to any applicant for or potential enrollee in coverage available through the Exchange;
- Soliciting any consumer for application or enrollment assistance by going door-to-door or through other unsolicited means of direct contact, except in cases where the individual has a pre-existing relationship with the individual Navigator or Navigator entity and other applicable state and federal laws are otherwise complied with; and
- Initiating any telephone call to a consumer using an automatic telephone dialing system or an artificial or prerecorded voice, except in cases where the individual Navigator or Navigator entity has a relationship with the consumer and other applicable state and federal laws are otherwise complied with.

Required Training:

All entities and individuals carrying out Navigator functions under cooperative agreements awarded through this Funding Opportunity must successfully complete an HHS-developed

⁸ See 45 C.F.R. 155.201(d)(6) for definition of gifts: https://ecfr.io/Title-45/se45.1.155_1210

training program and pass an online exam to ensure appropriate understanding of relevant Exchange-related information and must be federally certified before carrying out any Navigator functions. After initial certification, all entities and individuals carrying out Navigator functions must obtain continuing education and be recertified on at least an annual basis. Navigator entities awarded cooperative agreement awards must also comply with any state-specific requirements, so long as these state-specific requirements do not prevent application of the provisions of Title I of the PPACA. Navigators will receive technical assistance from HHS to complete the required federal certification/recertification training in the Marketplace Learning Management System.

Referrals and Consumer Assistance:

Navigators will be required to assist any consumer seeking assistance, even if that consumer is not a member of the “left behind” population or is otherwise not a member of the community(ies) or group(s) the applicant expects to target, as outlined in its funding proposal. There may be some instances where a Navigator does not have the immediate capacity to help an individual. In such cases, the Navigator should make every effort to provide assistance in a timely manner, but could also refer consumers seeking assistance to other resources, such as the toll-free Exchange call center or certified application counselors. Although Navigators should not refer consumers to specific agents and brokers, they may refer consumers to general resources they can use to search for an agent or broker near where they live, such as the Find Local Help feature on HealthCare.gov. Additionally, if a Navigator in a FFE is approached by a consumer who lives in a state with a State-based Exchange, or in a state with an FFE in which the Navigator has not been funded to serve, the Navigator must refer the consumer to a Navigator or other Exchange-approved assister in the consumer’s state.

Multi-State Awardees:

An applicant may propose to serve populations in multiple FFEs through the submission of one application. However, the applicant must submit separate Budget Narratives and project (metric) goals for each FFE it proposes to serve (*See Section D. Application and Submission Information for additional information*). If an applicant is proposing to serve in more than one FFE, ***the applicant should be prepared to revise its project scope and budget upon award if it is not funded to serve in all proposed FFEs and/or at the full amount requested.***

A5. Technical Assistance and Information for Prospective Applicants

HHS will hold two sessions designed to provide technical assistance for potential applicants. These sessions will provide applicants with an overview of this project, budget guidance, and review the instructions for applying outlined in this Funding Opportunity. Applicants are encouraged to submit questions in advance of each session to Navigatorgrants@cms.hhs.gov.

Technical Assistance Session #1

- **Wednesday, July 18th** from 3:00 to 4:00 pm Eastern Daylight Time
- Link: TBD (will be posted on the CCIIO website [\[https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html\]](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html) as soon as it becomes available)

Technical Assistance Session #2

- **Wednesday, July 25th** from 3:00 to 4:00 pm Eastern Daylight Time
- Link: TBD (will be posted on the CCIIO website [\[https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html\]](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html) as soon as it becomes available)

B. FEDERAL AWARD INFORMATION

B1. Total Funding

HHS expects to award up to \$10,000,000 for the 12-month period of performance, depending on the availability of funds and current program priorities. In the absence of funding, HHS is under no obligation to make awards under this announcement or can change the award amount prior to the issuance of a Notice of Award.

As the Navigator program enters its sixth year, HHS is using this opportunity to explore alternative approaches to funding and structuring the Navigator program. The funding available to Navigator awardees is reflective of a maturing Exchange and is intended to align with ongoing operational changes to the enrollment process—such as the launch of the proxy Direct Enrollment (DE) pathway for plan year (PY) 2018⁹ and the forthcoming Enhanced Direct Enrollment (EDE) pathway for PY 2019¹⁰, both of which aim to further improve the consumer enrollment experience by providing multiple avenues through which a consumer can apply for coverage. In light of consumers' increased familiarity with the FFEs' eligibility and enrollment platform, and the introduction of these additional enrollment avenues and resources, HHS believes that Navigators will be able to stretch their funding further as a result of not needing to focus as much on providing resource-intensive face-to-face assistance to consumers with the enrollment process as in prior years. This shift will instead allow awardees to utilize less

⁹ See *Proxy Direct Enrollment Pathway for 2018 Individual Market Open Enrollment Period*, CMS Health Insurance Exchange Guidance, May 17, 2017, <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-for-the-Proxy-Direct-Enrollment-Pathway-for-2018-Individual-Market-Open-Enrollment-Period.pdf>.

¹⁰ See *Third-party Auditor Operational Readiness Reviews for the Enhanced Direct Enrollment Pathway and Related Oversight Requirements*, CMS Health Insurance Exchange Guidelines, February 21, 2018, <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Third-party-Direct-Requirements.pdf>.

resource-intensive methods of facilitating enrollment and disseminating information to consumers in their communities.

B2. Award Amount

HHS expects to award up to \$10,000,000 for the 12 month period of performance, depending on the availability of funds and current program priorities. The \$10,000,000 in total available funding is allocated among the 34 FFE states (*See Appendix VI, List of States for which Cooperative Agreement Funding is Available*) based on the size of the remaining, eligible uninsured (legal residents under age 65) population in each FFE state, with a minimum of \$100,000 available for awards in each FFE. In cases where a FFE's initial allocation was less than \$100,000, their funding was rounded up to \$100,000 by proportionately reducing the total available funding from all FFEs with initial allocations larger than \$100,000.

The 34 FFE states have been sorted into funding tiers, outlined in the below table, based on their state's total number of remaining, eligible uninsured consumers. Those FFEs with the highest number of remaining uninsured, and therefore the FFEs that are the most likely to have the highest number of consumers who have been "left behind" for Navigators to reach, are in the tier with the highest available funds—tier 6. On the contrary, those FFE states with the lowest number of remaining uninsured consumers are in the tier with the minimum amount of available funding – tier 1. The funding allocation formula and funding tier table will be updated for subsequent budget periods based on funding availability and new data (if available).

When developing their budget request, each applicant should ensure that the amount of funding being requested in their application is reasonable and appropriate for the activities being proposed. The amount of funding being requested by an applicant within a FFE for the 12-month budget period should be proportional to the scope and breadth of the activities being proposed and the portion of the FFE they plan to target. For example, an applicant proposing to serve the entire State of Alaska could apply for a maximum of \$100,000 for the 12-month budget year. Alternatively, an applicant only proposing to serve part of the State of Alaska could apply for \$50,000 for the 12-month budget year, allowing multiple applicants (if available) to be selected for award in the State of Alaska. When making awards, HHS reserves the right to reduce the budget requested, or only partially fund proposed activities, based on its review of the expected activities, the reasonableness of the budget submitted by the applicant, and the availability of remaining funds for the FFE for which an award is made.

Table 1. Funding Allocation Tiers for 2018-2019 Budget Period, Per FFE State
(\$100,000 minimum in total funding available per state)

Funding Allocation Tier 1 <i>Uninsured population less than 200,000 per FFE</i>		
States with a FFE	2016 State Uninsured Rate (under age 65)¹¹	Funding Allocation per FFE for 2018-2019 Budget Period
Alaska	101,000	\$100,000
Delaware	53,000	
Hawaii	49,000	
Iowa	132,000	
Maine	106,000	
Montana	83,000	
Nebraska	161,000	
New Hampshire	78,000	
North Dakota	52,000	
South Dakota	74,000	
West Virginia	96,000	
Wyoming	67,000	
Funding Allocation Tier 2 <i>Uninsured population less than 450,000 per FFE</i>		
States with a FFE	2016 State Uninsured Rate (under age 65)	Funding Allocation per FFE for 2018-2019 Budget Period
Alabama	435,000	\$200,000
Kansas	249,000	
Mississippi	346,000	
Utah	265,000	
Wisconsin	300,000	

¹¹ Numbers in thousands and represent civilian, noninstitutionalized population. For information on confidentiality protection, sampling error, non-sampling error, and definitions, see https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2016.pdf. For complete data by state, see *Health Insurance in the United States: 2016, Table A-5*, US Census Bureau, September 12, 2017, <https://www.census.gov/data/tables/2017/demo/health-insurance/p60-260.html>.

Funding Allocation Tier 3 <i>Uninsured population less than 700,000</i>		
States with a FFE	2016 State Uninsured Rate (under age 65)	Funding Allocation per FFE for 2018-2019 Budget Period
Arizona	681,000	\$300,000
Indiana	530,000	
Louisiana	470,000	
Michigan	527,000	
Missouri	532,000	
Ohio	644,000	
Oklahoma	530,000	
South Carolina	486,000	
Tennessee	592,000	
Funding Allocation Tier 4 <i>Uninsured population less than 900,000 per FFE</i>		
States with a FFE	2016 State Uninsured Rate (under age 65)	Funding Allocation per FFE for 2018-2019 Budget Period
Illinois	817,000	\$400,000
New Jersey	705,000	
Pennsylvania	708,000	
Virginia	715,000	
Funding Allocation Tier 5 <i>Uninsured population less than 1.5 million per FFE</i>		
States with a FFE	2016 State Uninsured Rate (under age 65)	Funding Allocation per FFE for 2018-2019 Budget Period
Georgia	1,310,000	\$500,000
North Carolina	1,038,000	

Funding Allocation Tier 6 <i>Uninsured population more than 2 million per FFE</i>		
States with a FFE	2016 State Uninsured Rate (under age 65)	Funding Allocation per FFE for 2018-2019 Budget Period
Florida	2,544,000	\$1,250,000
Texas	4,545,000	

Strong performance during the period of performance will be measured by looking at:

- The awardee’s ability to meet the performance metrics laid out in its original application,
- The quality and timeliness of required report submissions,
- The awardee’s compliance with the terms and conditions provided with its Notice of Award, including compliance with all applicable statutory and regulatory requirements, and
- The awardee’s ability to communicate with and respond in a timely manner to requests from their Project Officer throughout the period of performance. Information about reporting and certification will be provided with the Notice of Award for the Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges.

This solicitation provides detailed information on the cooperative agreement requirements related to these activities and instructions for application submission.

Individual cooperative agreement award amounts will vary annually depending on:

- The total funding available to the Navigator program,
- Annual rate of uninsured,
- Current program priorities,
- The number and quality of eligible Navigator cooperative agreement applicants for a given FFE,
- The size and scope of the left behind population a Navigator cooperative agreement applicant proposes to reach, and
- Whether funds requested are for allowable costs.

When making awards, HHS reserves the right to reduce the budget requested, or only partially fund proposed activities, or not at all, based on its review of:

- The expected scope of the proposed targeted FFE service area,
- The performance metric goals laid out in the application,
- Target population(s) served by the applicant,

- Scope and breadth of the activities being proposed and the size of the population to be targeted,
- Proposed budget submitted by the applicant,
- Other awarded Navigator recipients in a given FFE, and
- The availability of remaining funds for the Exchange service area or areas which an award is made.

CMS decisions regarding funding levels for each of the FFEs, as established in the aforementioned Table 1, and decisions regarding the specific funding levels for each cooperative agreement award, are not appealable. The decision not to award a cooperative agreement is also not appealable¹².

Multi-State Awardees:

An applicant may propose to serve populations in multiple FFEs through the submission of one application. However, the applicant must submit separate Budget Narratives and project (metric) goals for each FFE it proposes to serve (*See Section D. Application and Submission Information* for additional information). If an applicant is proposing to serve in more than one FFE, *the applicant should be prepared to revise its project scope and budget upon award if it is not funded to serve in all proposed FFEs and/or at the full amount requested.*

B3. Anticipated Award Date

The anticipated award date is September 12, 2018.

B4. Period of Performance

The period of performance is 12 months from the date of the notice of award.

B5. Number of Awards

HHS estimates the number of awards to be between 25 and 50. All awards are subject to funding availability. In the absence of funding, HHS is under no obligation to make awards under this announcement.

B6. Type of Award

These awards will be structured as cooperative agreements. Under the Federal Grant and Cooperative Agreement Act of 1977, 31 U.S.C. 6301, *et seq.*, and implementing regulations at 45 C.F.R. part 75, a cooperative agreement is an alternative assistance instrument to be used in lieu of a grant whenever substantial Federal involvement with the recipient during performance

¹² See <https://cfda.gov/>

is anticipated. The difference between grants and cooperative agreements is the degree of Federal programmatic involvement rather than the type of administrative requirements imposed. Therefore, statutes, regulations, policies, and the information contained in the HHS Grants Policy Statement¹³ that are applicable to grants also apply to cooperative agreements, unless the award itself provides otherwise (*see also F4. Cooperative Agreement Terms and Conditions*).

B7. Type of Competition

This will be a competitive Funding Opportunity open to all eligible applicants identified in C1. Eligible Applicants.

C. ELIGIBILITY INFORMATION

C1. Eligible Applicants

This Funding Opportunity is open to individuals and private and public entities capable of carrying out the Navigator duties and other program requirements in a FFE, as outlined in statute, regulations, and this announcement (*See particularly Section A. Program Description*). Under section 1311(i) of the PPACA¹⁴, eligible entities may include, but are not limited to, trade, industry and professional associations; commercial fishing industry organizations; ranching and farming organizations; community and consumer-focused nonprofit groups; chambers of commerce; unions; resource partners of the Small Business Administration; other licensed insurance agents and brokers¹⁵ and other entities capable of meeting program requirements. Eligible applicants may choose to partner with other entities and/or individuals to form a consortium of subrecipients¹⁶ in order to target a larger total portion of the “left behind”

¹³ The HHS regulation (45 C.F.R. Part 75) *effective December 26, 2014*, supersedes information on administrative requirements, cost principles, and audit requirements for grants and cooperative agreements included in the current (2007) HHS Grants Policy Statement where differences are identified.

¹⁴ See PPACA 1311(i)(2)(B).

¹⁵ PPACA 1311(i)(4) prohibits a Navigator from being “a health insurance issuer and from “receiv[ing] any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any qualified individuals or employees of a qualified employer in a [QHP].” CMS regulations at 45 C.F.R. 155.210(d)(1)-(4) and 155.215(a)(1) implement this statutory provision. In guidance, CMS has explained that agents and brokers who sell lines of insurance other than health insurance or stop loss insurance (for example, auto, life, and homeowners’ policies) would not be prohibited from receiving consideration from the sale of those other lines of insurance while serving as a Navigator. However, agents and brokers that sell lines of insurance other than health insurance or stop loss insurance, and that opt to become Navigators, would have to disclose these non-prohibited lines of business to the FFE and (in plain language) to each consumer assisted, per 155.215(a)(1)(i)(iv)(A).

¹⁶ A consortium for the purposes of this Funding Opportunity refers to two or more individuals, two or more private or public organizations, or a combination of individual(s) and private or public organization(s) that have identified a lead entity to serve as the primary applicant for, and recipient of, federal funding, and that will serve as the pass-through entity for making federal funds awarded under the funding opportunity available to other consortium members. The lead applicant should demonstrate through its application a plan to establish subawards and contracts with other consortium members to fulfill all the requirements of this Funding Opportunity. Applicants should be

population. In the case of an application from more than one entity or individual (i.e., a consortium), applicants must designate a lead applicant to serve as the primary contact for, and recipient of, federal funding, and that will serve as the pass-through entity for making federal funds awarded under the funding opportunity available to other consortium members.

The Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2019 Final Rule¹⁷ amended 45 C.F.R. § 155.210(c)(2), effective 6/18/2018, to eliminate the requirements that each Exchange must have at least two Navigator entities and that one of these entities must be a community and consumer-focused non-profit (CCFN). Accordingly, by the time CMS expects to award Navigator cooperative agreements for the FFEs under this Funding Opportunity, it will have the flexibility, unlike prior Funding Opportunities, to select less than two awards per FFE, and will also have the flexibility to make that award to an organization other than a CCFN.

To receive a cooperative agreement, applicants will be expected to:

- Demonstrate that they have existing relationships with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a QHP in the communities they expect to target, or that they could readily establish those relationships¹⁸, with a particular emphasis on those populations which the Exchange has identified as being “left behind” (See Section A4. *Program Description*).
 - For purposes of this Funding Opportunity, the Exchange will consider “left behind” populations to include those individuals who are disproportionately without access to health insurance coverage or care and who may be unaware of the full range of coverage options available to them, including coverage options in addition to QHPs, such as association health plans and short-term, limited-duration insurance. Examples of “left behind” populations include: hourly wage workers (restaurant and retail workers); variable income workers (workers with unpredictable annual incomes who fluctuate in and out of eligibility for financial assistance when purchasing health insurance); and persons who did not get health insurance because of a lack of affordable coverage options in their area,

aware that if they intend to transfer performance of any portion of the substantive programmatic work under a CMS Navigator cooperative agreement, they must indicate this information, to the extent known, at the time of the application. CMS prior approval is required for the transfer of substantive programmatic work from a recipient to a subaward or contract once the period of performance has commenced. CMS would consider activities that Navigators are required or authorized to perform under CMS Navigator program regulations to be substantive programmatic work subject to this prior approval requirement. See related CMS guidance and citations at <https://marketplace.cms.gov/technical-assistance-resources/delegating-navigator-duties-faqs.pdf>.

¹⁷ Federal Register: <https://www.federalregister.gov/documents/2018/04/17/2018-07355/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2019>

¹⁸ See PPACA Section 1311(i)(2): <https://sites.google.com/site/healthreformnavigator/ppaca-sec-1311>, and CMS regulations at 155.210(c).

or because they lacked a general knowledge about affordable health insurance options and how to enroll.

- Applicants may propose additional “left behind” populations in their applications for the FFE’s approval.
- Describe their previous work with consumers, including “left behind” groups, and how their experience working with consumers will support their work as a Navigator awardee, including how it will support their efforts to facilitate enrollment in QHPs and Medicaid/CHIP through an FFE, or, in the alternative, describe how they are in a position to readily establish relationships with consumers in the community(ies) they propose to target and with “left behind” groups.
- Demonstrate their experience and expertise in meeting the linguistic and cultural needs of diverse communities.

Previous awardees should describe their success with achieving previous project goals under any of the prior CMS Navigator funding opportunities.

All applicants should indicate in the cover letter if they, or any of their consortium members if applicable, were ever on a formal corrective action plan, including receiving a warning letter, and for how long and when they successfully completed the corrective action plan, while serving as an HHS Navigator awardee or subawardee/contractor of an HHS Navigator awardee (or as an awardee of any other federal grant/cooperative agreement) and a description of how the issue(s) was resolved. In addition, CMS regulations, at 45 C.F.R. § 155.210(c)(1)(iii), require that entities that wish to become Navigators must meet any applicable State licensing, certification, or other standards, so long as such standards do not prevent the application of the provisions of title I of the PPACA.

C2. Cost Sharing or Matching

Cost sharing or matching is not a requirement of this Funding Opportunity.

C3. Mandatory Letter of Intent

A letter of intent is not a requirement of this Funding Opportunity.

C4. Ineligibility Criteria

Each award made under this Funding Opportunity should not be used for activities funded by other CMS or federal grant/cooperative agreement awards. In the budget request, applicants should distinguish between activities that will be funded under this application and similar activities funded with other CMS or federal sources, if applicable.

The following entities are *ineligible* to apply under this Funding Opportunity:

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

Consistent with 45 C.F.R. § 155.215(a)(1)(i), all applicants (individuals, entities, and all members making up a consortium) should submit a brief statement (one or two short paragraphs) within the Cover Letter attesting that they, as Navigator cooperative agreement applicants, are not ineligible entities, and include attestations that all other Navigator entities (including subrecipients and contractors performing Navigator duties, the Navigator(s) including the Navigator's staff),¹⁹ do not have any of the prohibited relationships with health insurance or stop loss insurance issuers that are outlined above.

As is explained in 45 C.F.R. § 155.215 and the preamble language discussing that provision, some conflicts of interest (other than the prohibited relationships outlined above) would not be absolute bars to service as a Navigator, provided that the conflict of interest would not ultimately prevent the entity or individual from providing information and services in a fair, accurate, and impartial manner. In addition, in accordance with 45 C.F.R. § 155.215(a)(1)(ii) and in compliance with the Standard Terms and Conditions that will be included in a Notice of Award, **all successful applicants will be required to provide a written plan to remain free of conflicts of interest and to disclose to CMS, as operator of the FFE, certain non-disqualifying conflicts of interest as specified in 45 C.F.R. § 155.215(a)(1)(iv).**

C5. Single Application Requirements

An applicant may propose to serve populations in multiple FFE service areas through the submission of one application, by submitting separate budget narratives and project (metric) goals for each Exchange service area it proposes to serve (*See* Sections A4. *Program Requirements* and B2. *Award Amount*).

¹⁹ See the conflict of interest regulations at https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&rgn=div5&view=text&node=45:1.0.1.2.70&idno=45#se45.1.155_1215

C6. Continued Eligibility

An awardee must continue to meet the program and eligibility requirements (*See* Sections A4. *Program Requirements* and C1. *Eligible Applicants*) throughout the period of performance and comply with the terms and conditions that will accompany the notice of award.

C7. EIN, DUNS, and SAM Regulations

In order to apply, all applicants are required to have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN); a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number; and be registered in the System for Award Management (SAM) database (<https://www.sam.gov/portal/public/SAM/>) to be able to submit an application at grants.gov (*See* Appendix II, Application and Submission Information, for descriptions of EIN, DUNS, and SAM).

C8. Foreign and International Organizations

Foreign and International Organizations are not eligible to apply.

C9. Faith-Based Organizations

Faith-based or religious organizations that are otherwise eligible may apply for this award on the same basis as any other organization, as set forth at and subject to the protections and requirements of 45 C.F.R. § 75.218, 45 C.F.R. Part 87, and 42 U.S.C. 2000bb *et seq.* CMS will not, in the selection of Navigator grant recipients, discriminate for or against an organization on the basis of the organization's religious character, including the definition, practice, and expression of its religious beliefs, or its religious affiliation, nor substantially burden an organization's religious exercise absent an individualized compelling interest for, and absent any alternatives to, imposing such a burden. Eligibility criteria, policies, or regulations shall not be deemed "compelling" simply by virtue of their having been applied neutrally, broadly, or uniformly over time.

A faith-based or religious organization that participates in this program will retain its independence from the government and may continue to carry out its mission consistent with religious freedom protections in federal law, including the Free Speech and Free Exercise clauses of the constitution, 42 U.S.C. §§ 2000bb *et seq.*, 42 U.S.C. § 238n, 42 U.S.C. § 18113, 42 U.S.C. §§ 2000e-1(a) and 2000e-2(e), 42 U.S.C. § 12113(d), and the Weldon Amendment, among others.

To the extent consistent with religious freedom protections under federal law, a faith-based or religious organization may not use direct financial assistance from HHS to support or engage in

any explicitly religious activities²⁰ and may not, in providing services or in outreach activities related to such services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.

D. APPLICATION AND SUBMISSION INFORMATION

D1. Address to Request Application Package

Application materials will be available at <https://www.grants.gov>. Please note that HHS requires applications for all announcements to be submitted electronically through Grants.gov. Applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website (*See Appendix II, Application and Submission Information*, for specific instructions on how to apply).

D2. Content and Form of Application Submission

a. Application format

Each application must include all contents of the application package, in the order indicated, and conform to the following formatting specifications:

- Use 8.5” x 11” letter-size pages (one side only) with 1” margins (top, bottom, and sides). Other paper sizes will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5” x 11”.
- All pages of the project and budget narratives must be paginated in a single sequence.
- Font size must be at least 12-point with an average character density no greater than 14 characters per inch.
- The **Project Narrative** may be single-spaced, double-spaced, or a combination of single and double-spaced.
- The **Budget Narrative** may be single-spaced, double-spaced, or a combination of single and double-spaced (applicants should follow format in budget sample provided in Appendix I, *Guidance for Preparing a Budget Request and Narrative*).
- **The application Project Narrative must not exceed 15 pages in length, the Work Plan and Timeline must not exceed 5 pages in length, the Budget Narrative must not exceed 10 pages per state, and the Business Assessment of Applicant Organization must not exceed 10 pages (for a total of 40 pages).**

²⁰ “Explicitly religious activities” includes activities that “involve overt religious content such as worship, religious instruction, or proselytization.” 45 C.F.R. § 87.3(c). Any such activities must be offered separately, in time or location, from the programs or services funded under the HHS grant or cooperative agreement, and participation must be voluntary for beneficiaries of the HHS grant or cooperative agreement-funded programs or services.

- Please note the Budget Narrative page limit is 10 pages per Exchange service area/state. Applicants may submit multiple budget narratives only if applying to serve in multiple states, with each budget narrative totaling up to 10 pages.
- If an applicant, for example, is targeting two Exchange service areas/states, then it may submit two separate budget narratives, up to 10 pages per budget narrative. The total page limit for the applicant, in this example, is 50 pages.
- Tables included within any portion of the application should follow the same font requirements outlined above and may also be single spaced. Tables are counted towards the applicable page limits.
- The **Project Abstract** is restricted to a one-page summary which may be single-spaced.
- The Standard Forms, Cover Letter, Project Abstract, and Negotiated Indirect Cost Rate Agreements (NICRAs) are excluded from the page limitations.

Applications determined to be ineligible, incomplete, and/or nonresponsive based on the initial screening may be eliminated from further review. However, in accordance with HHS Grants Policy, the CMS, Office of Acquisition and Grants Management (OAGM), Grants Management Officer in his/her sole discretion, may continue the review process for an ineligible application if it is in the best interests of the government to meet the objectives of the program.

b. Standard forms

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

- Project Abstract
- SF-424: Official Application for Federal Assistance (see note below)
- SF-424A: Budget Information Non-Construction
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities
 - *All applicants must submit this document. If your entity does not engage in lobbying, please insert “Non-Applicable” on the document and include the required Authorized Organizational Representative (AOR) name, contact information, and signature.* Please note that the application kit available online in Grants.gov is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. The specific Funding Opportunity will provide final, binding guidance. **This form is required as part of your application package and must be submitted for your application to be considered eligible for review.**

- **Project Site Location Form(s)**

All applicants must submit this document. Please note that the application kit available online in Grants.gov is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. The specific Funding Opportunity announcement will provide final, binding guidance. **This form is required as part of your application package and must be submitted for your application to be considered eligible for review.**

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

- Item 15 “Descriptive Title of Applicant’s Project.” Please indicate in this section the name of this Funding Opportunity: **Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges.**
- Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these cooperative agreements.
- Please note that only the Authorized Official Representative has the authority and must electronically sign item 21 on page 3 of the SF-424^{21 22}.

c. Mandatory Cover Letter

The applicant’s cover letter must clearly identify:

- Project Title
- Name of Applicant Organization (entity, individual, or consortium)
 - If applying as a consortium, the lead applicant should be listed, along with all known consortium partners (subrecipients or contractors) that provide Navigator services, if selected for award.
- Indicate whether the applicant is an eligible public or private entity, individual, or consortium and the entity type (e.g., chamber of commerce, community or consumer-

²¹ The SF-424 [Application for Federal Assistance] asks on page 1 for person to be contacted on matters concerning the application (i.e., a point of contact for any questions relating to the application). The Authorized Organizational Representative (AOR) must be included on page 3 of this form. Further, the AOR’s name/contact information and electronic signature, not the application contact unless he/she is the same as the AOR, must be included on page 3, item 21: “*By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).”

²² The electronic signature on the SF-424, SF-424B, and SF-LLL will reflect the name of the individual logged into Grants.gov that submits the application even if the correct AOR name and contact information is typed into the form. We cannot accept standard forms in which the AOR name/contact information does not match the electronic signature shown or if the information included is not for the AOR.

focused nonprofit group, resource partner of Small Business Administration, or any other entity or individual who meets the requirements set forth in 45 C.F.R. § 155.210)

- Authorized Organizational Representative (AOR)²³ Name and Contact Information (email and phone number)
- Project Director Name and Contact Information (email and phone number)
- Internal and External Contacts²⁴ (first and last names, phone numbers, and email addresses)
- FFE state(s) to be served and an alphabetized list of all counties the applicant proposes to target
- Amount of funding requested, per FFE if proposing to serve in multiple FFE states
- List of Organization's Board of Directors
- Brief summary of whether the applying entity, individual, or any member of a consortium or contractor performing Navigator duties has ever been on a formal corrective action plan, including a warning letter, and for how long and when it was successfully completed the corrective action plan, while serving as a HHS Navigator awardee (or as an awardee of any other federal grant/cooperative agreement)
- Brief statement in the Cover Letter attesting that the applying entity (including entity, individual, or any member of a consortium) is not an ineligible entity, as outlined in 45 C.F.R. §§ 155.210(d) and 155.215(a)(1)(i), and *C4. Ineligibility Criteria*. The letter must also include **attestations that all other Navigator entities (including subrecipients and contractors performing Navigator duties, the Navigator(s) including the Navigator's staff),²⁵ do not have any of the prohibited relationships with health insurance or stop loss insurance issuers that are outlined in C4. Ineligibility Criteria.**

²³ If selected for award, according to the HHS Grants Policy Statement (HHS GPS), the Authorized Organizational Representative is the designated representative of the applicant/recipient organization with authority to act on the organization's behalf in matters related to the award and administration of grants. In signing a grant application, this individual agrees that the organization will assume the obligations imposed by applicable Federal statutes and regulations and other terms and conditions of the award, including any assurances, if a grant is awarded.

²⁴ If the applicant receives an award, the internal contact will be CMS' point of contact for day-to-day matters related to the operation of the Cooperative Agreement (typically the same person as the identified Principal Investigator/Project Director). According to the HHS GPS, the Principal Investigator/Project Director (PI/PD) is the individual designated by the recipient, responsible for the scientific, technical, or programmatic aspects of the grant and for day-to-day management of the project or program. The external contact will serve as the primary point of contact for external stakeholders, such as local, state, and regional entities interested in collaboration or media inquiries.

²⁵ See the conflict of interest regulations at https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&rgn=div5&view=text&node=45:1.0.1.2.70&idno=45#se45.1.155_1215

d. Project Abstract

A one-page abstract should serve as a succinct description of the proposed project and must include the goals of the project; a list of potential subrecipients or contractors that will perform Navigator functions (if known), including those entities that are part of a consortium and consortium or project name (if applicable); the amount of funding requested for each FFE state for which the applicant seeks funding; the population(s) or group(s) that the applicant expects to target, including size of the left behind population a Navigator cooperative agreement applicant proposes to reach; an alphabetized list of counties that the applicant proposes to target within each FFE state(s) for which the applicant seeks funding; and a description of how the cooperative agreement will be used to perform Navigator functions as outlined in 45 C.F.R. § 155.210 and § 155.215. The abstract is often distributed to provide information to the public and Congress and therefore should be clear, accurate, concise, and written without reference to other parts of the application. Personally identifiable information should be excluded from the abstract.

e. Project Narrative (maximum of fifteen pages)

The project narrative must be no more than fifteen pages in length and is expected to address in a detailed, chronological, and organized manner all of the required elements included below, regarding how the applicant will implement the one year cooperative agreement program, and ultimately, meet the objective of providing Navigator services as outlined in 45 C.F.R. §§ 155.210 and 155.215. Applicants should clearly state in the introduction of the Project Narrative whether they are current and/or past HHS Navigator awardees and, under each element below, provide information which is inclusive of activities funded or performed under their current and/or past HHS Navigator award and also distinguish any activities currently being funded through an HHS Navigator cooperative agreement from any new activities to be supported through this Funding Opportunity.

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

- Applicants must specify who will perform the cooperative agreement activities under this Funding Opportunity (individual, entity, or consortium). In the case of an entity or consortium performing cooperative agreement activities, the applicant must describe the type of entity and provide a description of the organizational structure(s) of the entity or consortium.
- Applicants must describe:
 - The community(ies) or populations(s) that they expect to target.
 - The State(s) and county(ies) in which this(ese) population(s) reside(s), and the reason for expecting that they will focus their efforts on primarily that(those) population(s) or community(ies);

- The percentage of the State’s uninsured population encompassed in the population(s) or community(ies) they expect to serve.

Applicants proposing to serve in multiple areas of a state, or across multiple FFE states, are also expected to describe how they will balance their efforts among the different areas based on the uninsured populations in those areas. Applicants proposing to serve across multiple FFEs must also submit separate project (metric) goals as outlined in item 3 below for each FFE they are proposing to serve. Tribal Applicants should include the federally recognized Indian Tribal lands of their target Tribal population and how they plan to serve the different geographic areas of their target population in their application.

Applicants that demonstrate a focus on the individuals considered to be “left behind” and a commitment to serving these populations, while also being prepared to assist any consumer seeking assistance, will receive a higher score in this category than applicants that do not.

If applicable, current and/or past HHS Navigator awardees should explain how funding requested in excess of the amount provided under their current or previous Navigator award will expand upon the community(ies) previously served and/or the services previously provided to consumers.

2. Scope of Activities

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

- A plan for carrying out, at a minimum, those duties described as required Navigator duties in statute and regulation (*see* Section A4. *Program Requirements* for an overview);
- A description of how the applicant will serve the proposed targeted area(s) and their plan for conducting public education and outreach activities²⁶ to raise awareness about the FFEs;
- A description of the communication and marketing plan to reach the targeted proposed area(s);
- A description of existing relationships and how additional relationships could be readily established with employers and employees, consumers (including consumers who are considered to be “left behind”), or self-employed individuals, who are likely to be eligible for enrollment in a QHP or who are in a “left behind” population as described in this Funding Opportunity;

²⁶ This could be done through various means, including but not limited to: distributing educational flyers, posting information on an organization’s website, or other cost-effective approaches to sharing information with consumers.

- For current or past HHS Navigator awardees, this section should describe the progress already made with regard to meeting the required Navigator duties (*See* Section A4. Program Requirements) and their performance metrics and how the applicant plans to continue, improve or expand upon them as a result of receiving funding through this opportunity.
- Applicants are also encouraged to describe their plan and outline strategies that maximize their impact on the community while using federal grant funds efficiently - such as through strategic partnerships with public and private organizations, coordinating outreach activities with local CHIP outreach programs, or providing more virtual/mobile assistance to consumers. The public and private organizations with which applicants might consider partnering could include the following types of organizations:
 - Chambers of Commerce
 - Small businesses
 - Trade associations
 - State unemployment offices and job training centers
 - Local Children’s Health Insurance Program (CHIP) outreach programs
 - Local State Health Insurance Program (SHIP) offices
 - Local Social Security Offices
 - Community Health Centers
 - Faith-based Organizations
 - Community-based primary care and pediatric providers
- A plan to perform the statutory and regulatory duties of a Navigator for the entire length of the cooperative agreement;
- A plan to inform potential enrollees of their option not to purchase plans that cover abortion services contrary to one’s beliefs, and/or to receive a hardship exemption if all affordable plans offered through the FFE in their county/borough/parish provide coverage of abortion services.
- A plan to provide information and assistance on PPACA rules prohibiting the use of premium tax credits and cost-sharing reductions in paying for non-Hyde abortion, the process by which issuers must bill premiums for Qualified Health Plans that cover non-Hyde abortion services, and segregation of funds requirements for such issuers.
- An attestation that all paid and unpaid staff performing Navigator duties under this cooperative agreement will remain free of conflicts of interest during their term as a Navigator; and
- A plan to ensure all persons carrying out Navigator functions complete all required training and certification.

3. FY 2018-2019 Project Goals

Applicants should carefully consider their proposed service area and provide realistic project goals for carrying out all required duties during the 12-month period of performance. Applicants proposing to serve multiple FFEs must submit project goals for each FFE separately. More importantly, if awarded funds, a recipient will be held accountable for meeting its proposed project goals. Failure to meet proposed project goals, especially goals that relate to work performed during the open enrollment (OE) period, or decreasing project goals after funds are awarded, may negatively impact a recipient's application for any future Navigator funding.

As described above, all applicants must submit realistic numbers for the following project goals regarding their Navigator work in the Exchanges for the 12-month period of performance:

- Number of consumers expected to be reached through education and outreach activities during the entire 2018-2019 budget period.
- Number of 1:1 consumer interactions during the entire 2018-2019 budget period (including both general and specific inquiries) with consumers as reported to CMS.
- Number of consumers assisted with enrollment or reenrollment in a QHP during the entire 2018-2019 budget period.
- Number of consumers assisted applying for or being referred to Medicaid/CHIP during the entire 2018-2019 budget period.
- Number of consumers provided information and assistance during entire 2018-2019 budget year with the additional activities as stated in 45 C.F.R. § 155.210(e):
 - Filing Exchange eligibility appeals,
 - Understanding and applying for exemptions from the individual shared responsibility payment,
 - Understanding and assisting with premium tax credit reconciliation process,
 - Exchange-related components of the premium tax credit reconciliation process, and understanding the availability of IRS resources on this process;
 - Understanding basic concepts and rights related to health coverage and how to use it; and
 - Referrals to licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice related to consumer questions about the Exchange application and enrollment process, exemptions from the requirement to maintain minimum essential coverage and from the individual shared responsibility payment, and premium tax credit reconciliations.
- Number of active Navigator staff (please specify the total percentage of full-time employees (FTE) and a breakout of that percentage by the number of full-time and part-time Navigators) to be federally trained and certified/re-certified by October 1, 2018 and throughout open enrollment (OE) which will end on December 15, 2018.

- Number of active Navigator staff (please specify the total percentage of FTEs and a breakout by numbers of both full-time and part-time) to be federally trained and certified/re-certified post enrollment, December 16, 2018 to the end of the budget year.

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

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

- How the applicant intends to comply with FFE privacy and security standards and to use computers, including laptops or tablets, in accordance with those standards and 45 C.F.R. § 155.260. The privacy and security standards for current Navigator awardees under opportunity CA-NAV-15-001 and CA-NAV-16-001 can be found here: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/EXAMPLE-2017-Privacy-Security-Terms-Conditions.pdf>.
- Process for ensuring all persons performing Navigator functions and others who have access to sensitive information or PII related to the organization's Navigator functions complete all required training related to ensuring privacy and security of consumer PII, including training on compliance with FFE privacy and security standards.
- Process for ensuring that applicants for coverage available through an Exchange application (1) are informed of the functions and responsibilities of Navigators, including that Navigators are not acting as tax advisers or attorneys when providing assistance as Navigators and cannot provide tax or legal advice within their capacity as Navigators; (2) provide authorization prior to a Navigator's obtaining access to their personally identifiable information; and (3) may revoke at any time the authorization provided to the Navigator.

Applicants should discuss how they plan to ensure that persons performing Navigator functions and others who have access to sensitive information or PII related to the organization's Navigator functions will protect consumer PII. Discussion should include:

- Plans for training persons performing Navigator functions and others who have access to sensitive information or PII related to the organization's Navigator functions on how to receive, secure, and handle PII or other sensitive data, and
- Process for evaluating qualifications of persons performing Navigator functions and others who have access to sensitive information or PII related to the organization's Navigator functions for receiving, securing, and handling PII or other sensitive data, including if background checks are conducted. If background checks are conducted,

applicants should explain on whom they are conducted, what would be considered to be adverse findings of a background check and/or findings that would preclude someone from working on the organization's Navigator activities or accessing PII related to those activities, and whether the following types of recommended background checks are used:

- Office of Inspector General (OIG) Sanction Check
 - HHS OIG has a list that identifies individuals who are debarred/sanctioned from participating on any Federal programs.
- Criminal Background Investigation
 - This type of investigation can include a national criminal database search, as well as a locality search (to include Federal, District & County Court and criminal records check).
- State-required Background Check
 - This can include any investigations required of Navigators under state law.
- Current and past HHS Navigator awardees should include a discussion of their track record handling and protecting consumer PII while as a Navigator awardee, including any breaches of consumer PII (and when) and actions taken to rectify the breach(es).

5. Accomplishments

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

- Developing and maintaining relationships with key stakeholders including employers and employees, consumers (including consumers who are considered to be "left behind" and other targeted populations), and self-employed individuals, who are likely to be eligible for enrollment or re-enrollment in a QHP;
- Providing information and services to individuals with varying levels of education and financial and health literacy in a manner that is culturally and linguistically appropriate;
- Working with individuals with limited English proficiency, individuals with disabilities, and populations considered to be "left behind" in the current private health insurance market;
- Current and past HHS Navigator awardees should identify which of these accomplishments were achieved as a result of receiving HHS Navigator funding.

6. Expertise of Personnel

Applicants must provide:

- Information on the total number of personnel expected to perform Navigator activities under the direct supervision of the applicant and/or any consortium members or sub-recipients or contactors under this cooperative agreement, both during open enrollment and post-open enrollment;
- A description of staff expertise with the Health Insurance Exchanges, and how they ensure that all paid and unpaid staff performing Navigator duties successfully complete the required federal certification or recertification training as well as any applicable state Navigator requirements before assisting consumers in the Exchanges;
- A description of staff expertise in the private health insurance market, and how it conducts public education and outreach activities, assists consumers in obtaining health coverage eligibility determinations, find available health insurance options (including public programs such as Medicaid/CHIP), assist consumers with enrolling through a SEP, and work with individuals with limited English proficiency and the left behind populations; and
- A description of personnel expertise in their ability to perform work that is culturally and linguistically appropriate and work that is accessible and accommodating to meet the needs of individuals with disabilities.

If selected for an award, applicants will be required to submit a plan to ensure personnel comply with the conflict of interest provisions in 45 C.F.R. § 155.215. For current and/or past HHS Navigator awardees, applications should describe the level of expertise of personnel both before and after receipt of previously awarded Navigator funding, including how they meet the requirements set forth in 45 C.F.R. §§ 155.210 and 155.215, and describe how any additional funding requested in this category will be used for new activities related to developing staff expertise, for example, training staff that the entity expects to add during the period of any new grant, or conducting recertification training for all existing staff.

f. Work Plan and Timeline (maximum of five pages)

A detailed timeline is required for the 12-month period of performance, discussing the goals and objectives consistent with those outlined in the project narrative. The work plan submitted with the application should document plans for use of the funds as well as associated timeframes, including time spent completing the HHS-provided training and examination prior to performing any Navigator-related functions. Prior HHS Navigator awardees who receive a new cooperative agreement will also be required to undergo recertification training. Applicants should identify by name and title the key personnel such as the AOR, PD, lead Navigator(s) and any other key individuals responsible for accomplishing the goals of the project.

g. Budget and Budget Narrative (maximum of ten pages per state)

Applicants should submit a budget with appropriate budget line items, as well as a narrative that identifies and describes the funding needed to accomplish the cooperative agreement's goals. While developing their budgets, applicants should be cognizant of spending grant funds efficiently on higher-cost activities such as the one-to-one consumer interactions. For the budget recorded on form SF-424A, applicants should outline the total amount requested by line item category, as well as provide an overall total requested. The costs should be separately shown for the entire 12-month period of performance (*See Appendix I, Guidance for Preparing a Budget Request and Narrative* for more specific guidance on completing the SF-424A form (Budget Information – Non Construction)). The SF-424A must be fully completed.

The Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF-424A, including a breakdown in costs for each activity/cost within the line item. The breakdown in the budget narrative should coincide with the breakdown in costs on the SF-424A. The proportion of the requested funding designated for each activity during the 12-month period of performance should be clearly defined and justify the applicant's readiness to receive funding. This will include providing complete explanations and justifications for the proposed activities. Applicants must include specific salary rates, if planning to use cooperative agreement funds to pay for salaries²⁷. The budget must separate out funding that is administered directly by the lead individual or entity from funding that will be provided to subrecipients, including consortium partners.

If the applicant intends to serve multiple states, a separate Budget Narrative should be submitted for each state; however, **only one** SF-424A may be submitted and should include the total funds requested for each line item category for all Exchange states/service areas, as well as an overall total cooperative agreement request for all Exchange states/service areas. The costs for the full 12-month period of performance (including all Exchange states/service areas) shown on the SF-424A should mirror the total requested on the SF-424 Application for Federal Assistance. The Budget Narrative for each state should be no more than 10 pages in length. Additionally, **all applicants should be prepared to revise their project scope and budget upon award if they are not funded to serve in all proposed Exchange service areas and/or at the full amount requested.**

²⁷ Applicants who plan to utilize staff or employees who will spend less than 100% of their time performing Navigator functions (but are employed by the organization and paid by other funds from the organization for the remainder of their time) must demonstrate in their application what safeguards they have in place, or will put in place if selected for an award, to ensure time spent working on non-Navigator functions is not paid for with Navigator cooperative agreement funds.

As part of this application for funding:

- Applicants must request funding only for activities not currently being funded or supported by HHS Navigator cooperative agreement funding.
- Awards made under this Funding Opportunity should not supplant any existing funding, including funding provided through previous HHS Navigator grants.
- Current HHS Navigator awardees should distinguish activities to be funded through this opportunity from those currently being funded through, the 2015 or 2016 Funding Opportunity Navigator cooperative agreement awards.
- Applicants must also attest that they are not receiving other Federal grant dollars for the same activity(ies) for which they will receive funding under this opportunity.

For more information and instructions completing the budget narrative, applicants should refer to Appendix I, *Guidance for Preparing a Budget Request and Narrative*. This Appendix provides detailed instructions and examples of how the information in the budget narrative should be presented. Detailed explanations must be provided for each activity as well as full computations. Applicants must also clearly link each activity to the goals and requirements of this Funding Opportunity. Funding to support activities that do not include sufficient justification (to include full descriptions and computations) may be omitted from the final budget approved.

h. Business Assessment of Applicant Organization (maximum of ten pages)

As required by 45 C.F.R. §75.205 for competitive grants and cooperative agreements, CMS will evaluate the risk posed by an applicant before they receive an award. This analysis of risk includes items such as financial stability, quality of management systems, and the ability to meet the management standards prescribed in 45 C.F.R. Part 75.

An applicant must review, answer, and submit the business assessment questions outlined in Appendix III, *Business Assessment of Application Organization (Questions)*. There are ten (10) topic areas with a varying number of questions within each topic area. Applicants **MUST** provide an answer to each question. Moreover, applicants should refrain from solely answering yes or no to each question – i.e., a brief, substantive answer should be given for almost all questions (referring to sections of official agency policy is acceptable). If the answer to any question is non-applicable, please provide an explanation. Please note, if CMS cannot complete its review without contacting an applicant for additional clarification, the applicant may not be selected for award.

D3. Unique Entity Identifier and System for Award Management (SAM) – Required

Unless the applicant is an individual or Federal awarding agency that is excepted from those requirements under 2 C.F.R. 25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 C.F.R. 25.110(d), each applicant is required to:

- i. Be registered in SAM before submitting its application;
- ii. Provide a valid unique entity identifier in its application; and
- iii. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

HHS may not make a Federal award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements and, if an applicant has not fully complied with the requirements by the time HHS is ready to make a Federal award, HHS may determine that the applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another applicant.

D4. Submission Dates and Times

All applications must be submitted electronically and be received through <http://grants.gov> by 3:00 pm Eastern Daylight Time – Baltimore, MD - on August 9, 2018. Applications submitted after 3:00 pm, Eastern Daylight Time, on August 9, 2018 will not be reviewed or considered for award.

D5. Intergovernmental Review

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

D6. Cost Restrictions

Prohibited Uses of Cooperative Agreement Funds

Awards issued by the Department of Health and Human Services through the Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges Funding Opportunity may **not** be used for any of the following:

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

- To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
- To supplant funds provided under Funding Opportunity Announcement numbers CA-NAV-15-001 and CA-NAV-16-001, entitled “Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces.”
- To cover any pre-award costs.
- To carry out services that are the responsibility of the Exchange, such as eligibility determinations and transferring enrollment information for consumers to a QHP.
- To carry out any functions already funded by HHS, including through federal Exchange Establishment grants under Section 1311(a) of the PPACA or through federal Consumer Assistance Program grants under Section 2793 of the Public Health Service Act.
- To assist consumers residing in a state with a State-based Exchange (*See Appendix VI, List of States for which Cooperative Agreement Funding is Available*) or in a state the Navigator has not been awarded cooperative agreement funding to serve. Exchange Navigators may provide these consumers with basic information about the Exchange, but should refer them to Navigators, the Exchange Call Center, and other resources within the state where the consumer resides for more in-depth assistance.
- To fund staff retreats or promotional giveaways.
- To purchase gifts or gift cards, or promotional items that market or promote the products or services of a third party, that would be provided to any applicant or potential enrollee.

Other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government, funds for the Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges **may not**:

- Be used to pay the salary or expenses of any grant recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body.
- Be used for lobbying, but they can lobby *at their own expense* if they can segregate Federal funds from other financial resources used for that purpose.

Indirect Costs

Applicants that are including allowable indirect costs in their budget and budget narrative must upload a current and approved indirect cost rate agreement with HHS covering the cooperative agreement supported activities and period of performance, unless the non-Federal entity has never received an indirect cost rate. Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII(D)(1)(b) to 45

C.F.R. Part 75, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. For additional information on indirect costs, please refer to F2.B. Administrative Requirements of this Funding Opportunity.

D7. Mandatory Disclosure

The non-Federal entity or applicant for a Federal award must disclose, in a timely manner, in writing to the HHS awarding agency or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. §75.371, including suspension or debarment. (*See* also 2 C.F.R. parts 180 and 376, and 31 U.S.C. 3321). Disclosures must be made at the time of application, if known, and thereafter, as soon as this information is known. Submission is required for all applicants, in writing, to the awarding agency and to the HHS.

Disclosures must be sent in writing to:

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
Office of Acquisition and Grants Management
Attn: Director, Division of Grants Management
7500 Security Blvd, Mail Stop B3-30-03
Baltimore, MD 21244-1850

Materials should also be scanned and emailed to the Grants Management Specialist assigned to this Funding Opportunity (*See* Section G. *CMS Contacts*).

AND

U.S. Department of Health and Human Services
Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

URL: <http://oig.hhs.gov/fraud/reportfraud/index.asp> (Include “Mandatory Grant Disclosures” in subject line)

Fax: (202) 205-0604 (Include “Mandatory Grant Disclosures” in subject line) or

Email: MandatoryGranteeDisclosures@oig.hhs.gov

E. APPLICATION REVIEW INFORMATION

E1. Criteria

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

If an applicant does not submit all of the required documents and does not address each of the topics described below, the application may not be reviewed or selected for an award.

As indicated in Section D2. *Content and Form of Application Submission*, all applicants must submit the following required documents:

1. Standard Forms
2. Cover Letter
3. Project Abstract
4. Project Narrative
5. Work Plan and Timeline
6. Budget and Budget Narrative(s)
7. Business Assessment of Applicant Organization

In order to receive a cooperative agreement award, an eligible entity, individual, or consortium must submit a proposal to operate as a Navigator in an FFE. Successful applicants are required to demonstrate that they will use cooperative agreement funds to, at a minimum, carry out all statutory and regulatory duties, as found in Section 1311(i) of the PPACA, and 45 C.F.R. §§ 155.210 and 155.215, of a Navigator for the entire length of the 12-month period of performance, including those requirements outlined in Section A4. *Program Requirements* of this Funding Opportunity.

The review criteria are as follows (based on 100 points):

Project Narrative Topics	Total Available Points	Scoring Criteria Breakdown
<p>Type of entity (individual, organization, or consortium) and description of the community(ies) and group(s) the applicant expects to serve</p>	<p>10</p>	<ul style="list-style-type: none"> • (1 pts) Description of who will perform the cooperative agreement activities under this Funding Opportunity (individual, entity, or consortium). <ul style="list-style-type: none"> ▪ In the case of an entity or consortium performing cooperative agreement activities, the applicant must describe the type of entity and provide a description of the organizational structure(s) of the entity or consortium. ▪ If applicable, a description of any entities who be contracted as subrecipients to carry out Navigator activities under this cooperative agreement. • (8 pts) Location and description of community(ies) expected to be targeted, including: <ul style="list-style-type: none"> ▪ State(s) and an alphabetized list of all applicable county(ies) within each state, ▪ Description of the communities and targeted populations (such as consumers that are currently uninsured²⁸ and consumers considered to be “left behind”) applicant expects to serve, while also describing how it is prepared to assist any consumer seeking assistance. ▪ Tribal Applicants applying for an award in more than one State/ Exchange service area should also include a description of their target federally recognized Tribal or group population(s) and its federally recognized Tribal land(s) and a list of counties.

Project Narrative Topics	Total Available Points	Scoring Criteria Breakdown
		<ul style="list-style-type: none"> • (1 pts) Brief statement in the Cover Letter attesting that the applying entity (including entity, individual, or any member of a consortium) is not an ineligible entity, as outlined in 45 C.F.R. §§ 155.210(d) and 155.215(a)(1)(i), and C4. Ineligibility Criteria. The letter must also include attestations that all other Navigator entities (including subrecipients and contractors performing Navigator duties, the Navigator(s) including the Navigator's staff),²⁹ do not have any of the prohibited relationships with health insurance or stop loss insurance issuers that are outlined in C4. Ineligibility Criteria.
Scope of Activities³⁰	40	<p>The applicant’s plan must discuss how the applying entity, individual, or consortium proposes to operate as a Navigator(s), to include:</p> <ul style="list-style-type: none"> • (15 pts) A plan to perform the statutory and regulatory duties of a Navigator for the entire length of the cooperative agreement, including the additional regulatory requirements at 45 C.F.R. § 155.210(e) (See Section A4. Program Requirements), that maximize impact on the community and that use federal cooperative agreement funds efficiently —such as through strategic partnerships with public and private organizations, coordinating outreach activities with local Medicaid/CHIP outreach or

²⁹ See the conflict of interest regulations at https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&rgn=div5&view=text&node=45:1.0.1.2.70&idno=45#se45.1.155_1215

³⁰ For current and/or past HHS Navigator awardees, this section should also describe the progress already made with regards to the below mentioned scope of activities and whether or how the applicant plans to improve or build upon these activities as a result of receiving funding through this Funding Opportunity. If applicable, applicants should identify whether they were an awardee under Year 1 (Funding Opportunity CA-NAV-13-001) and/or Year 2 (Funding Opportunity CA-NAV-14-002), and/or CA-NAV-15-001 or CA-NAV-16-001 of the HHS Navigator cooperative agreement program.

Project Narrative Topics	Total Available Points	Scoring Criteria Breakdown
		<p>other similar outreach programs, or providing more virtual or mobile assistance to consumers.</p> <ul style="list-style-type: none"> • (15 pts) A description of existing and additional relationships that could be readily established with employers and employees, consumers (including consumers who are considered to be “left behind”), or self-employed individuals, who are likely to be eligible for enrollment in a QHP and/or who may be disproportionately without access to health insurance coverage or care and who may be unaware of the full range of the different types of coverage options available to them, including options in addition to QHPs, such as association health plans and short-term, limited-duration insurance. • (5 pts) A description of how the applicant will conduct public education and outreach activities to raise awareness about the Exchanges and a description of the communication and marketing plan to reach the left-behind and/or other targeted population(s). <ul style="list-style-type: none"> ▪ The description should include a plan to provide fair, accurate, and impartial information and services (including providing information that assists consumers with submitting the eligibility application, clarifying the distinctions among health coverage options, including QHPs, and helping consumers make informed

Project Narrative Topics	Total Available Points	Scoring Criteria Breakdown
		<p>decisions during the health coverage selection process); and facilitating selection of a QHP³¹.</p> <ul style="list-style-type: none"> • (2 pts) A plan for making referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under Section 2793 of the Public Health Service Act, or any other appropriate State agency or agencies, to assist enrollees with grievances, complaints, or questions about their health plan, coverage, or a determination related to their coverage. • (3 pts) A description of the applicant’s project goals for number of persons trained and certified to carry out Navigator functions under the cooperative agreement. Applicants proposing to serve multiple areas of a state, or multiple states, are also expected to describe how they will balance their efforts among the different areas based on the uninsured populations and populations already enrolled in coverage through the Exchange in those areas.
Ensuring Privacy and Security of Consumer	15	<ul style="list-style-type: none"> • (5 pts) Applicants should develop and include with their application a plan to protect the privacy and security of consumers’ PII that includes a discussion of the following:

³¹ The applicant should state its commitment and demonstrate its ability to provide information in a manner that is culturally and linguistically appropriate to the population served by the Exchange, including individuals with limited English proficiency, and that is accessible to individuals with disabilities, consistent with the requirements of 155.210(e)(5) and 155.215(c) and (d).

Project Narrative Topics	Total Available Points	Scoring Criteria Breakdown
<p>Personally Identifiable Information (PII)³²</p>		<ul style="list-style-type: none"> ▪ How the applicant intends to comply with FFE privacy and security standards and to use smart phones and computers, including laptops or tablets, in accordance with those standards and 45 C.F.R. § 155.260. ▪ The privacy and security standards for current Navigator awardees under opportunity CA-NAV-15-001 and CA-NAV-16-001 can be found here: https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/EXAMPLE-2017-Privacy-Security-Terms-Conditions.pdf <ul style="list-style-type: none"> • (5 pts) Applicants should discuss how they plan to ensure that staff performing Navigator duties will protect consumer PII. Discussion should include: <ul style="list-style-type: none"> ▪ Process for ensuring all paid and unpaid staff performing Navigator duties successfully complete all required federal and, if applicable, state training, including training on ensuring privacy and security of consumer PII and complying with FFE privacy and security standards. ▪ Process for ensuring that applicants for coverage available through an Exchange application (1) are informed of the functions and responsibilities of Navigators, including that Navigators are not acting as tax advisers or attorneys when providing assistance as Navigators and cannot provide tax or legal advice within their capacity as Navigators; (2) provide authorization prior to a Navigator’s obtaining access to their personally identifiable

³² Current and past HHS Navigator awardees should include a discussion of their track record handling and protecting consumer PII.

Project Narrative Topics	Total Available Points	Scoring Criteria Breakdown
		<p>information; and (3) may revoke at any time the authorization provided to the Navigator.</p> <ul style="list-style-type: none"> ▪ If a past grantee in any of the previous Funding Opportunities, please include a description of any breaches of PII or incidents, and how the grantee addressed and prevented future breaches or incidents. Failure to include this information may disqualify the applicant from being funded under this Funding Opportunity. If there were no reported incidents or breaches, please note this information as well. <ul style="list-style-type: none"> • (5 pts) Plans for training staff on how to receive, secure, and handle PII or other sensitive data, and process for evaluating staff qualifications for receiving, securing, and handling PII or other sensitive data, including if background checks are conducted, on whom, findings that would preclude someone from being affiliated with the Navigator program, and confirmation whether the following types of background checks are used: OIG Sanction Checklist, Criminal Background Investigation, and any State-required Background Check.
Accomplishments	10	<p><i>For current and past HHS Navigator awardees, please distinguish accomplishments made as a result of receiving previous Navigator funding from accomplishments made prior to and separate from the Navigator award(s). Where appropriate, please include specific numbers such as number of events and attendees, number of clients receiving eligibility and enrollment assistance, number of consumers enrolled in coverage due to applicant's activities, etc.</i></p> <p>Applicant's ability to and accomplishments in:</p> <ul style="list-style-type: none"> • (2 pts) Assisting targeted consumers the applicant intends to serve.

Project Narrative Topics	Total Available Points	Scoring Criteria Breakdown
		<ul style="list-style-type: none"> • (3 pts) Describe accomplishments and success reaching consumers, especially those individuals considered to be “left behind.” • (5 pts) Describe demonstrated ability to connect “left behind” individuals without health insurance coverage. This may include, for example, demonstrated ability to coordinate with organizations that provide a broad range of health care services and specialties, including pediatric and primary care for families to the most vulnerable populations in need of coverage.
Expertise of Personnel	10	<p><i>For current and past HHS Navigator awardees, applicant should describe the level of expertise of personnel both before and after receipt of previous Navigator funding, and how any additional funding in this category through this opportunity will be used for new activities related to developing Navigator staff expertise, including training newly hired staff and/or recertifying current staff.</i></p> <ul style="list-style-type: none"> • (5 pts) Staff Expertise in: <ul style="list-style-type: none"> ▪ Providing assistance with enrolling or re-enrolling in coverage through the Federally-facilitated Exchange, including with enrollments in Medicaid/CHIP. ▪ Conducting public education and outreach activities <i>in cost-effective and creative ways</i>, including developing a marketing and communication plan that maximizes reaching the number of uninsured consumers. ▪ Working with “left behind” populations, such as hourly wage workers (restaurant and retail workers) and variable income workers (workers with unpredictable annual incomes who fluctuate in and out of eligibility for financial

Project Narrative Topics	Total Available Points	Scoring Criteria Breakdown
		<p>assistance when purchasing health insurance and have been priced out of the health insurance market due to lack of affordable options).</p> <ul style="list-style-type: none"> • (5 pts) Brief summary about complying with the terms and conditions. An applicant (entity, individual, or consortium) must indicate here if they, or any of their consortium members or contractor(s) performing Navigator duties, if applicable, have ever been on a formal corrective action plan, including a warning letter, and for how long and when it was taken off the corrective action plan, while serving as a HHS Navigator awardee (or as an awardee of any other federal grant/cooperative agreement). Applicants who are current Navigator awardees and who are on an existing formal corrective action plan (CMS will provide the ORC a list) will receive 0 out of 5 points for this specific bullet point.
Budget Narrative	15	<ul style="list-style-type: none"> • (5 pts) Detailed budget, adhering to the format outlined in Appendix I, <i>Guidance for Preparing a Budget Request and Narrative</i>, for the 12-month period of performance (to include SF-424A and Budget Narrative(s))³³. <ul style="list-style-type: none"> ▪ If proposing to serve multiple FFEs, the budget must include separate budget narratives for each FFE it is proposing to serve. If not, no points will be awarded for this category.

³³ For current and past HHS Navigator awardees, this section should focus on activities which will be completed if selected for another Navigator award. The funding for these activities must not overlap with the funding provided for prior Navigator activities. Applicants should also include information on other sources of funding. If other funding, whether from a federal or non-federal source, is used for outreach, eligibility, and/or enrollment assistance, please explain what additional accomplishments or activities would be supported with federal funds received through this funding opportunity.

Project Narrative Topics	Total Available Points	Scoring Criteria Breakdown
		<ul style="list-style-type: none"> • (9 pts total) Reasonableness of requested funding according to tasks proposed: <ul style="list-style-type: none"> ▪ (6 of 9 pts) Funds requested are reasonable based on the total available funding in the applicant’s target FFE(s), as outlined in Table 1, and allowable in light of the applicant’s plan to carry out all required duties. Again, applicants who are creative and submit efficient plans to carry out the Navigator duties for 2018 and beyond as outlined in A4. Program Requirements will receive more points in this category. ▪ (3 of 9 pts) Funds requested are reasonable based on its proposed project goals. Include description of any rural or hard to reach geographic areas. <p>(1 pt) Statement of assurance within the budget narrative that funding from this opportunity will not be used for activities already funded by HHS, including through federal Marketplace Establishment grants/cooperative agreements under Section 1311(a) of the PPACA, or through federal Consumer Assistance Program grants under Section 2793 of the Public Health Service Act.</p>
Total Available Points		100

E2. Review and Selection Process

For detailed information on the review and selection process, please refer to Appendix V, *Review and Selection Process*.

E3. Federal Awardee Performance and Integrity Information Systems (FAPIIS)

- i. CMS, prior to making a Federal award with a total amount of Federal share greater than the simplified acquisition threshold, is required to review and consider any information about the applicant that is in the designated integrity and performance system accessible through SAM (currently FAPIIS) (see 41 U.S.C. 2313);
- ii. An applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that the HHS awarding agency previously entered and is currently in the designated integrity and performance system accessible through SAM;
- iii. CMS will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicant's integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants as described in 45 C.F.R. §75.205.

F. FEDERAL AWARD ADMINISTRATION INFORMATION

F1. Federal Award Notices

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

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

F2. Administrative and National Policy Requirements

A. National/Public Policy Requirements

By signing the application, the Authorized Organizational Official (AOR) certifies that the Recipient will comply with applicable public policies. Once a cooperative agreement is awarded, the Recipient is responsible for establishing and maintaining the necessary processes to monitor its compliance and that of its employees and, as appropriate, subrecipients and

contractors under the cooperative agreement with these requirements. Recipient should consult the applicable Appropriations Law, Exhibit 3 of the HHS Grants Policy Statement, titled *Public Policy Requirements*, located in Section II, pages 3-6, as well as the terms and conditions of award for information on potentially applicable public policy requirements.

Non-Discrimination

All awardees receiving awards under this cooperative agreement program must comply with all applicable Federal statutes relating to nondiscrimination, including, but not limited to:

- a. Title VI of the Civil Rights Act of 1964,
- b. Section 504 of the Rehabilitation Act of 1973,
- c. The Age Discrimination Act of 1975, and
- d. Title II, Subtitle A of the Americans with Disabilities Act of 1990.

Accessibility Provisions

Award recipients, as recipients of Federal financial assistance (FFA) from the U.S. Department of Health and Human Services (HHS), must administer their programs in compliance with Federal civil rights laws. This means that award recipients must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. It is HHS' duty to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations.

HHS provides guidance to award recipients on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. In addition, award recipients will have specific legal obligations for serving qualified individuals with disabilities by providing information in alternate formats.

Several sources of guidance provided below:

1. <http://www.hhs.gov/civil-rights/for-providers/index.html>
2. <http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-englishproficiency/index.html>
3. <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>
4. <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>
5. <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under Federal civil rights laws at <https://www.hhs.gov/ocr/about-us/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697.

Award recipients will be required to review and comply with the Accessibility Requirements outlined in Appendix IV, Accessibility Requirements, of this Funding Opportunity.

B. Administrative Requirements

- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the Applicant's original cooperative agreement application or agreed upon subsequently with HHS, and may not be used for any prohibited uses.
- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project.
- This award is subject to 45 C.F.R. Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards [available at <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>], which implements 2 C.F.R. Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ("Uniform Guidance") effective December 26, 2014. See below for more information.

Uniform Administrative Requirements, Cost Principles, and Audit Requirements

Applicants and recipients should take particular note of the following information found in 45 C.F.R. Part 75:

Uniform Administrative Requirements

In accordance with 45 C.F.R. §75.112, all award recipients receiving Federal funding from CMS must establish and comply with the conflict of interest policy requirements outlined by CMS (available for applicants upon request).

In accordance with 45 C.F.R. §75.113, *Mandatory Disclosures*, the non-Federal entity or applicant for a Federal award must disclose, in a timely manner, in writing to the HHS awarding agency or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII to 45

C.F.R. Part 75 are required to report certain civil, criminal, or administrative proceedings to SAM. Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. §75.371, including suspension or debarment. (See also 2 C.F.R. Parts 180 and 376, and 31 U.S.C. 3321). For specific information on reporting such disclosures to CMS and HHS please See Sections D7. *Mandatory Disclosures* and F3. *Terms and Conditions* of this Funding Opportunity.

Cost Principles

CMS cooperative agreement awards provide for reimbursement of actual, allowable costs incurred and are subject to the Federal cost principles. The cost principles establish standards for the allowability of costs, provide detailed guidance on the cost accounting treatment of costs as direct or indirect, and set forth allowability and allocability principles for selected items of cost. Applicability of a particular set of cost principles depends on the type of organization. Award recipients must comply with the cost principles set forth in HHS regulations at 45 C.F.R. Part 75, Subpart E with the following exceptions: (1) hospitals must follow Appendix IX to 45 C.F.R. Part 75 and (2) commercial (for-profit) organizations are subject to the cost principles located at 48 C.F.R. Subpart 31.2. As provided in those costs principles, allowable travel costs may not exceed those established by the FTR.

There is no universal rule for classifying certain costs as either direct or indirect (also known as Facilities & Administration (F&A) costs) under every accounting system. A cost may be direct with respect to some specific service or function, but indirect with respect to the Federal award or other final cost objective. Therefore, it is essential that each item of cost incurred for the same purpose is treated consistently in like circumstances either as a direct or F&A cost in order to avoid double-charging of Federal awards. Guidelines for determining direct and F&A costs charged to Federal awards are provided in §§75.412 to 75.419. Requirements for development and submission of indirect (F&A) cost rate proposals and cost allocation plans are contained in Appendices III-VII, and Appendix IX to Part 75.

Indirect Costs

HHS will reimburse indirect costs to recipients under an award if (1) allowable under the governing statute, regulations, or HHS grants policy; (2) the recipient requests indirect costs; and (3) the recipient has a Federally approved indirect cost rate agreement covering the cooperative agreement supported activities and period of performance or the non-Federal entity has never received an indirect cost rate and elects to charge a de minimis rate of 10% of Modified Total Direct Costs (MTDC) in accordance with 45 C.F.R. §75.414(f).

As described in §75.403 *Factors affecting allowability of costs*, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all

Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time. The provisions of 45 C.F.R. §§75.412 to 75.419 as well as Appendices III, IV, and VII to 45 C.F.R. Part 75 govern reimbursement of indirect costs under this Funding Opportunity.

Commercial (For-Profit) Organizations: Indirect Costs are allowable under awards to for-profit organizations. The for-profit recipient must have a Federally-approved indirect cost rate agreement covering the cooperative agreement supported activities and period of performance. Indirect cost rates for for-profit entities are negotiated by the Division of Financial Advisory Services (DFAS) in the Office of Acquisition Management and Policy, National Institutes of Health (if the preponderance of their Federal awards are from HHS), available at <http://oamp.od.nih.gov/dfas/indirect-cost-branch>, or other Federal agency with cognizance for indirect cost rate negotiation. If there is no Federally-approved indirect cost rate for the specific period of performance and the for-profit recipient has never received an indirect cost rate, then the non-Federal entity may elect to charge a de minimis rate of 10% of MTDC in accordance with 45 C.F.R. §75.414(f).

Cost Allocation

In accordance with 45 C.F.R. §75.416 and Appendix V to 45 C.F.R. Part 75 – State/Local Government wide Central Service Cost Allocation Plans, each State/local government will submit a plan to the Department of Health and Human Services Cost Allocation Services for each year in which it claims central service costs under Federal awards. Guidelines and illustrations of central service cost allocation plans are provided in a brochure published by the Department of Health and Human Services entitled “A Guide for State, Local and Indian Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government.” A copy of this brochure may be obtained from the HHS' Cost Allocation Services at <https://rates.psc.gov>. A current, approved cost allocation plan must be provided to CMS if central service costs are claimed.

Public Assistance Cost Allocation Plans

Appendix VI to 45 C.F.R. Part 75 – Public Assistance Cost Allocation Plans, provides that State public assistance agencies will develop, document and implement, and the Federal government will review, negotiate, and approve, public assistance cost allocation plans in accordance with Subpart E of 45 C.F.R. Part 95. The plan will include all programs administered by the State public assistance agency. Where a letter of approval or disapproval is transmitted to a State public assistance agency in accordance with Subpart E, the letter will apply to all Federal agencies and programs. This Appendix (except for the requirement for certification) summarizes the provisions of Subpart E of 45 C.F.R. Part 95.

Audit Requirements

The audit requirements in 45 C.F.R. Part 75, Subpart F apply to each award recipient fiscal year that begins on or after December 26, 2014. A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of Subpart F, Audit Requirements.

Commercial Organizations (including for-profit hospitals) have two options regarding audits, as outlined in 45 C.F.R. §75.501 (*see* also 45 C.F.R. §75.216).

F3. Terms and Conditions

This announcement is subject to the Department of Health and Human Services Grants Policy Statement (HHS GPS) at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary. Standard and program specific terms of award will accompany the NoA. Potential applicants should be aware that special requirements could apply to cooperative agreements based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The HHS regulation (45 C.F.R. Part 75) effective December 26, 2014, supersedes information on administrative requirements, cost principles, and audit requirements for grants and cooperative agreements included in the current HHS Grants Policy Statement where differences are identified. Awardees must also agree to respond to requests that are necessary for the evaluation of national efforts and provide data on key elements of their own cooperative agreement activities.

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

In the event a Recipient or one of its subrecipients, including any contracted entity(ies) to provide Navigator services and any other contracted entities, enters into proceedings relating to bankruptcy, whether voluntary or involuntary, the Recipient agrees to provide written notice of the bankruptcy to CMS. This written notice shall be furnished within five (5) days of the initiation of the proceedings relating to bankruptcy filing and sent to the CMS Grants Management Specialist and Project Officer. This notice shall include the date on which the bankruptcy petition was filed, the identity of the court in which the bankruptcy petition was filed, a copy of any and all of the legal pleadings, and a listing of Government grant and cooperative agreement numbers and grant offices for all Government grants and cooperative agreements against which final payment has not been made.

Intellectual Property

Recipients under this solicitation must comply with the provisions of 45 C.F.R. § 75.322, Intangible property and copyrights. The non-Federal entity may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a Federal award. The Federal awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. The non-Federal entity is subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 C.F.R. part 401.

F4. Cooperative Agreement Terms and Conditions

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

Cooperative Agreement Roles and Responsibilities are as follows:

Department of Health and Human Services

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

- Technical Assistance – HHS will host opportunities for training and/or networking, including conference calls and other vehicles.
- Collaboration – To facilitate compliance with the terms of the Cooperative Agreement and to support recipients more effectively, HHS will actively coordinate with other relevant Federal Agencies including but not limited to the Indian Health Service, the Internal Revenue Service, the Department of Homeland Security, the Administration for Children and Families, and the Social Security Administration.
- Program Evaluation – HHS will work with recipients to implement lessons learned to continuously improve this program and the nation-wide implementation of Exchange Navigator Programs.
- Project Officers and Monitoring – HHS will assign specific Project Officers to each Cooperative Agreement award to support and monitor recipients throughout the period of performance. HHS Grants Management Officers, Grants Management Specialists, and Project Officers will monitor, on a regular basis, progress of each recipient. This

monitoring may be by phone, document review, on-site visit, other meeting and by other appropriate means, such as reviewing program progress reports and Federal Financial Reports (FFR or SF-425). This monitoring will be to determine compliance with programmatic and financial requirements.

Recipients

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

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

Intellectual Property

The non-Federal entity may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a Federal award. The Federal awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. Recipients under this solicitation must comply with the provisions of 45 CFR § 75.322, Intangible property and copyrights.

F5. Reporting

Progress Reports

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

The applicant will not include PII in any weekly, monthly, quarterly, or final reports to HHS. In addition, the applicant must ensure compliance with the standards adopted by the FFE pursuant to 45 C.F.R. § 155.260 when providing Navigator services to consumers involving the use of PII. Additional details, including the due dates for the quarterly and final reports, will be provided in the terms and conditions of award.

Financial Reports

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

Quarterly Cash Transaction Financial Reporting

Recipient must report, on a quarterly basis, cash transaction data via the Payment Management System (PMS) and GrantSolutions using the Federal Financial Report (SF-425 or FFR) form. The FFR combines the information that cooperative agreement recipients previously provided using two forms: the Federal Cash Transactions Report (PSC-272) and the Financial Status Report (SF-269). Cash transactions data is reflected through completion of lines 10a-10c on the FFR. The quarterly FFR is due within (30) days after the end of each quarter.

Semi-Annual, Annual, and Final Expenditure Reporting

Recipient must also report on Federal expenditures, Recipient Share (if applicable), and Program Income (if applicable and/or allowable) at least annually. Frequency of expenditure reporting, whether semi-annually or annually, is stipulated in the Program Terms and Conditions of award. This information is reflected through completion of lines 10d through 10o of the FFR. Recipient must include information on indirect costs if approved as part of cooperative agreement award.

Additional information on financial reporting will be provided in the Standard and Program Terms and Conditions of award.

a. Federal Funding Accountability and Transparency Act Reporting Requirements

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

b. Audit Requirements

Awardees must comply with audit requirements outlined in HHS regulation 45 C.F.R. Part 75 (implementing 2 C.F.R. Part 200). See Subpart F – Audit Requirements.

<http://www.ecfr.gov/cgibin/text-idx?node=pt45.1.75#sp45.1.75.f>

c. Payment Management System Reporting Requirements

Once an award is made, the funds are posted in recipient accounts established in the Payment Management System (PMS). Recipients may then access their funds by using the PMS funds request process. Recipients must submit a quarterly SF-425 via PMS. The report identifies cash transactions against the authorized funds for the award. Failure to submit the report may result in the inability to access funds.

The PMS funds request process enables awardees to request funds using a Personal Computer with an Internet connection. The funds are then delivered to the recipient via Electronic Funds Transfer (EFT). If you are a new cooperative agreement awardee, please go to PMS Access

Procedures to find information to register in PMS. If you need further help with that process, please contact the One-DHHS Help Desk via email at pmssupport@psc.gov or call (877) 614-5533 for assistance.

G. CMS CONTACTS

G1. Programmatic Questions

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

G2. Grants Management Specialist/Business Administration Questions

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

H. APPENDICES

APPENDIX I: Guidance for Preparing a Budget Request and Narrative

This Appendix provides additional detailed instructions and examples of how the information in the budget narrative should be presented. Detailed explanations must be provided for each activity as well as full computations. Applicants must also clearly link each activity to the goals and requirements of this Funding Opportunity announcement. Funding to support activities that do not include sufficient justification (to include full descriptions and computations) may be omitted from the final budget approved.

This guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by ensuring that the required or needed information is provided. Applicants should be careful to request funding only for activities that will be funded by this specific Funding Opportunity, Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges. Any other grant/cooperative agreement funding provided by HHS, including previously or currently awarded Navigator Cooperative Agreements, should not be supplanted by funds issued through this opportunity.

Applicants must request funding only for activities not already funded/supported by a previous or current award. Awards should support separate activities and new federal funding should not be supplanted by prior federal funding. In the budget request, applicants should distinguish between activities that will be funded under this Cooperative Agreement application and activities funded with other sources. Other funding sources include, but are not limited to: Funding Opportunity Cooperative Agreement numbers CA-NAV-15-001 and CA-NAV-16-001, other HHS grant/cooperative agreement programs, and other federal funding sources as applicable. Applicants should request funding only for activities which will be funded by this specific Funding Opportunity.

All applicants must submit the Standard Form SF-424A as well as a Budget Narrative. The Budget Narrative should provide detailed cost itemizations and narrative supporting justification for the costs outlined in SF-424A. Both the Standard Form SF-424A and the Budget Narrative must include a yearly breakdown of costs for the entire period of performance.

Please review the directions below to ensure both documents are accurately completed and consistent with application requirements:

Standard Form SF-424A

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

Note: The directions in the Funding Opportunity may differ from those provided by Grants.gov. Please follow the instructions included in this Funding Opportunity as outlined below when completing the SF-424A.

Note: The total requested on the SF-424 (Application for Federal Assistance) should be reflective of the overall total requested on the SF-424A (Budget Information – Non-Construction) for the entire period of performance.

Section A – Budget Summary

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

Section B – Budget Categories

- Enter the total costs requested for each Object Class Category (Section B, number 6) for each year of the period of performance.
- Column (1) = Enter Year 1 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 1 line items should be entered in column 1, row k (sum of row i and j).
- Column (2) = Enter Year 2 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 2 line items should be entered in column 2, row k (sum of row i and j).
- Column (3) = Enter Year 3 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 2 line items should be entered in column 3, row k (sum of row i and j).

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

Budget Narrative – Sample Narrative and Instructions

Applicants must complete a Budget Narrative and upload it to the Budget Narrative Attachment Form in the application kit. Applicants must request funding only for activities not already funded/supported by a previous award. Awards should support separate activities and new Federal funding should not be supplanted by prior Federal funding. In the budget request, Applicant should distinguish between activities that will be funded under this application and activities funded with other sources. Other funding sources include other HHS grant/cooperative agreement programs, and other Federal funding sources as applicable.

A sample Budget Narrative is included below.

A. (Personnel) Salaries and Wages

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

Sample Budget

Personnel Total \$ _____

Grant \$ _____

Funding other than Grant \$ _____

Sources of Funding _____

Position Title	Name (if known)	Annual	Time	Months	Amount Requested
Project Coordinator	Susan Taylor	\$45,000	100%	12 months	\$45,000
Finance Administrator	John Johnson	\$28,500	50%	12 months	\$14,250
Outreach Supervisor	Vacant	\$27,000	100%	12 months	\$27,000
Total:					\$86,250

Sample Justification

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

Job Description: Project Coordinator - (Name)

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

B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. This information must be provided for each position (unless the rates for all positions are identical).

Sample Budget

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

Fringe Benefit	Rate	Salary Requested	Amount Requested
FICA	7.65%	\$45,000	\$3443
Worker's Compensation	2.5%	\$14,250	\$356
Insurance	Flat rate - \$2,000 (100% FTE for 12 months)	\$2,000	\$2,000
Retirement	5%	\$27,000	\$1,350
Total			\$7,149

C. Travel

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Allowable travel for other participants, advisory committees, review panel, etc. should be itemized in the same way specified below and placed in the “**Other**” category. Travel incurred through a contract should be shown in the contractual category.

Provide a narrative describing the travel staff members will perform. This narrative must include a justification which explains why this travel is necessary and how it will enable the applicant to complete program requirements included in the Notice of Funding Opportunity. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. The mileage rate cannot exceed the rate set by the General Services Administration (GSA). If travel is by air, provide the estimated cost of airfare. The lowest available commercial airfares for coach or equivalent accommodations must be used. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Costs for per diem/lodging cannot exceed the rates set by GSA. Include the cost of ground transportation when applicable. Please refer to the GSA website by using the following link <http://www.gsa.gov/portal/content/104877>.

Sample Budget

Travel Total \$ _____

Grant \$ _____

Funding other than Grant \$ _____

Sources of Funding _____

Purpose of Travel	Location	Item	Rate	Cost
Site Visits	Neighboring areas of XXX	Mileage	\$0.545 x 49 miles (use mileage rate in effect at time of mileage incurrence) x 25 trips	\$668
Training (ABC)	Chicago, IL	Airfare	\$200/flight x 2 persons	\$400
		Luggage Fees	\$50/flight x 2 persons	\$100
		Hotel	\$140/night x 2 persons x 3 nights	\$840
		Per Diem (meals)	\$49/day x 2 persons x 4 days	\$392
		Transportation (to and from airport)	\$50/shuttle x 2 persons x 2 shuttles	\$200
		Transportation (to and from hotel)	\$25/shuttle x 2 persons x 2 shuttles	\$100
Total				\$2,700

Sample Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend a conference on the following topic XXXX. This conference is only held once a year in Chicago, IL. Attending this conference is directly linked to project goals/objectives and is a necessity because XXXX. The information and tools we will gather from attending this conference will help us to accomplish project objectives by XXXX. A sample itinerary can be provided upon

request. The Project Coordinator will also make an estimated 25 trips to birth center sites to monitor program implementation (# of birth centers, # of trips per site). We are still in the process of identifying all birth center sites, but have identified an average mileage total for each site. This travel is necessary to ensure birth center sites are consistently and systematically collecting birth center data and submitting by deadlines provided. On-site monitoring will enable us to immediately address concerns. This travel also furthers our efforts to accomplish specific project goals for the following reasons

D. Equipment

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

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

Sample Budget

Equipment Total \$ _____
 Grant \$ _____
 Funding Other than Grant \$ _____
 Sources of Funding _____

Item(s)	Rate	Cost
All-in-one Printer, Copier, and Scanner (large scale)	1 @ \$5,800	\$5,800
X-Ray Machine	1 @ \$8,000	\$8,000
Total:		\$13,800

Sample Justification

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

E. Supplies

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

Sample Budget

Supplies Total \$ _____

Grant \$ _____

Funding Other than Grant \$ _____

Sources of Funding _____

Item(s)	Rate	Cost
Laptop Computer	2 @ \$1,000	\$2,000
Printer	1 @ \$200	\$200
General office supplies	12 months x \$24/mo x 10 staff	\$2,880
Educational pamphlets	3,000 copies @ \$1 each	\$3,000
Educational videos	10 copies @ \$150 each	\$1,500
Total:		\$9,580

Sample Justification

General office supplies will be used by staff members to carry out daily activities of the program. The project coordinator will be a new position and will require a laptop computer and printer to complete required activities under this notice of Funding Opportunity. The price of the laptop

computer and printer is consistent with those purchased for other employees of the organization and is based upon a recently acquired invoice (which can be provided upon request). The pricing of the selected computer is necessary because it includes the following tools XXXX (e.g. firewall, etc.). The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Usage of these pamphlets and videos will enable us to address components one and two of our draft proposal. Word Processing Software will be used to document program activities, process progress reports, etc.

F. Consultant/Sub-Recipient/Contractual Costs

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

REQUIRED REPORTING INFORMATION FOR CONSULTANT HIRING

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

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

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the Budget Narrative, a summary should be provided of the proposed consultants, the work to be

completed, and amounts for each. Recipient must not incur costs for consultant activities until the aforementioned information is provided for each consultant and CMS approval obtained.

REQUIRED REPORTING INFORMATION FOR SUBRECIPIENT APPROVAL

The costs of project activities to be undertaken by a third-party subrecipient should be included in this category. Please see 45 C.F.R. Part 75.351, *Subrecipient and contractor determinations*. Applicants must submit information on the (a) Statement of Work; (b) Period of Performance; and (c) Itemized Budget and Justification. If this information is unknown at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the Budget Narrative, a summary should be provided of the proposed subawards (subrecipients), the work to be completed, and amounts for each. Recipient must not incur costs for subrecipient activities until the aforementioned information is provided for each subrecipient and CMS approval obtained.

REQUIRED REPORTING INFORMATION FOR CONTRACT APPROVAL

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

1. Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.
4. Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks to be performed by the contractor as related to the accomplishment of program objectives. Deliverables should be clearly defined.
5. Method of Accountability: How will the contractor be monitored? Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

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

for each. Recipient must not incur costs for contractual activities until the aforementioned information is provided for each contract and CMS approval obtained.

G. Construction (not applicable)

H. Other

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

Sample Budget

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

Item(s)	Rate	Cost
Telephone	\$45 per month x 3 employees x 12 months	\$1,620
Postage	\$250 per quarter x 4 quarters	\$1,000
Printing	\$0.50 x 3,000 copies	\$1,500
Equipment Rental *specify item	\$1,000 per day for 3 days	\$3,000
Internet Provider Service	\$20 per month x 3 employees x 12 months	\$720
Word Processing Software (specify type)	1 @ \$400	\$400
Total:		\$8,240

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

Sample Justification

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

I. Total Direct Costs \$ _____

Show total direct costs by listing totals of each category.

J. Indirect Costs \$ _____

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the Cognizant Federal agency unless the organization has never established one (*see* 45 C.F.R. §75.414 for more information). If a rate has been issued, a copy of the most recent indirect cost rate agreement must be provided with the application.

Sample Budget

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

	<i>Personnel</i> \$ _____
	<i>Fringe</i> \$ _____
	<i>Travel</i> \$ _____
	<i>Supplies</i> \$ _____
	<i>Other</i> \$ _____
<i>Total</i> \$ _____	<i>x ____% = Total Indirect Costs</i>

If the applicant organization has never received an indirect cost rate, except for those non-Federal entities described in Appendix VII(D)(1)(b) to 45 C.F.R. part 75, the applicant may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC). If the applicant has never received an indirect cost rate and wants to exceed the de minimis rate, then costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs. These costs should be outlined in the “other” costs category and fully described and itemized as other direct costs.

APPENDIX II: Application and Submission Information

Employer Identification Number

All applicants must have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service to apply. **Please note, applicants should begin the process of obtaining an EIN/TIN as soon as possible after the announcement is posted to ensure this information is received in advance of application deadlines.**

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

All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number in order to apply. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. To obtain a DUNS number, access the following website: <https://www.dnb.com/> or call 1-866-705-5711. This number should be entered in block 8c (on the Form SF-424, Application for Federal Assistance). The organization name and address entered in block 8a and 8e should be exactly as given for the DUNS number. **Applicants should obtain this DUNS number as soon as possible after the announcement is posted to ensure all registrations steps are completed in time.**

System for Award Management (SAM)

All applicants must register in the System for Award Management (SAM) database (<https://www.sam.gov/portal/public/SAM/>) in order to be able to submit an application. The SAM registration process is a separate process from submitting an application. Applicants are encouraged to register early, and must provide their DUNS and EIN/TIN numbers in order to do so. **Applicants should begin the SAM registration process as soon as possible after the announcement is posted to ensure that it does not impair your ability to meet required submission deadlines.**

Each year organizations and entities registered to apply for Federal grants/cooperative agreements through Grants.gov must renew their registration with SAM. **Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying via Grants.gov. Similarly, failure to maintain an active SAM registration during the application review process can prevent HHS from issuing your agency an award.**

Applicants must also successfully register with SAM prior to registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. Please also refer to F5.C. (Federal Funding Accountability and Transparency Act Reporting Requirements) of this Funding Opportunity for more information. Primary awardees must maintain a current registration with the SAM database, and **may make subawards only to entities that have DUNS numbers.**

Organizations must report executive compensation as part of the registration profile at <https://www.sam.gov/portal/public/SAM/> by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 C.F.R. Part 170). The Grants Management Specialist assigned to monitor the subaward and executive compensation reporting requirements is Iris Grady, who can be reached at divisionofgrantsmanagement@cms.hhs.gov.

APPLICATION MATERIALS AND INSTRUCTIONS TO APPLY VIA GRANTS.GOV (COMPETITIVE APPLICATIONS)

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

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

- You can access the electronic application for this project at <http://www.grants.gov>. You must search the downloadable application page by the CFDA number.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. HHS strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time needed to complete the required registration steps. **Applications not submitted by the due date and time are considered late and will not be reviewed.**
- Authorized Organizational Representative: The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with Grants.gov for a username and password. AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password at http://grants.gov/applicants/get_registered.jsp. AORs must wait one business day after successful registration in SAM before entering their profiles in Grants.gov. **Applicants should complete this process as soon as possible after successful registration in SAM to ensure this step is completed in time to apply before application deadlines. Applications that are not submitted by the due date and time as a result of AOR issues will not be reviewed.**

- When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz POC will receive an email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence.
- The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications.
- **Any files uploaded or attached to the Grants.gov application must be PDF file format and must contain a valid file format extension in the filename.** Even though Grants.gov allows applicants to attach any file formats as part of their application, CMS restricts this practice and only accepts PDF file formats. Any file submitted as part of the Grants.gov application that is not in a PDF file format, or contains password protection, will not be accepted for processing and will be excluded from the application during the review process. In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced in size, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation. **All documents that do not conform to the above specifications will be excluded from the application materials during the review process.** Please also refer to Section D2. *Content and Form of Application Submission.*
- After you electronically submit your application, you will receive an acknowledgement from <http://www.grants.gov> that contains a Grants.gov tracking number. HHS will retrieve your application package from Grants.gov. **Please note, applicants may incur a time delay before they receive acknowledgement that the application has been accepted by the Grants.gov system. Applicants should not wait until the application deadline to apply because notification by Grants.gov that the application is incomplete may not be received until close to or after the application deadline, eliminating the opportunity to correct errors and resubmit the application. Applications submitted after the deadline, as a result of errors on the part of the applicant, will not be reviewed.**
- After HHS retrieves your application package from Grants.gov, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by Grants.gov.

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

All cooperative agreement applications must be submitted electronically and be received through <http://www.grants.gov> by 3:00 p.m. Eastern Standard or Daylight Time (Baltimore, MD) for the applicable deadline date. Please refer to the *Executive Summary* for the deadline date.

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

Please be aware of the following:

- 1) Search for the application package in Grants.gov by entering the CFDA number. This number is shown on the cover page of this announcement.
- 2) If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: www.grants.gov/customer-support or (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).
- 3) Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved.

To be considered timely, applications must be received by the published deadline date. However, a general extension of a published application deadline that affects all State applicants or only those in a defined geographical area may be authorized by circumstances that affect the public at large, such as natural disasters (e.g., floods or hurricanes) or disruptions of electronic (e.g., application receipt services) or other services, such as a prolonged blackout. This Statement does not apply to an individual entity having internet service problems. In order for there to be any consideration there must be an effect on the public at large.

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

APPENDIX III: Business Assessment of Applicant Organization (Questions)

As required by 45 C.F.R. §75.205 for competitive grants and cooperative agreements, CMS will evaluate the risk posed by applicants before they receive an award. This analysis of risk includes items such as financial stability, quality of management systems, and the ability to meet the management standards prescribed in 45 C.F.R. Part 75.

All applicants must review and answer the business assessment questions outlined below. There are ten (10) topic areas with a varying number of questions within each topic area. Applicants MUST provide an answer to each question. Moreover, applicants should refrain from solely answering yes or no to each question – i.e., a brief, substantive answer should be given for almost all questions (referring to sections of official agency policy is acceptable). If the answer to any question is non-applicable, please provide an explanation. Please note, if CMS cannot complete its review without contacting an applicant for additional clarification, the applicant may not be selected for award.

General Information

1. Does the organization have a Board of Directors with specific functions and responsibilities (by-laws)?
2. Are minutes of the Board of Directors' meetings maintained?
3. Is there an organizational chart or similar document establishing clear lines of responsibility and authority?
4. Are duties for key employees of the organization defined?
5. Does the organization have grants or cost-reimbursement contracts with other U.S. Department of Health and Human Services components or other Federal agencies?
6. Have any aspects of the organization's activities been audited recently by a Government agency or independent public accountant?
7. Has the organization obtained fidelity bond coverage for responsible officials and employees of the organization?
8. Has the organization obtained fidelity bond insurance in amounts required by statute or organization policy?

Accounting System

1. Is there a chart of accounts?
2. Is a double-entry accounting system used?
3. Does the organization maintain the basic books of account as applicable?
 - a. General ledger
 - b. Operating ledger
 - c. Project (Job) cost ledger
 - d. Cash receipts journal

- e. Cash disbursement journal
 - f. Payroll journal
 - g. Income (sales) journal
 - h. Purchase journal
 - i. General journal
4. Does the accounting system adequately identify receipt and disbursement for each grant (or contract)?
 5. Does the accounting system provide for the recording of expenditures for each program by required budget cost categories?
 6. Does the accounting system provide for recording the non-Federal share and in-kind contributions (if applicable for a grant program)?
 7. Does the organization prepare financial statements at least annually? If not, how often?
 8. Have the financial statements been audited within the past 2 years by an independent public accountant?
 9. Does the organization have a bookkeeper or accountant? If no, who is in charge of the accounting section?
 10. Is there an accounting instruction manual?

Budgetary Controls

1. Does the organization use an operating budget to control project funds?
2. Are persons in the organization who approve budget amendments authorized to do so by the Board of Directors or top management?
3. Are there budgetary controls in effect to preclude incurring obligations in excess of:
 - a. Total funds available for an award?
 - b. Total funds available for a budget cost category?
4. Are cash requirements and/or drawdowns limited to immediate need?

Personnel

1. Are personnel policies established in writing or in the process of preparation which detail at a minimum:
 - a. Duties and responsibilities of each employee's position?
 - b. Qualifications for each position?
 - c. Salary ranges associated with each job?
 - d. Promotion Plan?
 - e. Equal Employment Opportunity?
 - f. Annual performance appraisals?
 - g. Types and levels of fringe benefits paid to professionals, nonprofessionals, officers, or governing board members?
2. Is employee compensation reasonable and comparable to that paid for similar work

- in the competitive labor market?
3. Are salary comparability surveys conducted? How often?
 4. Are salaries of personnel assigned to Government projects about the same as before assignment? Identify reasons for significant increases.
 5. Does the organization maintain a payroll distribution system which meets the required standards as contained in the applicable cost principles for that organization?
 6. Does the organization maintain daily attendance records for hourly employees? Does this show actual time employees sign in and out?
 7. Does the payroll distribution system account for the total effort (100%) for which the employee is compensated by the organization?
 8. Who signs and certifies work performed in items 5, 6, and 7 above?
 9. Where duties require employees to spend considerable time away from their offices, are reports prepared for their supervisors disclosing their outside activities?

Payroll

1. Does preparation of the payroll require more than one employee?
2. Are the duties of those individuals preparing the payroll related?
3. Are the names of employees hired reported in writing by the personnel office to the payroll department?
4. Are the names of employees terminated reported in writing by the personnel office to the payroll department?
5. Is the payroll verified at regular intervals against the personnel records?
6. Are all salaries and wage rates authorized and approved in writing by a designated official or supervisor?
7. Are vacation and sick leave payments similarly authorized and approved?
8. Is there verification against payments for vacation, sick leave, etc., in excess of amounts approved and/or authorized?
9. Is the payroll double-checked as to:
 - a. Hours?
 - b. Rates?
 - c. Deductions?
 - d. Extensions, etc.?
10. Are signed authorizations on file for all deductions being made from employees' salaries and wages?
11. Is the payroll signed prior to payment by the employee preparing the payroll? The employee checking the payroll?
12. Are salary payrolls approved by an authorized official prior to payment?
13. Are employees paid by check or direct deposit? If no, how are they paid?
14. If paid by check, are the checks pre-numbered?

15. Are checks drawn and signed by employees who do not:
 - a. Prepare the payroll?
 - b. Have custody of cash funds?
 - c. Maintain accounting records?
16. Are payroll checks distributed to employees by someone other than the supervisor?
17. Is there a payroll bank account? If no, will one be opened if recipient is selected for award?
18. Is the payroll bank account reconciled by someone other than payroll staff or personnel who sign and distribute the pay checks?

Consultants

1. Are there written policies or consistently followed procedures regarding the use of consultants which detail at a minimum:
 - a. Circumstances under which consultants may be used?
 - b. Consideration of in-house capabilities to accomplish services before contracting for them?
 - c. Requirement for solicitation or bids from several contract sources to establish reasonableness of cost and quality of services to be provided?
 - d. Consulting rates, per diem, etc.?
2. Are consultants required to sign consulting agreements outlining services to be rendered, duration of engagement, reporting requirements, and pay rates?

Property Management

1. Are records maintained which provide a description of the items purchased, the acquisition cost, and the location?
2. Are detailed property and equipment records periodically balanced to the general ledger?
3. Are detailed property and equipment records periodically checked by physical inventory?
4. Are there written procedures governing the disposition of property and equipment?
5. Are periodic reports prepared showing obsolete equipment, equipment needing repair, or equipment no longer useful to the organization?
6. Does the organization have adequate insurance to protect the Federal interest in equipment and real property?

Purchases

1. Does the organization have written purchasing procedures? If not, briefly describe how purchasing activities are handled.
2. Does the policy/procedure consider such matters as quality, cost, delivery, competition, source selection, etc.?

3. Has the responsibility for purchasing been assigned to one department, section, or individual within the organization? If not, explain.
4. Is the purchasing function separate from accounting and receiving?
5. Are competitive bids obtained for items such as rentals or service agreements over certain amounts?
6. Are purchase orders required for purchasing all equipment and services?
7. Is control maintained over items or dollar amounts requiring the contracting or grants management officer's advance approval? Describe controlling factors.
8. Is the accounting department notified promptly of purchased goods returned to vendors?
9. Is there an adequate system for the recording and checking of partial deliveries and checking deliveries against purchase orders?
10. When only a partial order is received, is the project account credited for the undelivered portion of the purchase order?
11. Are the vendor invoices checked for:
 - a. Prices and credit terms?
 - b. Extensions?
 - c. Errors and omissions?
 - d. Freight charges and disallowances?
12. Are vouchers, supporting documents, expenses, or other distributions reviewed and cleared by designated staff before payment is authorized?

Travel

1. Does the organization have formal travel policies or consistently followed procedures which, at a minimum, State that:
 - a. Travel charges are reimbursed based on actual costs incurred or by use of per diem and/or mileage rates?
 - b. Receipts for lodging and meals are required when reimbursement is based on actual cost incurred?
 - c. Per Diem rates include reasonable dollar limitations? Subsistence and lodging rates are comparable to current Federal per diem and mileage rates?
 - d. Commercial transportation costs are incurred at coach fares unless adequately justified? Travel requests are approved prior to actual travel?
 - e. Travel expense reports show purpose of trip?

Internal Controls

1. Is there a separation of responsibility in the receipt, payment, and recording of cash?
 - a. For example: Are the duties of the record keeper or bookkeeper separated from any cash functions such as the receipt or payment of cash?

- b. Or, is the signing of checks limited to those designated officials whose duties exclude posting and/or recording cash received, approving vouchers for payment, and payroll preparation?
2. Are all checks approved by an authorized official before they are signed?
3. Are all accounting entries supported by appropriate documentation (e.g., purchase orders, vouchers, vendor payments)?
4. Does the organization have an internal auditor or internal audit staff?
5. Is there a petty cash fund where responsibility is vested in one individual; limited to a reasonable amount; restricted as to purchase; and counted, verified, and balanced by an independent employee at time of reimbursement?
6. Are all checks pre-numbered and accounted for when general purpose bank account is reconciled?
7. If a mechanical or facsimile signature is used for cash disbursements, is the signature plate, die, key, electronic card, etc., under strict control?
8. Are bank accounts reconciled by persons not handling cash in the organization?
9. Are all employees who handle funds required to be bonded against loss by reason of fraud or dishonesty?

APPENDIX IV: Accessibility Provisions

CMS and its awardees are responsible for complying with Federal laws regarding accessibility as noted in the Award Administration Information/Administration and National Policy Requirements Section.

The awardee may receive a request from a beneficiary or member of the public for materials in accessible formats. All successful applicants under this announcement must comply with the following reporting and review activities regarding accessible format requests:

Accessibility Requirements:

1. **Public Notification:** If you have a public facing website, you shall post a message no later than **30** business days after award that notifies your customers of their right to receive an accessible format. Sample language may be found at: <https://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>. Your notice shall be crafted applicable to your program.
2. **Processing Requests Made by Individuals with Disabilities:**
 - a. **Documents:**
 - i. When receiving a request for information in an alternate format (e.g., Braille, Large print, etc.) from a beneficiary or member of the public, you must:
 1. Consider/evaluate the request according to civil rights laws.
 2. Acknowledge receipt of the request and explain your process within 2 business days.
 3. Establish a mechanism to provide the request.
 - ii. If you are unable to fulfill an accessible format request, CMS may work with you in an effort to provide the accessible format. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
 1. The e-mail title shall read “Grantee (Organization) Alternate Format Document Request.”
 2. The body of the e-mail shall include:
 - a. Requester’s name, phone number, e-mail, and mailing address.
 - b. The type of accessible format requested, e.g., audio recording on compact disc (CD), written document in

Braille, written document in large print, document in a format that is read by qualified readers, etc.

- c. Contact information for the person submitting the e-mail – Organization (Awardee), name, phone number and e-mail.
 - d. The document that needs to be put into an accessible format shall be attached to the e-mail.
 - e. CMS may respond to the request and provide the information directly to the requester.
- iii. The Awardee shall maintain record of all alternate format requests received including the requestor’s name, contact information, date of request, document requested, format requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.
- b. Services
- i. When receiving request for an accessibility service (e.g., sign language interpreter) from a beneficiary or member of the public, you must:
 1. Consider/evaluate the request according to civil rights laws.
 2. Acknowledge receipt of the request and explain your process within 2 business days.
 3. Establish a mechanism to provide the request.
 - ii. If you are unable to fulfill an accessible service request, CMS may work with you in an effort to provide the accessible service. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
 1. The e-mail title shall read “Grantee (Organization) Accessible Service Request.”
 2. The body of the e-mail shall include:
 - a. Requester’s name, phone number, e-mail, and mailing address.
 - b. The type of service requested (e.g., sign language interpreter and the type of sign language needed).
 - c. The date, time, address and duration of the needed service.
 - d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
 - e. Contact information for the person submitting the e-mail – Organization (Awardee), name, phone number and e-mail.

- f. Any applicable documents shall be attached to the e-mail.
 - g. CMS will respond to the request and respond directly to the requester.
 - iii. The Awardee shall maintain record of all accessible service requests received including the requestor's name, contact information, date of request, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.
3. Processing Requests Made by Individuals with Limited English Proficiency (LEP):
- a. Documents:
 - i. When receiving a request for information in a language other than English from a beneficiary or member of the public, you must:
 - 1. Consider/evaluate the request according to civil rights laws.
 - 2. Acknowledge receipt of the request and explain your process within 2 business days.
 - 3. Establish a mechanism to provide the request as applicable.
 - ii. If you are unable to fulfill an alternate language format request, CMS may work with you in an effort to provide the alternate language format as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
 - 1. The e-mail title shall read "Grantee (Organization) Alternate Language Document Request."
 - 2. The body of the e-mail shall include:
 - a. Requester's name, phone number, e-mail, and mailing address.
 - b. The language requested.
 - c. Contact information for the person submitting the e-mail – Organization (Awardee), name, phone number and e-mail.
 - d. The document that needs to be translated shall be attached to the e-mail.
 - e. CMS may respond to the request and provide the information directly to the requester.
 - iii. The Awardee shall maintain record of all alternate language requests received including the requestor's name, contact information, date of request, document requested, language requested, date of acknowledgment, date request provided, and date referred to CMS if

applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

b. Services

- i. When receiving request for an alternate language service (e.g., oral language interpreter) from a beneficiary or member of the public, you must:
 1. Consider/evaluate the request according to civil rights laws.
 2. Acknowledge receipt of the request and explain your process within 2 business days.
 3. Establish a mechanism to provide the request as applicable.
- ii. If you are unable to fulfill an alternate language service request, CMS may work with you in an effort to provide the alternate language service as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
 1. The e-mail title shall read “Grantee (Organization) Accessible Service Request.”
 2. The body of the e-mail shall include:
 - a. Requester’s name, phone number, e-mail, and mailing address.
 - b. The language requested.
 - c. The date, time, address and duration of the needed service.
 - d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
 - e. Contact information for the person submitting the e-mail – Organization (Awardee), name, phone number and e-mail.
 - f. Any applicable documents shall be attached to the e-mail.
 - g. CMS will respond to the request and respond directly to the requester.
- iii. The Awardee shall maintain record of all alternate language service requests received including the requestor’s name, contact information, date of request, language requested, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

Please contact the CMS Office of Equal Opportunity and Civil Rights for more information about accessibility reporting obligations at AltFormatRequest@cms.hhs.gov.

APPENDIX V: Review and Selection Process

The review and selection process will include the following:

- Applications will be screened to determine initial eligibility for further review using the criteria outlined in Section C. *Eligibility Information*, and Section D. *Application and Submission Information* (with cross reference to Appendix II, *Application and Submission Information*), of this Funding Opportunity.
 - Applications that are received late, fail to meet the eligibility requirements as detailed in this Funding Opportunity, or do not include the required forms will not be reviewed. However, the CMS/OAGM/GMO, in his or her sole discretion, may continue the review process for an ineligible application if it is in the best interest of the government to meet the objectives of the program.
 - Procedures for assessing the technical merit of cooperative agreement applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. See next bullet point below.
- An objective review panel will be convened to determine the merits of each application by reviewing and scoring the applications based on the criteria outlined in Section E1. *Criteria*. The objective review panel may include both Federal employees and non-Federal employees. CMS reserves the right to request that applicants revise or otherwise modify their proposals and budget based on CMS recommendations.
- Following the objective review, the selection and award process may be separated into two stages:

Stage One

- During the first stage of the selection and award process, applicants will be ranked by FFE state³⁴ based on their objective review panel score.
 - Within each FFE state, the highest ranking qualified³⁵ applicant will be selected for an award, so long as there are no concerns identified during the review and selection process, as outlined in this Funding Opportunity, that would prevent selection of this entity.
 - If additional funds remain in the FFE state, they will be awarded to additional applicants in that state based on score, with preference given to

³⁴ Applicants proposing to serve multiple FFE states will be ranked against applicants in each state they are proposing to serve.

³⁵ To be considered “qualified,” an applicant must receive a score of at least 60 points from the objective review panel.

applicants whose proposals which would increase the scope of Navigator coverage in the FFE state.

- Once there is no longer enough money in a given FFE state to fund at least 50% of the proposed budget of any of the remaining, unfunded applicants with a minimum score of 60 points, the remaining funds will be pooled with remaining funds from other FFE states for use during the second stage of the award selection process as outlined below.
- If there are no qualified applicants proposing to serve a given FFE, the cooperative agreement funds apportioned to that FFE will be pooled with any remaining funds from other FFE states, if applicable, for use during the second stage of the selection and award process as outlined below.

Stage Two

- A second stage of the selection and award process will only occur if funds available through this Funding Opportunity were unused by an eligible FFE state (*See Appendix VI, List of States for which Cooperative Agreement Funding is Available*) during the first stage of the selection and award process.
- If this occurs, all remaining funds will be pooled and used to award additional eligible and qualified applicants across all FFEs, based on the criteria outlined below, until all available funding has been awarded.
- Preference during the second stage of the selection and award process will be given to those applicants whose proposals would increase the span of populations served by HHS Navigators and complement the coverage areas of other applicants selected for award in a given FFE state during stage one.
- The following criteria will be used to make award decisions during stage two of the selection and award process:
 - Scope of an applicant's proposed FFE coverage area;
 - The performance metric goals as laid out in its application;
 - Target population(s) served by the applicant;
 - Scope and breadth of the activities being proposed and the size of the population to be served;
 - Proposed budget submitted by the applicant; and
 - Other applicants selected for award during stage one in a given FFE state.

When making awards during both stages of the selection and award process discussed above, HHS reserves the right to reduce the budget requested, or only partially fund proposed activities, or not at all, based on the aforementioned criteria.

- No applicant awarded through this Funding Opportunity will receive an award in excess of the requested amount included in its initial application. Regardless of score or regulatory requirements, an application might not be selected for funding if concerns are identified in the selection process, as outlined throughout this Funding Opportunity, and more specifically in D2.(h) *Business Assessment of Application Organization*, E3. *Federal Awardee Performance and Integrity Information Systems (FAPIIS)*, and this Appendix V. *Review and Selection Process*, that would prevent selection of an entity. All awards will be announced at one time whether selected during the first or second stage of the selection and award process.
- The results of the objective review of the applications by qualified experts will be used to advise the CMS approving official. Final award decisions will be made by the CMS approving official. In making these decisions, the CMS approving official will take into consideration:
 - Recommendations of the objective review panel,
 - Responsiveness to CMS's inquiries and clarifications to application,
 - Additional review factors as outlined in this section,
 - Reviews for programmatic and grants/cooperative agreement management compliance,
 - Reasonableness of the estimated cost to the government and anticipated results, and
 - The likelihood that the proposed project will result in the benefits expected.

The decision not to award a cooperative agreement, or to award a cooperative agreement at a particular funding level, is not subject to an appeal to any CMS, HHS, or any other federal official or board.

- As noted in 45 C.F.R. Part 75, CMS will do a review of risks posed by Applicant prior to award. In evaluating risks posed by Applicant, CMS will consider the below factors as part of the risk assessment (applicant should review the factors in their entirety at §75.205):
 - Financial stability;
 - Quality of management systems and ability to meet the management standards prescribed in 45 C.F.R. Part 75;
 - History of performance (including, for prior recipients of Federal awards: timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, extent to which previously awarded amounts will be expended prior to future awards);

- Reports and findings from audits performed under Subpart F of 45 C.F.R. Part 75 and findings of any other available audits; and
 - Applicant's ability to effectively implement statutory, regulatory, and other requirements imposed on non-Federal entities.
- HHS reserves the right to conduct pre-award Negotiations with potential awardees.
- Based on this review, CMS will determine which applicants will receive cooperative agreement awards and, consistent with the guidelines outlined in Section A. *Program Requirements*, the dollar amount of each award. Successful applicants will receive one cooperative agreement award based on this Funding Opportunity.

APPENDIX VI: List of States for which Cooperative Agreement Funding is Available

The following states will have a FFE for benefit year 2019. Applicants may propose to serve consumers in any one or more of the States listed below.³⁶

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

³⁶ Should a state not currently included in this list revert from a State-based Exchange to a FFE, CMS will determine how to address funding for a Navigator program in this state at that time.

APPENDIX VII: Application Check-Off List

Required Contents

A complete proposal consists of the materials organized in the sequence below. Please ensure that the project and budget narratives are page-numbered and the below forms are completed with an electronic signature and enclosed as part of the proposal. **Everything listed below must be submitted through www.grants.gov, and formatting requirements followed.**

For specific requirements and instructions on application package, forms, formatting, please see:

Section C: Eligibility Information

Section D: Application and Submission Information

Section E: Application Review Information

Appendix I: Guidance for Preparing a Budget Request and Narrative

Appendix III: Business Assessment of Applicant Organization

- Required Forms/Mandatory Documents (Grants.gov) (with an electronic signature)
- SF-424: Application for Federal Assistance
- SF-424A: Budget Information
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities
- Project Site Location Form(s)

All documents below are required unless stated otherwise.

- Applicant's Application Cover Letter (excluded from page limitations)
- Project Abstract (one-page)
- Project Narrative (maximum of 15 pages)
- Work Plan and Timeline (maximum of five pages)
- Budget Narrative (maximum of 10 pages, per FFE applying for)
- Business Assessment of Applicant Organization (maximum of 10 pages)