

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

**Cooperative Agreement to Support Navigators in Federally-facilitated and State
Partnership Marketplaces**

Initial Announcement

Funding Opportunity Number: CA-NAV-15-001

CFDA: 93.332

Date: April 15, 2015

Applicable Dates:

Letter of Intent (Required):	June 3, 2015
Electronic Cooperative Agreement Application Due Date:	June 15, 2015 by 1:00 p.m. Eastern Daylight Time
Anticipated Notice of Award:	September 2, 2015
Cooperative Agreement Period of Performance:	36 months from the date of award with 12 month budget periods

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OVERVIEW INFORMATION

Agency Name: Department of Health and Human Services
Centers for Medicare and Medicaid Services
Center for Consumer Information and Insurance Oversight

Funding Opportunity Title: Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces

Announcement Type: New

Funding Opportunity Number: CA-NAV-15-001

Catalog of Federal Domestic Assistance (CFDA) Number: 93.332

Key Dates:

Date of Issue: April 15, 2015

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Period of Performance: 36 months from the date of award

Pre-Application Conference Calls: (See Section III. 6, *Pre-Application Conference Calls* for more information)

I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

The purpose of this Funding Opportunity Announcement is to enable recipients to operate as Exchange (Marketplace) Navigators in States with a Federally-facilitated Marketplace (FFM), including a State Partnership Marketplace, as authorized by the Affordable Care Act.¹ To view a

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. In this document, we refer to the two statutes collectively as the “Affordable Care Act.” Affordable Care Act: <http://www.gpo.gov/fdsys/pkg/CPRT-111HPRT61643/pdf/CPRT-111HPRT61643.pdf>. Throughout this document, the term “Marketplace” is used to refer to the American Health Benefit Exchanges that are described at Affordable Care Act section 1311(b) and defined at 45 C.F.R. §155.20.

current list of States that will have an FFM or State Partnership Marketplace in benefit year 2016, see Section VIII. 2, *State Reference List*.

2. Authority

This Cooperative Agreement is being issued by the Secretary of the U.S. Department of Health and Human Services pursuant to Sections 1311(d)(4)(K), 1311(i), and 1321(c)(1) of the Affordable Care Act. Section 1311(i) of the Affordable Care Act 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.” All Exchanges must carry out certain minimum functions set forth at section 1311(d)(4) of the Affordable Care Act, including the establishment of a program under which they award Navigator grants to entities to carry out the duties described in Section 1311(i)(3). This funding opportunity is provided for Navigators serving in a FFM or State Partnership Marketplace to meet the Marketplace’s obligation to establish a Navigator program.

3. Background

The Affordable Care Act includes a variety of provisions designed to promote accountability, affordability, quality, and accessibility in the health care system. The Affordable Care Act creates a Health Insurance Marketplace or “Marketplace” – also known as the Affordable Insurance Exchange – in each state, that together provide millions of Americans and small employers with access to affordable health insurance coverage. These Marketplaces allow individuals, employers, and employees to shop for, select, and enroll in QHPs. These Marketplaces also determine individuals’ eligibility for premium tax credits and cost sharing reductions, as well as help individuals access other Federal and state health care programs, such as Medicaid and the Children’s Health Insurance Program (CHIP). By providing one-stop shopping, the Marketplaces make purchasing health insurance easier and more understandable than in the past, and put greater control and greater choice in the hands of eligible individuals and small employers.

Section 1311(i) of the Affordable Care Act requires Marketplaces to establish a Navigator grant program. This funding opportunity announcement (FOA) is open to eligible entities and individuals (as described in Section 1311(i)(2) of the Affordable Care Act and 45 C.F.R. § 155.210(a) and (c)) applying to serve consumers in States with an FFM or State Partnership Marketplace (for the remainder of this document, and FFM includes State Partnership Marketplaces). Marketplace Navigators are intended to help consumers understand new

programs, take advantage of consumer protections, and navigate the health insurance system to find the most affordable coverage that meets their needs. A regulation implementing Affordable Care Act Section 1311(i), 45 C.F.R. § 155.210², requires that at least two types of entities serve as Navigators in each Marketplace, and that at least one Navigator be a community and consumer-focused nonprofit. This regulation also requires that entities or individuals serving as Marketplace Navigators must have expertise in eligibility and enrollment rules and procedures; the range of qualified health plan options and insurance affordability programs; the needs of underserved and vulnerable populations; and Marketplace privacy and security standards.

Entities or individuals eligible to apply for this FOA must be capable of carrying out, at a minimum, all duties required by HHS regulations. The primary regulations that establish requirements for grantees under this funding opportunity are 45 C.F.R. §§ 155.210 and 155.215³. These regulations establish duties that are required of all recipients of funding under this FOA, including, but not limited to:

- Conducting public education activities to raise awareness about the Marketplace;
- Maintaining a physical presence in the Marketplace service area⁴;
- Facilitating selection of a QHP;
- Providing information in a manner that is culturally and linguistically appropriate to the population served by the Marketplace, including individuals with limited English proficiency and that is accessible to individuals with disabilities;
- Complying with applicable training and conflict of interest standards;
- Obtaining the authorization of applicants for coverage available through a Marketplace application prior to accessing their personally identifiable information;

Additionally, these regulations establish prohibitions that apply to all recipients of funding under this FOA. These include, but are not limited to:

- Charging any applicant for or enrollee in coverage available through the Marketplace for application or other assistance related to Navigator duties;

² See 45 C.F.R. § 155.210, at http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=e658ecf2e4dba9cc20c34de843762515&n=pt45.1.155&r=PART&ty=HTML#se45.1.155_1210.

³ See 45 C.F.R. § 155.215, at http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=e658ecf2e4dba9cc20c34de843762515&n=pt45.1.155&r=PART&ty=HTML#se45.1.155_1215.

⁴ For purposes of this FOA, a Marketplace service area refers to a state. Navigators may propose to serve a portion of or an entire Marketplace service area.

- Compensating individual Navigators on a per-application, per-individual-assisted, or per-enrollment basis;
- Providing certain kinds of gifts to any applicant or potential enrollee as an inducement for enrollment;
- Using Marketplace 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 Marketplace;
- 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
- 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.

In April 2013, HHS released a funding opportunity to support Navigator activities in states with an FFM or State Partnership Marketplace, *PPHF-2013-Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges*, number CA-NAV-13-001. As a result of this funding opportunity, on August 15, 2013, HHS awarded approximately \$67 million to 105 Navigator grant applicants in FFM and State Partnership Marketplace states. In June 2014, HHS released a second funding opportunity to support Navigator activities in FFM and State Partnership Marketplace states, *Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces*, number CA-NAV-14-002. As a result of this funding opportunity, on September 16, 2014, HHS awarded approximately \$60 million to 92 Navigator grant applicants in FFM and State Partnership Marketplace states. HHS Navigator grantees are serving as in-person resources in their communities for consumers needing assistance shopping for and enrolling in health insurance coverage through Federally-facilitated or State Partnership Marketplaces. Entities and individuals cannot serve as federally certified Navigators without receiving federal grant funding to perform Navigator duties. The federal Navigator grants awarded in 2014 were for a performance period of one year and expire on September 15, 2015. The 2013 and 2014 Navigator grant awards were not structured to be automatically renewed. Therefore, existing Navigator grantees who are interested in continuing to serve as Navigators must reapply for another round of funding under this FOA. In addition, entities and individuals that have not previously received an award are encouraged to apply.

4. Multi-Year Project Period and Funding Structure

As the Navigator program enters its third year, the project period under this specific funding opportunity will change from 12 months to 36 months, funded in 12-month increments known as budget periods. Continued funding will be contingent on the grantee continuing to meet all Navigator program requirements and the availability of funds. This change is designed to provide

greater consistency for Navigator grantee organizations and their staff from year to year, reducing yearly start up time and providing for a more efficient use of grant funds.

Applicants must submit a proposal which covers the full 36-month project period. Although initial funding awarded through this FOA will cover only the first 12-month budget period of the 36 month project period, applicants must still submit an estimated budget for each budget period (years 1, 2, and 3) using the funding allocations provided for this year (see Section II. 2, *Award Amount* for more information). In subsequent years, grantees will be able to revise their budgets, based on actual funding available to HHS, as part of their non-competing continuation applications which will be required from all grantees prior to the end of each budget period.

A non-competing continuation application is a financial assistance request (in the form of an application or performance/progress report) for a subsequent budget period within a previously approved project period for which a recipient does not have to compete with other applicants. Approval of this application will allow the grantee to continue implementing their project plan and to receive their next 12-month increment of funding. Non-competing continuation applications should be submitted no later than 90 days before the end of the current budget period (i.e., if the budget period will end on August 10, submit the non-competing continuation application by May 10). Exact due dates will be laid out in the terms and conditions that accompany each grantee's Notice of Award.

Continued funding throughout the 36 month project period will be contingent on timely submission of the non-competing continuation application, strong performance during the previous budget period(s), funding availability, and the grantee's ability to continue meeting all eligibility requirements laid out in this FOA, including continuing to serve in a state(s) with a FFM, including a State Partnership Marketplace. Due to their non-competitive nature, continuation applications will not be reviewed or scored by an Objective Review Committee (ORC). Instead, all continuation applications will be reviewed by CMS staff. Strong performance during the previous budget period(s) will be measured by looking at a) the grantee's ability to meet the performance metrics laid out in their original application, b) the quality and timeliness of weekly, monthly, and quarterly report submission, c) the grantee's compliance with the terms and conditions provided with their Notice of Award including compliance with all applicable statutory and regulatory requirements, and d) the grantee's ability to communicate with and respond in a timely manner to requests from their project officer throughout the project period. Information about reporting and certification will be provided with the Notice of Award for the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces. Additionally, in subsequent funding cycles grantees could receive decreased funding or their grant could be terminated due to poor performance.

5. Program Requirements

The primary goal of the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces under this FOA is to provide awards to eligible entities or individuals to operate as Navigators as described in Section 1311(i) of the Affordable Care Act. Successful applicants are required to demonstrate that they will use cooperative agreement funds to perform all required Navigator duties as described in 45 C.F.R. §§ 155.210 and 155.215, including:

- Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Marketplace;
- Provide information and services in a fair, accurate, and impartial manner, which includes providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process. Such information must discuss other health programs such as Medicaid and CHIP;
- Facilitate selection of a QHP;
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under Section 2793 of the PHS Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage;
- Consistent with the requirements set forth in 45 C.F.R. § 155.215, provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Marketplace, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act; and
- Complying fully with all statutory and regulatory requirements, including but not limited to the conflict-of-interest and training standards set forth in 45 C.F.R. § 155.215.

In addition to the duties described above, as part of the required duty to conduct public education activities, Navigators are expected to create opportunities for individuals to enroll, and to sponsor and participate in outreach activities within the Marketplace service areas identified in the application and award documents. Navigators will be required to assist any consumer seeking assistance, even if that consumer is not a member of the community(ies) or group(s) the applicant expects to target, as outlined in their 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 Marketplace resources, such as the toll-free Marketplace

call center, certified application counselors, or to another Navigator in the same Marketplace who might have better capacity to serve that individual more effectively. 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 an FFM or State Partnership Marketplace is approached by a consumer who lives in a state with a State-based Marketplace, or in a state in which the Navigator has not been funded to serve, the Navigator must refer the consumer to a Navigator or other Marketplace-approved assister in the consumer's state.

Personnel who work for Navigator entities awarded cooperative agreements through this funding opportunity who plan to serve as **Navigators must complete at least 20 hours of an HHS-developed training program and pass an online exam to ensure appropriate understanding of relevant Marketplace-related information and must be federally certified before carrying out any consumer assistance functions. After initial certification, all personnel serving as Navigators must obtain continuing education and be re-certified on at least an annual basis.** Navigator entities awarded cooperative agreements must also comply with any state-specific requirements, so long as these state-specific requirements do not prevent the application of the provisions of title I of the Affordable Care Act. As a reminder, when operating under a multi-state grant, the grantee will be required to comply with all applicable requirements in each state in which it receives an award. Continued funding in subsequent budget periods is conditioned on continuing compliance with meeting all Navigator program requirements, including federal and any applicable state-specific training requirements, and the availability of funds. Navigators will receive resources from HHS to complement the federal training program, including a manual of standard operating procedures. This solicitation provides detailed information on the cooperative agreement requirements related to these activities and instructions for application submission.

II. AWARD INFORMATION

1. Total Funding

HHS expects to award up to \$201,000,000 over the three-year project period and up to \$67,000,000 during the first 12-month budget period of this multi-year award depending on the availability of funds. If additional funds become available to award the Navigator cooperative agreements, HHS may award funds in excess of \$67 million per 12-month budget period to awardees through this FOA in accordance with the funding methodology described below.

Provided that the grantee meets all program and grant requirements, funding will be issued for the first 12 month budget period of the project period and grantees will be required to submit a non-competing continuation application annually for continued funding of their award during the 36 month project period. Should the state (or, in the case of a multi-state award, all states) in

which a Navigator grantee has received funding through this FOA to serve transition from a FFM to a SBM before the 36 month project period ends, the Navigator cooperative agreement would end and all unused funding under it would be returned to HHS prior to the end of the project period, as part of the transition. In the case of a multi-state award, the Navigator cooperative agreement would remain in place for states that remain a FFM.

Additionally, HHS could terminate a cooperative agreement for poor performance, or alternatively the grantee might withdraw from the grant program before the end of the 36 month project period. If during the course of the 36 month project period the regulatory requirement that at least two types of entities serve as Navigator grantees in each Marketplace is no longer being met, a limited competition FOA may be released by HHS to secure additional grantees in the affected state(s).

2. Award Amount

As explained in Section I. 4. *Multi-Year Project Period and Funding Structure*, the HHS Navigator program in its third year will change from a 12-month project period to a 36-month project period, funded in 12-month increments known as budget periods. HHS expects to award up to \$201,000,000 over the three-year project period and up to \$67,000,000 during the first 12-month budget period of this multi-year award, depending on the availability of funds. Each applicant is eligible for only one cooperative agreement award, so long as the state(s) in which they are awarded cooperative agreement funds remains a FFM, including a State Partnership Marketplace. Funding awarded through this FOA for 2015-2016 is for the first 12-month budget period of the project period and grantees will be required to submit a non-competing continuation application every 12 months for continued funding of their award during the 36-month project period.

Funding will be provided in 12-month budget periods and will be contingent upon timely submission of the non-competing continuation application, strong performance during the previous budget period(s) and the availability of funds. Strong performance during the previous budget cycle will be measured by the indicators outlined in Section I. 4. *Multi-Year Project Period and Funding Structure*. During the first 12-month budget period of this multi-year award, at least \$600,000⁵ in funds will be available for each FFM/State Partnership Marketplace service area (see Section VIII. 2, *State Reference List*). **At least** two types of applicants (see Section III. 1, *Eligible Applicants*) in each FFM/State Partnership Marketplace service area will receive awards, including at least one community and consumer-focused nonprofit. Cooperative

⁵ Applicants should submit a budget for each 12-month period of the 36-month project period using the funding allocations available this year as outlined in this section.

agreement award amounts will vary annually depending on the total funding available, the number of individuals the applicant plans to serve, and whether funds requested are for allowable costs.

Applicants should include in their application an estimate of the number of individuals they expect to serve during the 36-month project period. This estimation should include the target number of events/public education activities the organization plans to host, the target number of individuals they plan to assist with applications for coverage available through the Marketplace and selection (including renewal) of a QHP, and the target number of one-on-one appointments with consumers. Additionally, applicants may include any additional metrics that they would like CMS to use in evaluating their progress under the grant. These metrics can be updated annually as part of the non-competing continuation application.

An applicant may propose to serve populations in multiple FFM/State Partnership Marketplace service areas through the submission of one application, by submitting separate Budget Narratives for each Marketplace service area it proposes to serve (see Section IV. D, *Budget and Budget Narrative*, for additional information). If an applicant is proposing to serve in more than one Marketplace service area, **the applicant should be prepared to revise their project scope and budget upon award if they are not funded to serve in all proposed Marketplace service areas and/or at the full amount requested.** 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 coverage of the proposed service area and target population(s) served by the applicant and other awarded Navigator grantees in a given state. Once there is no longer enough money in a given FFM/State Partnership Marketplace service area to fund at least 50% of the proposed budget of any of the remaining unfunded applicants, the remaining grant funds will be added to a pool for use during the second tier of the award selection process as discussed in Section II. 2 *Award Amount*.

Each FFM/State Partnership Marketplace service area will receive an apportionment of funds for the first 12-month budget period of the project period in the amounts listed below. The formula used to calculate the funds incorporates the number of uninsured legal residents under age 65 and the number of individuals enrolled in individual market Marketplace coverage in FFM/State Partnership Marketplaces. This formula takes into account that Navigators will be working with uninsured individuals, as well as consumers enrolled in Marketplace coverage. This formula is also intended to help HHS apportion funding to enable awardees to fulfill the full scope of responsibilities as Navigators in Marketplaces.

Navigators are responsible for assisting consumers in a wide range of health coverage areas (as outlined in *Section I.3.Background*) including with enrollment and re-enrollment in coverage through a Marketplace, with understanding new coverage programs available through a Marketplace, and with certain post-enrollment issues. The post-enrollment assistance a Navigator might provide could include, for example, referring consumers with complaints, questions, or

grievances about their coverage to appropriate state agencies; helping consumers understand their new health coverage and how to use it; assistance with updating an application for coverage through a Marketplace, including reporting changes in circumstances, and assisting with submitting information for eligibility redeterminations; answering questions about paying premiums for coverage enrolled in through a Marketplace; helping the consumer obtain assistance for post-enrollment problems such as failure to receive important coverage documents; educating consumers about their rights with respect to coverage available through the Marketplace, including the right to preventive health services without cost sharing; and helping the consumer obtain assistance with claims denials.

To obtain the portion (in percent) of the eligible uninsured in a given FFM/State Partnership Marketplace service area for the first applicable 12-month budget period of the project period, the total number of uninsured (under age 65) legal residents in each State with a FFM/State Partnership Marketplace was divided by the total number of uninsured legal residents among all States with a FFM/State Partnership Marketplace. To obtain the portion (in percent) of consumers enrolled in coverage through the individual market Marketplace in a given FFM/State Partnership Marketplace service area for the first applicable 12-month budget period of the project period, the total number of consumers enrolled in coverage through the Marketplace during 2015 open enrollment for the individual market was divided by the total number of consumers enrolled in coverage through the Marketplace during 2015 open enrollment for the individual market among all States with a FFM/State Partnership Marketplace.⁶ The funding amount available was then apportioned according to each FFM/ State Partnership Marketplace service area's portion of uninsured legal residents and portion of consumers enrolled in individual market Marketplace coverage, with a minimum award of \$600,000 available per FFM/State Partnership Marketplace service area. The percent of uninsured legal residents in each FFM/State Partnership Marketplace service area was averaged with the percent of Marketplace enrollments during 2015 open enrollment for the individual market in each FFM/State Partnership Marketplace. This created a percentage which was multiplied by the total amount of available Navigator cooperative agreement funding for the applicable federal fiscal year to generate the available funding threshold for each FFM/State Partnership Marketplace service area. In cases where a FFM/State Partnership Marketplace service area's apportionment was less than \$600,000, funding was rounded up to \$600,000 by proportionately reducing awards from all FFM/State Partnership Marketplace States with apportionments larger than \$600,000. The funding apportionment formula and funding table will be updated in subsequent budget periods based on funding availability and new data (if available).

⁶These data do not include Federally-facilitated SHOP enrollment data. CMS may include Federally-facilitated SHOP enrollment data in subsequent apportionment formula.

The amount of funding awarded to a successful applicant within a FFM/State Partnership Marketplace service area for each 12-month budget period of the project period will be based on the scope and breadth of the activities being proposed and the size of the population to be served during that time frame. For example, if an applicant proposes to serve a small community, with the goal of reaching 1,100 consumers, then the budget request must reflect an amount that is reasonable and appropriate for the activity (or activities) being proposed. 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 population and budget submitted by the applicant, as well as the availability of remaining funds for the Marketplace service area or areas for which an award is made.

The award process will be separated into two tiers. During the first tier award selection process, applicants will be selected for an award using the criteria described in Section II. 7, *Factors Affecting Application Selection* and based on the funding apportioned for the applicable 12-month budget period of the project period (a minimum of \$600,000 per Marketplace service area will be available during the first 12-month budget period). During the first tier selection process, applicants will be ranked by score within each state. Accordingly, consistent with the requirement in 45 C.F.R. § 155.210(c)(2) that one Navigator grantee in each Marketplace must be a community and consumer-focused nonprofit, the highest ranking community and consumer-focused nonprofit in each state will be selected for an award so long as there are no concerns identified in the selection process, as outlined under Section V. 2 *Review and Selection Process*, that would prevent selection of this entity. Additional funds in the state will then be awarded based on an applicant's score and the other factors outlined in Section II. 7, *Factors Affecting Application Selection*. Once there is no longer enough money in a given FFM/State Partnership Marketplace service area to fund at least 50% of the proposed budget of any of the unfunded applicants, the remaining grant funds will be pooled with remaining funds from other FFM/State Partnership Marketplace service areas for use during the second tier of the award selection process.

During the second tier of the award selection process, all remaining monies available through this FOA that were unused by an eligible FFM/State Partnership Marketplace service area (see Section VIII. 2, *State Reference List*) during the first tier award selection process will be combined and used to award remaining eligible and qualified applications based on the aforementioned criteria outlined in Section II. 7, *Factors Impacting Application Selection*. Preference during the second tier award selection process will be given to applicants whose proposals would increase the span of populations served by HHS Navigators and complement other awarded applicants in a given state. No applicant awarded through this FOA 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 under Section V. 2, *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 tier review.

Grantees who receive an award under this funding opportunity will remain eligible for a non-competing continuation for their award for up to 36 months. During the course of the multi-year funding period, new applicants will only be accepted on an as-needed, limited competition basis to replace existing grantees. This could occur if HHS terminates a grant due to unsatisfactory grantee performance, or if a grantee withdraws from program before the end of the project period.

Funding for subsequent years will be determined based upon timely submission of the non-competing continuation application, funding availability, and strong performance by the grantees (as outlined in Section I. 4. *Multi-Year Project Period and Funding Structure*).

**Funding Apportionment, Per FFM/State Partnership Marketplace Service Area
(\$600,000 minimum per state)**

States with a FFM or State Partnership Marketplace	Number of Uninsured (under age 65)*	Marketplace QHP Selections during Open Enrollment 2015 (11/15-14 - 2/15/15; including SEP activity through 2/22/15)**	Total Funding Apportioned to the FFM/State Partnership Marketplace Service Area***
Alabama	635,841	171,641	\$1,365,024
Alaska	130,797	21,260	\$600,000
Arizona	975,203	205,666	\$1,869,267
Arkansas	439,285	65,684	\$737,009
Delaware	84,516	25,036	\$600,000
Florida	3,407,527	1,596,296	\$9,950,222
Georgia	1,659,293	541,080	\$3,925,069
Illinois	1,395,623	349,487	\$2,889,972
Indiana	877,881	219,185	\$1,815,328

**Funding Apportionment, Per FFM/State Partnership Marketplace Service Area
(\$600,000 minimum per state)**

States with a FFM or State Partnership Marketplace	Number of Uninsured (under age 65)*	Marketplace QHP Selections during Open Enrollment 2015 (11/15-14 - 2/15/15; including SEP activity through 2/22/15)**	Total Funding Apportioned to the FFM/State Partnership Marketplace Service Area***
Iowa	252,680	45,162	\$600,000
Kansas	320,997	96,197	\$762,947
Louisiana	762,461	186,277	\$1,560,723
Maine	145,190	74,805	\$600,000
Michigan	1,059,775	341,183	\$2,489,767
Mississippi	507,519	104,538	\$963,091
Missouri	765,463	253,430	\$1,825,586
Montana	168,854	54,266	\$600,000
Nebraska	176,553	74,152	\$600,000
New Hampshire	141,202	53,005	\$600,000
New Jersey	944,016	254,316	\$2,024,609
North Carolina	1,296,768	560,357	\$3,603,077
North Dakota	72,960	18,171	\$600,000
Ohio	1,243,098	234,341	\$2,274,392
Oklahoma	625,681	126,115	\$1,176,562
Pennsylvania	1,170,659	472,697	\$3,123,494
South Carolina	694,535	210,331	\$1,580,018

**Funding Apportionment, Per FFM/State Partnership Marketplace Service Area
(\$600,000 minimum per state)**

States with a FFM or State Partnership Marketplace	Number of Uninsured (under age 65)*	Marketplace QHP Selections during Open Enrollment 2015 (11/15-14 - 2/15/15; including SEP activity through 2/22/15)**	Total Funding Apportioned to the FFM/State Partnership Marketplace Service Area***
South Dakota	103,653	21,393	\$600,000
Tennessee	823,584	231,440	\$1,803,591
Texas	4,811,512	1,205,174	\$9,964,528
Utah	340,640	140,612	\$920,821
Virginia	856,865	385,154	\$2,438,792
West Virginia	253,177	33,421	\$600,000
Wisconsin	482,459	207,349	\$1,336,112
Wyoming	71,595	21,092	\$600,000

*Population data for the total number of non-elderly uninsured legal residents in each State are based on the Assistant Secretary for Planning and Evaluation (ASPE) tabulations from the 2013 American Community Survey (ACS) Public Use Microdata Sample (PUMS) adjusted to exclude estimated undocumented people⁷. The ACS PUMS files are available online at <http://www.census.gov>.

⁷ The adjustment methodology is based on imputations of immigrant legal status in ASPE's TRIM3 micro simulation model (<http://trim.urban.org/>). The imputations of immigrant legal status were used to estimate the probability that an uninsured noncitizen in the ACS PUMS data was a legal resident of the United States. These probabilities – varying by state, race/ethnicity, income, and age – were then used to reweight the ACS PUMS data and produce the adjusted tabulations.

** Data represents cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2015 Marketplace medical plan for enrollment through the Marketplaces (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2014 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. These data are from ASPE's Health Insurance Marketplace 2015 Open Enrollment Period: March Enrollment Report, for the period: November 15, 2014 – February 15, 2015 (Including Additional Special Enrollment Period Activity Reported through 2-22-15). Published March 10, 2015. This file is available online at: http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/Mar2015/ib_2015mar_enrollment.pdf

***Should a state not currently included in this list revert from a State-based Marketplace to a FFM, CMS will determine how to establish funding for a Navigator program in that State at that time.

3. Anticipated Award Date

The anticipated award date is September 2, 2015.

4. Period of Performance

The period of performance, also referred to as the project period, is up to 36 months from the date of award, and will be funded in 12-month increments called budget periods. The 36 month period of performance will end earlier if HHS terminates the grant due to unsatisfactory grantee performance, if a grantee withdraws from the program, or if the FFM, including a State Partnership Marketplace, in which a grantee is serving is replaced by a State-based Marketplace before the end of the project period. Initial funding awards will not exceed 12 months in duration. Although budgets submitted should cover the entire 36 month project period, they can be revised or updated each year as part of the non-competing continuation application. Applicants will be selected using the competitive selection process outlined in this FOA.

5. Funding

HHS will work with each Navigator award recipient to evaluate its progress relative to its project narrative, work plan, and approved budget and may condition funding based on progress and adherence to Federal guidance and Marketplace requirements, including training and conflict of interest requirements, and adherence to the Culturally and Linguistically Appropriate Services (CLAS) and disability access standards as set forth in 45 C.F.R. § 155.215. HHS will track grantee progress and provide technical assistance when needed. HHS may require individual awarded entities to submit additional reports and information based on performance. Additional years of funding will also be based on strong performance by the existing grantees. (Refer to Section I. 4. *Multi-Year Project Period and Funding Structure* for indicators of strong performance.)

The grantee's ability to draw down funds will be dependent on HHS's acceptance of the required quarterly Federal Financial Reports (FFR) and the grantee's compliance with the terms and conditions provided with the Notice of Award (NoA) for the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces.

6. Number of Awards

The total number of awards will depend upon the number of applications received, applicants' proposed budgets, and the number of consumers each applicant proposes to serve. During the first 12-month budget period of this multi-year award, no less than \$600,000 will be available in each State with an FFM/State Partnership Marketplace (see Section VIII. 2, *State Reference List*). At least two types of applicants in each FFM/State Partnership Marketplace service area will receive awards, including at least one community and consumer-focused nonprofit. During the course of the multi-year project period, new applicants will only be accepted on an as-needed, limited competition basis to replace existing grantees. This could occur if HHS terminates the grant due to unsatisfactory grantee performance or if a grantee withdraws from the program before the end of the project period. If during the course of the 36 month project period the regulatory requirement that at least two types of entities serve as Navigator grantees in each Marketplace is no longer being met, a limited competition FOA may be released by HHS to recruit additional grantees in the affected state(s).

Applicants proposing to serve multiple FFM/State Partnership Marketplace service areas must submit only one application, but must include a separate Budget Narrative for each FFM/State Partnership Marketplace service area. Applications for multiple Marketplace service areas should be prepared to revise their project scope and budget upon award if they are not funded to serve in all proposed service areas.

Small entities and individuals proposing to serve smaller, hard-to-reach, or underserved populations are encouraged to apply, particularly by partnering with other entities and/or individuals to form a consortium⁸ which serves a larger total portion of the population. Applications must include a description of how the applicant intends to serve all proposed Marketplace service areas that considers the number of consumers they intend to serve in each area. In the case of an application from more than one entity or individual (i.e., a

⁸ A consortium for the purposes of this FOA 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 and demonstrate through their application a plan to establish an agreement, including but not limited to a contractual agreement, to work in partnership to fulfill all the requirements of this FOA.

consortium), applicants must designate a lead applicant to serve as the primary contact. Additionally, an applicant can apply both individually and as part of a consortium, or as part of multiple consortia; however, such an applicant would need to be mindful when preparing each application of the possibility of receiving multiple awards. To be prepared to carry out multiple grant proposals, the applicant would need to budget time according to each proposed work plan and budget, reflecting the portion of time the applicant would spend on each project. An applicant's total budgeted time for all applications to which it is a party should not exceed 100% of the applicant's time.

All awards issued under this announcement are subject to the availability of funds. In the absence of funding, HHS is under no obligation to make awards under this announcement.

7. Factors Affecting Application Selection

The technical merit of applications will be determined by:

A. Ranking of Application

Applications will be reviewed by an objective review panel and will receive a "raw" score out of 200 points based on their ability to address the requirements of this FOA (see Section V. *Application Review Information*). The application will then be ranked by state through the use of statistical techniques which negate, to the extent possible, any differences in scoring behaviors among different committees/panels. In the case of applications proposing to serve multiple states, the application will receive one score and will be ranked according to that score in each state the applicant is proposing to serve.

B. Total Number and Type of Applications Funded within each State

45 C.F.R. § 155.210 requires that at least two types of entities serve as Navigators in each Marketplace, and that at least one Navigator be a community and consumer-focused nonprofit. Accordingly, the highest ranking community and consumer-focused nonprofit in each state will be selected for award, so long as there are no factors identified in the selection process, as outlined under Section V. 2. *Review and Selection Process*, that would prevent selection of this entity. A second entity in each state will be selected based upon its ranking, the scope of proposed activities (see below), and the factors outlined in Section V. 2. *Review and Selection Process*. Other qualified applicants may receive awards based on their ranking, the scope of proposed activities, and the factors outlined in Section V. 2, if funds are available in that Marketplace service area after the first two awards are made. Once there is no longer enough money in a given FFM/State Partnership Marketplace service area to fund at least 50% of the proposed budget of any of the remaining unfunded applicants, the remaining grant funds will be

added to a pool for use during the second tier of the award selection process as discussed in Section II. 2 *Award Amount*.

C. Scope of Proposed Activities

Applicants must discuss how the applying entity, individual, or consortium proposes to operate as a Navigator. It is possible that multiple high ranking applications focusing on the same community within a State will not all be funded. Proposals that will increase the span of populations served by Navigators will be given priority. Additional details on scope of proposed activities are outlined in Section IV.2 *Content and Form of Application Submission*.

D. Current and Past HHS Navigator Awardees

In addition to being evaluated based on the aforementioned criteria, current and past awardees will also be evaluated using the pre-award risk assessment guidelines outlined at 2 CFR §200.205⁹ and discussed in *Section V. 2. Review and Selection Process*. This assessment will take into account: (a) demonstrated performance in meeting the requirements as outlined in the 2013 Navigator FOA (*PPHF- Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges, CA-NAV-13-001*) and/or the 2014 Navigator FOA (*Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces, CA-NAV-14-002*), and

- compliance with the terms and conditions of their Navigator award(s) including compliance with all applicable statutory and regulatory requirements,
- how well the awardee met the criteria for strong performance (Refer to Section I. 4. *Multi-Year Project Period and Funding Structure* for indicators of strong performance), and
- how well their application for this round of awards explains:
 - (i) the activities executed successfully under their current and/or past Navigator award(s) and
 - (ii) the applicant's plan for addressing any performance or progress concerns under their current and/or past award(s), if applicable.

⁹ http://www.ecfr.gov/cgi-bin/text-idx?SID=73c589f90efe839b657c853250a81e12&node=se2.1.200_1205&rgn=div8

In addition, past or current grantees should indicate if they were ever on a corrective action plan (for a Navigator grant or any other federal grant) previously and a description of how the issue(s) was resolved.

8. Type of Award

These awards will be structured as cooperative agreements. The Federal Grant and Cooperative Agreement Act of 1977, 31 U.S.C. 6301, defines the cooperative agreement as an alternative assistance instrument to be used in lieu of a grant whenever substantial Federal involvement with the recipient during performance 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 Statement that are applicable to grants also apply to cooperative agreements, unless the award itself provides otherwise.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

The intent of this FOA is to award cooperative agreements to eligible entities, individuals, and consortia to operate as Navigators. Eligible entities, individuals, and consortia must propose to assist consumers in States that will have a FFM or State Partnership Marketplace (see Section VIII. 2, *State Reference List* for applicable States). This cooperative agreement funding opportunity is open to individuals and private and public entities. A regulation implementing Affordable Care Act Section 1311(i), 45 C.F.R. § 155.210, requires that at least two types of entities serve as Navigators in each Marketplace, and that at least one Navigator be a community and consumer- focused nonprofit. Other entities may include, but are not limited to, trade, industry and professional associations; commercial fishing industry organizations; ranching and farming organizations; chambers of commerce; unions; resource partners of the Small Business Administration; licensed insurance agents and brokers; or other public or private entities or individuals that meet Navigator program requirements, including but not limited to Indian tribes, tribal organizations, urban Indian organizations, and State or local human services agencies. To receive a grant, applicants should be able to demonstrate that they have existing relationships in the communities they expect to target, or could readily establish those relationships, including relationships with uninsured and underinsured consumers, and consumers who are likely to be eligible to enroll in or who are already enrolled in coverage through the Marketplace.

Accordingly, applicants should describe their previous work with consumers, including the uninsured and underinsured, and how this work will support their work as a Navigator, or should explain how they are in a position to readily establish relationships with the community(ies) they intend to target. Applicants are encouraged to demonstrate experience and expertise in meeting the linguistic and cultural needs of diverse communities.

Previous awardees are eligible to apply for this funding cycle and should discuss activities and prior performance as Navigators in their application. Previous awardees should review Sections IV.2 *Content and Format of Application Submission* and V.1. *Criteria* for additional guidance on how this application should incorporate references to activities performed under current or past Navigator awards and how those activities will change or remain the same during this funding cycle. In addition, all applicants should indicate if they were ever on a corrective action plan (for a Navigator grant or any other federal grant) previously and a description of how the issue(s) was resolved.

We also note that during their term as Navigators, individuals and entities are not permitted to receive any direct or indirect consideration from a health insurance issuer or issuer of stop loss insurance connected to the enrollment of individuals into QHPs or non-QHPs¹⁰.

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 Affordable Care Act.

Each applicant is eligible for only one cooperative agreement award, which can cover multiple FFM/State Partnership Marketplace service areas, if applicable.

Ineligible entities

- 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 FFM including a State

¹⁰ In a preamble discussion of this prohibition, CMS has explained that it interprets “consideration” for purposes of the prohibition to mean financial compensation, including monetary or in-kind of any type, including grants, as well as any other type of influence a health insurance issuer could use, including but not limited to things such as gifts and free travel, which may result in steering individuals to particular QHPs offered in the Marketplace or plans outside of the Marketplace (77 FR 18333).

Partnership Marketplace 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 Project Narrative attesting that they are not ineligible entities, including an attestation that no staff members 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), **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 FFM or State Partnership Marketplace, certain non-disqualifying conflicts of interest as specified in 45 C.F.R. § 155.215(a)(1)(iv).**

In addition, no state agency in a state where there is a State Partnership Marketplace may apply for a Navigator cooperative agreement under this FOA. We will evaluate on a case by case basis whether counties may apply in such states. As part of their application, counties and entities operated by a county, including county agencies, in a state with a State Partnership Marketplace should provide an attestation that they do not have an existing relationship with any agency in the state that has any role in assisting HHS with the administration of the Navigator program (this is typically the Department of Insurance), and that no other similar conflicts of interest exist.

Eligibility Threshold Criteria

- All applicants must have submitted a **required** letter of intent to navigatorgrants@cms.hhs.gov by June 3, 2015. If a letter of intent has not been submitted by the required due date, any application submitted by the entity will be ineligible. A copy of the letter of intent should also be included with the final application. For more information, please see subsection 5. *Letter of Intent to Apply*, located in this Section.
- Application deadline: Applications not received electronically through www.grants.gov by the application deadline will not be reviewed.
- Application requirements: Applications will be considered for funding only if the application meets the requirements as outlined in Section III, *Eligibility Information*, and Section IV, *Application and Submission Information*.
- Page limit: The application Project Narrative must not exceed 19 pages in length, the Work Plan and Timeline must not exceed 5 pages in length, the Budget Narrative must not

exceed 10 pages in length per state, and the Business Assessment of Applicant Organization must not exceed 10 pages in length. For more information, see Section IV.2, *Content and Form of Applicant Submission*.

- Please note the Budget Narrative page limit is 10 pages per Marketplace service area/state. Applicants may submit multiple budget narratives, if applying to serve in multiple states, with each budget narrative totaling up to 10 pages.
- If an applicant, for example, is targeting two Marketplace service areas/states, then they may submit two separate budget narratives, up to 10 pages per budget narrative.
- For more information, see Section IV. 2, *Content and Form of Application Submission*.
- Font size must be at least 12 point. For more information, see Section IV. 2, *Content and Form of Application Submission*.
- Additional documentation: Standard Forms, copy of previously submitted Letter of Intent, Cover Letter, and Project Abstract do not count towards the page limits.

Applicants are strongly encouraged to use the review criteria information provided in Section V, *Application Review Information*, to help ensure that the proposal adequately addresses all the criteria that will be used in evaluating the proposals.

Employer or other Taxpayer Identification Number

To be eligible, an applicant must be an individual, or a public or private entity recognized by the State as a legal structure such as a proprietorship or corporation. All applicants, to include individuals, must apply using a valid Employer Identification Number (EIN), or other Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service. Individuals may choose to provide their personal Social Security Numbers (SSNs) to apply via Grants.gov. In compliance with Section 7 of the Privacy Act of 1974, please note that disclosure of your SSN is voluntary, the submission of your SSN is not mandated by any statutory authority, and this number may be used for all of the following purposes:

- To verify an individual applicant is a U.S. Citizen or a legal permanent resident.
- To confirm the individual does not owe any debt to the federal government.
- To confirm if the individual is debarred or suspended from participation in Federal assistance programs (see HHS Grants Policy Statement).
- To complete a background check on the individual.
- To comply with HHS business review requirements, the SSN may be used to determine the adequacy of the applicant's financial and business management capabilities that will support the expenditure of and accountability for CMS funds. This may include submitting the individual's SSN for a credit check.

- If selected for award, to create an account in the Payment Management System linked to the SSN.
- If selected for award, to create an account in the Grants Management system used to manage, monitor, and make changes to awards. This system is also used for regular correspondence between the awardee and CMS.
- If selected for award, the individual will have to insert the SSN on all federal reporting forms completed in the Payment Management System and/or Grants Management System used by CMS.

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. Please note that individuals will have to provide an EIN or other TIN to receive a DUNS number. This number should mirror the one used to submit an application in Grants.gov. To obtain a DUNS number, access the following website: www.dunandbradstreet.com or call 1-866-705-5711. See Section IV. 1, *Address to Request Application Package*, for more information on obtaining a DUNS number.

System for Award Management (SAM)

All applicants must register in the System for Award Management (SAM) database in order to be able to submit an application (<https://www.sam.gov/>). The SAM registration process is a separate process from submitting an application. In order to register, applicants must provide their DUNS and EIN/TIN numbers. **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.** Additional information about SAM is available at <https://www.sam.gov/portal/public/SAM/>.

Applicants must successfully register with SAM prior to submitting an application or registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. See Section IV, *Application and Submission Information*, for more guidance on SAM registration. 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/> 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 CFR Part 170)). See Section VI, *Award Administration Information*, for more information on FFATA. 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.

Each year organizations and entities registered to apply for Federal grants through <http://www.grants.gov> must renew their registration with the System for Award Management (SAM). You can register with SAM online (<https://www.sam.gov/>). **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 under this program.**

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. Failure to make required disclosures can result in any of the remedies described in 45 CFR §75.371, including suspension or debarment. (See also 2 CFR 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.

Continued Eligibility

Awardees must meet reporting and certification deadlines to be eligible throughout the initial 12 month budget period and to remain eligible for a non-competing continuation award for subsequent budget periods. In addition, grantees would need to demonstrate strong performance during the previous funding cycle(s) before additional year funding is awarded. (Refer to Section I. 4. *Multi-Year Project Period and Funding Structure* for indicators of strong performance.) Additionally, in subsequent funding cycles grantees could receive decreased funding or their grant could be terminated due to poor performance.

2. Cost Sharing or Matching

Cost sharing or matching is not required as a condition of award.

3. Tribal Applicants

Federally recognized Indian tribes or groups and entities working directly with federally recognized Indian tribes or groups (referred to as Tribal Applicant(s) for the purposes of this FOA) are eligible to apply as specified in Section III. 1, *Eligible Applicants*. For the purposes of this FOA, Tribal Applicants should demonstrate in their application how they intend to work directly with members of federally recognized Indian tribes or groups. For example, this could include culturally-appropriate outreach and enrollment support focused on tribal members, plans to have Navigators on-site on Reservations or Tribal lands to provide face-to-face enrollment assistance, or plans to coordinate with Tribal programs, Indian Health Service facilities or Urban Indian Organization sites.

HHS recognizes that Tribal lands may cross state boundaries and often Tribal populations reside in multiple neighboring states. Tribal Applicants should ensure that their application covers as many areas as possible in which their target Tribal population is located and in which they can effectively operate, in order to be considered for grant funding in multiple states. For example, if Tribal Applicant A is applying to work in one state with a FFM, but part of their target population lives in another state with a FFM or State Partnership Marketplace, the entity should consider applying for funding in each state (i.e. through one multistate application). Tribal Applicants should follow the requirements outlined in this FOA for applicants proposing to serve multiple service areas. As a reminder, applicants must comply with all applicable states requirements for operating as a Navigator in that state. When operating a multi-state grant, the grantee will be required to comply with the requirements in each state.

All Navigators, including Tribal Applicants who are selected for award, are required to assist any consumer seeking assistance, even if that consumer is not a member of the community(ies) or group(s) the applicant expects to target, as outlined in their funding proposal. HHS will not provide any grant funding for an applicant's activity in a state for which the applicant did not apply for or receive funding, or in a state that does not have a FFM or State Partnership Marketplace.

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 coverage of the proposed Marketplace service area and target population(s) served by the applicant and other awarded Navigator grantees in a given Marketplace service area, as well as the availability of remaining funds for the Marketplace service area.

4. Community and Consumer Focused Nonprofit Organizations

Community and consumer-focused nonprofit organizations are eligible to apply as specified in Section III. 1, *Eligible Applicants*. Like all applicants, community and consumer-focused nonprofits must demonstrate that they have existing relationships, or could readily establish relationships, with consumers in the community(ies) they expect to target, including consumers who are uninsured or underinsured, and consumers who are likely to be eligible for enrollment or who are already enrolled in coverage through the Marketplace.

5. Letter of Intent to Apply (Required)

Please note that applicants are required to submit a non-binding Letter of Intent by June 3, 2015 in order to apply. Please note that an application will not be reviewed unless there is a Letter of Intent for the application. Receipt of such letters enables HHS to better plan for the application review process. The signed Letter of Intent to Apply must be submitted electronically in any of the following formats: PDF, word doc, or the body of an email to

navigatorgrants@cms.hhs.gov and should also be included with the application submitted through grants.gov.

The Letter of Intent to Apply should include:

- Name of applicant(s) to include individuals, entities, or consortiums
 - Yes – we intend to apply

6. Pre-Application Conference Calls

HHS will hold four pre-application conference call webinars for potential applicants. The conference calls will provide an overview of this project, budget guidance, review the instructions provided by this FOA and other available materials, and will include an opportunity for potential applicants to ask questions.

First call: Wednesday, April 29, 2015 from 2:00 to 3:30 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1061468>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 4-29-15

Second call: Wednesday, May 6, 2015 from 4:00 to 5:30 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1061470>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 5-6-15

Third call: Wednesday, May 20, 2015 from 11:00am-12:30 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1061472>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 5-20-15

Fourth call: Wednesday, June 3, 2015 from 2:00-3:30 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1061473>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 6-3-15

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

This FOA contains all the instructions to enable a potential applicant to apply. The application should be written primarily as a narrative with the addition of standard forms required by the Federal government for all grants and cooperative agreements. Appendix 3 includes an application check-off list which lists all required documents and information.

Application Materials

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. The FOA can also be viewed on the Centers for Medicare and Medicaid Services website at <http://www.cciio.cms.gov>.

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

- You may access the electronic application for this project at <http://www.grants.gov>. You must search the downloadable application page by the CFDA number 93.332.
- 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.
- All applicants under this announcement must have an Employer Identification Number/Taxpayer Identification Number (EIN/TIN) to apply. **Please note that 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.**
- All applicants, as well as sub-recipients must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number at the time of application in order to be considered for a cooperative agreement. A DUNS number must be provided in order to submit an application through the Government-wide electronic portal, www.Grants.gov. The DUNS number is a nine-digit identification number that uniquely identifies business entities. To obtain a DUNS number, access the following website: www.dunandbradstreet.com or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 8c on the Form SF-424, Application for Federal Assistance). The name and address in the application 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 registration steps are completed in time.**
- The applicant must also register in the System for Award Management (SAM) database in order to be able to submit the application. Applicants are encouraged to register early, and must have their DUNS and EIN/TIN numbers in order to do so. Information about SAM is available at <https://www.sam.gov/portal/public/SAM>. The SAM registration process is a separate process from submitting an application. **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.**
- 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.**

- 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.**
- 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 accepted.**
- 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.

Each year organizations and entities registered to apply for Federal grants through <http://www.grants.gov> must renew their registration with the System for Award Management (SAM). You can register with SAM online; (<https://www.sam.gov/portal/public/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 under this program.**

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 grant applications must be submitted electronically and be received through <http://www.grants.gov> by 1:00 pm Eastern Time on the applicable due date. **Applications not successfully submitted to Grants.gov by the due date and time will not be eligible for review.**

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:

- Search for the application package in Grants.gov by entering the CFDA number 93.332.
- If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: <http://www.grants.gov/web/grants/support.html> or 1-800-518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays). CMS staff cannot assist with applicant submissions to Grants.gov.

When contacting Grants.gov, always 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 on or before the published deadline date.

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.

2. Content and Form of Application Submission

Form of Application Submission

Applicants, please note that applications that fail to follow the strict formatting requirements outlined below regarding formatting, font size, and page limitations will be deemed ineligible and their applications will not be submitted to the Objective Review Committee (ORC) for review.

Each application must include all contents described below, in the order indicated, and conform to the following 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 1, Guidance for Preparing a Budget Request and Narrative in Response to SF 424A).
- Tables included within any portion of the application should follow the same font requirements and may 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 application Project Narrative must not exceed 19 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.
 - Please note the Budget Narrative page limit is 10 pages per Marketplace service area/state. Applicants may submit multiple budget narratives, if applying to serve in multiple states, with each budget narrative totaling up to 10 pages.
 - If an applicant, for example, is targeting two Marketplace 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 54 pages.
- The additional documentation listed below, including Standard Forms, copy of previously submitted Letter of Intent, Cover Letter, and Project Abstract is excluded from the page limitations.

Overview of Cooperative Agreement Application Structure and Content

A. Standard Forms

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

- Project abstract summary
- 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 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.***
- 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 and State Partnership Marketplaces.**
- Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these grants.

B. Cover Letter

A letter from the Applicant’s Authorized Organizational Representative, indicating the eligible public or private entity, individual, or consortium (such as community or consumer-focused nonprofit group, resource partner of Small Business Administration, or other entity or individual who meets the requirements set forth in 45 C.F.R. § 155.210), title of the project, the Principal Investigator/Project Director of the cooperative agreement with contact

information, and amount of funding requested. The letter should indicate the lead applicant and list any co-applicants in the case of a consortium.

C. 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 sub-recipients that will provide Navigator services (if known) including those entities that are part of a consortium, the total budget for each Marketplace service area to be served, the population(s) or group(s) that the applicant expects to target, including the number of consumers expected to be reached, and plans for providing language and disability accessibility, a list of counties within the State(s) in which the applicant proposes to serve, and a description of how the cooperative agreement will be used to fulfill Navigator duties as outlined in 45 C.F.R. § 155.210(e) 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.

D. Copy of Previously Submitted Letter of Intent

E. Project Narrative (maximum of nineteen pages)

The project narrative must be no more than nineteen pages in length and is expected to address in detail how the applicant will implement the first year of the multi-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. In addition, the applicant should include a high-level discussion of its plans for years two and three of the project period. 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 grant from any new activities to be supported through this 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 announcement (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) that they expect to target; the population(s) they intend to target, including how they intend to assist consumers that are uninsured, underinsured, and enrolled in coverage through a Marketplace (for example, consumers with a complaint, question, or grievance about their existing coverage, or those who would like to re-enroll in

coverage through the Marketplace), and including how the applicant intends to reach populations that are vulnerable and underserved; the State(s) and county(ies) in which this(ese) population(s) reside(s); the reason for expecting that they will focus their efforts on primarily that(those) population(s) or community(ies); the number of people they expect to serve; and the percentage of the State's uninsured population encompassed in the population(s) or community(ies) they expect to serve.

To receive a Navigator grant, an applicant must demonstrate that it has existing relationships, or could readily establish relationships, with consumers who are uninsured and underinsured.¹¹ Applicants that demonstrate a focus on rural, underserved, vulnerable, or special needs populations or communities, and a commitment to serve these populations or communities, may receive a higher score in this category than those applicants that do not. In this grant cycle, HHS would consider underserved, vulnerable and special needs populations or communities to include members of minority populations that have experienced health disparities (including Latino populations, African American populations, American Indian/Alaska Native (AI/AN) populations, refugees, and populations with Limited English Proficiency), young adults and post-secondary graduating students (who do not have coverage options through their parent's plan, a student plan, or an employer plan), new mothers and women with children, individuals with disabilities, and/or Medicaid-eligible consumers who are not enrolled in coverage despite being eligible for Medicaid. The ability to focus on these populations and communities is consistent with providing targeted assistance to the uninsured and underinsured; and is also consistent with the goals established by HHS as part of its strategic plan for fiscal years 2010-2015 to eliminate health disparities and improve access to health care for populations that have often experienced health disparities.¹² Applicants must also demonstrate that they will have the ability to serve the population(s) or community(ies) they propose to target in a culturally and linguistically appropriate manner.¹³ We remind applicants that if they receive an award, they will be required to assist any consumer seeking assistance, even if that consumer is not a member of the community(ies) or group(s) the applicant expects to target.

The description should include the applicant's goals for the number of individual Navigators trained, and the number of consumers the applicant intends to reach. Applicants proposing to serve in multiple areas of a state, or in multiple Marketplace service areas or states, are also expected to describe how they will balance their efforts between the different areas based on the

¹¹ Section 1311(i)(2)(A) of the Affordable Care Act; and 45 CFR 155.210(c)(1)(ii).

¹² U.S. Department of Health & Human Services Strategic Plan Fiscal Years 2010-2015. http://www.hhs.gov/strategic-plan/stratplan_fy2010-15.pdf (Strategic Goal 1: Strengthen Health Care; pages 16-336).

¹³ Section 1311(i)(3)(E) of the Affordable Care Act; and 45 CFR 155.210(e)(5).

uninsured populations and consumers enrolled in coverage through the Marketplace in those areas. 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.

For assistance in determining the number of people and percentage of the State's uninsured population, applicants are encouraged to refer to the American Community Survey data on the uninsured available at <http://www.cms.gov/Outreach-and-Education/Outreach/HIMarketplace/Census-data.html> . In addition, for more information on the population already enrolled in coverage through the Marketplace, applicants are encouraged to refer to the Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report available at http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/Mar2015/ib_2015mar_enrollment.pdf.¹⁴ 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 in Section I. 5, *Program Requirements*;
- A description of how the applicant will serve the proposed targeted area(s), including how they will maintain a physical presence in the Marketplace service area and their plan for conducting public education and outreach activities to raise awareness about Marketplaces;
- 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 uninsured and underinsured), or self-employed individuals, who are likely to be eligible for enrollment in a QHP or who are already enrolled in coverage through the Marketplace;

¹⁴ These data do not include Federally-facilitated SHOP enrollment data.

- 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 Marketplace, 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).
 - Applicants that demonstrate a focus on vulnerable and/or special needs populations including individuals with limited English proficiency, Latino populations, individuals with disabilities, or populations underserved in the health insurance market and a commitment to serve these populations, while also being prepared to assist any consumer seeking assistance, may receive a higher score in this category than applicants that do not. The ability to focus on these populations and communities is consistent with providing targeted assistance to the uninsured and underinsured; and is also consistent with the goals established by HHS as part of its strategic plan for fiscal years 2010-2015 to eliminate health disparities and improve access to health care for populations that have often experienced health disparities.¹⁵
- A brief statement attesting that the applying 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 in Section III. 1, *Eligible Applicants*, including an attestation that no staff members have any prohibited relationships with health insurance or stop loss issuers;
- A plan to perform the statutory and regulatory duties of a Navigator for the entire length of the cooperative agreement;
- An attestation that all staff and volunteers working under this cooperative agreement will remain free of conflicts of interest during their term as a Navigator; and
- A plan to ensure staff and volunteers complete all required training.
- For current or past HHS Navigator awardees, this section should describe the progress already made with regards to currently or previously approved activities and how the applicant plans to continue, or to improve or expand upon these activities as a result of receiving funding through this opportunity.

¹⁵ U.S. Department of Health & Human Services Strategic Plan Fiscal Years 2010-2015.
http://www.hhs.gov/strategic-plan/stratplan_fy2010-15.pdf (Strategic Goal 1: Strengthen Health Care; pages 16-33).

3. 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 FFM 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-14-002 can be found here: <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Privacy-and-Security-Terms-and-Conditions-FINAL508MM.pdf>; and
- Process for ensuring staff and volunteers complete all required training related to ensuring privacy and security of consumer PII, including training on compliance with FFM privacy and security standards.
- Process for ensuring that applicants for coverage available through a Marketplace application (1) are informed of the functions and responsibilities of 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 staff performing Navigator duties will protect consumer PII. Discussion should include:

- 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.
- While applicants are not required to conduct background checks on staff that will perform Navigator duties or have access to sensitive information or PII, applicants that include a discussion of plans to do so may receive a higher score in this category than applicants that do not. Any discussion of background checks should include a discussion of what would be considered to be adverse findings, such as identification of an individual who has been debarred or sanctioned from any Federal programs, or a finding of past criminal charges against an individual, and what action would be taken with respect to any adverse findings. Recommended background checks for applicant staff carrying out Navigator duties include all of the following:

- Office of Inspector General (OIG) Sanction Check
 - 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.

4. 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 uninsured and underinsured), and self-employed individuals, who are likely to be eligible for enrollment in a QHP or who are already enrolled in coverage through the Marketplace;
- Assisting consumers, including those from vulnerable populations, with the process of obtaining health coverage eligibility determinations and obtaining health coverage, including experience as a Navigator in an FFM or State Partnership Marketplace, if applicable;
- Conducting public education and outreach activities;
- 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; and
- Working with individuals with limited English proficiency, individuals with disabilities, populations underserved in the current private health insurance market, and vulnerable populations.
- Current and past HHS Navigator awardees should identify which of these accomplishments were achieved as a result of receiving Navigator funding.

5. Expertise of Personnel

Applicants must provide information on the total number of all Navigators on staff, including full-time, part-time, and volunteer staff, as well as a description of staff expertise with Health Insurance Marketplaces and/or the private health insurance market, conducting public education and outreach activities, assisting consumers in obtaining health coverage eligibility determinations, finding available health insurance options (including public programs), and working with individuals with limited English proficiency, individuals with disabilities, the populations underserved in the current private health insurance market, and vulnerable populations. Applicants must also discuss personnel expertise demonstrating the ability to perform work that is culturally and linguistically appropriate and work that is accessible to individuals with disabilities.

If selected for 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 past HHS Navigator awardees, applications should describe the level of expertise in personnel both before and after receipt of previously awarded Navigator funding, including how their Navigators 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 year one of the 36 month project period, discussing the goals and objectives consistent with those outlined in the project narrative. A high level overview of the work to be performed during years two and three of the project period should also be included in the work plan. The work plan submitted with the application should document plans for use of the funds during the first 12-month budget period, 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 grantees who receive a new grant will also be required to undergo recertification training. Applicants should identify by name and title the individual(s) responsible for accomplishing the goals of the project. To receive additional funding for years two and three of the multi-year project period, grantees awarded funding through this FOA will be required to submit a more detailed annual work plan and timeline for the coming year as part of their non-competing continuation application.

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. 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 each 12-month budget period and aggregated for an overall total for the 36-month project period (see *Completing the SF-424A (Budget Information – Non-Construction)* within this section for more specific guidance). 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 by year, including a breakdown in costs for each activity/cost within the line item. The yearly breakdown in the budget narrative should coincide with the yearly breakdown in costs on the SF-424A. The proportion of the requested funding designated for each activity during the 36-month budget period 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 salaries. The budget must separate out funding that is administered directly by the lead individual or entity from funding that will be subcontracted to others, including consortium partners. Grantees who receive funding through this FOA will be required to submit detailed, revised budgets for years two and three as part of their annual non-competing continuation applications.

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 yearly funds requested for each line item category for all Marketplace states/service areas, as well as an overall yearly total cooperative agreement request for all Marketplace states/service areas. The costs for the full 36-month project period (including all Marketplace 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 Marketplace service areas and/or at the full amount requested.

As part of each application for funding, applicants must request funding only for activities not currently being funded or supported by Navigator cooperative agreement funding. Awards made under this funding opportunity should not supplant any existing funding, including funding provided through previous Navigator grants. Current HHS Navigator awardees should distinguish activities to be funded through this opportunity from those currently being funded through 2013 and/or 2014 Navigator cooperative agreement awards. Applicants must also attest that they are not seeking Navigator grant funding for activities that are already funded under section 1311(a) of the Affordable Care Act.

The budget presentation must include the following:

- Estimated budget total
- Total estimated funding requirements for each of the following line items, and a breakdown for each line item:

- Personnel;
- Fringe benefits;
- Contractual costs, including subcontract contracts;
- Equipment (including personal computers, scanners for consumers to use in uploading consumer supporting documentation to accompany applications, wireless cards if necessary, and any materials necessary for staff to ensure no consumer Personally Identifiable Information (PII) is compromised while performing Navigator duties);
- Supplies;
- Travel (including costs associated with performing outreach and education and traveling to assist consumers in more remote regions of the State, if applicable);
- Other costs (such as rent and other costs that will not fit in any of the previous categories);
- Indirect charges, in compliance with the Code of Federal Regulations (See Section VI. 2, *Administrative and National Policy Requirements* for a complete list of regulations and cost principles for this funding announcement).
- Provide budget notes for major expenditures and notes on personnel costs and major contractual costs.
- Completion of the Budget Form 424A remains a requirement for consideration of your application. This estimated budget presentation is an important part of your proposal and will be reviewed carefully by HHS staff.

For more information on completing the budget narrative, please see Appendix 1, *Guidance for Preparing a Budget Request and Narrative in Response to SF 424A*. 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 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.

Completing the SF-424A (Budget Information – Non-Construction):

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

Section A – Budget Summary

- *Grant Program Function or Activity* (column a) = Enter “Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces” in row 1.
- *New or Revised Budget, Federal* (column e) = Enter the Total Federal Budget Requested for the 3-year project period 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 the 3-year project period.
- 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 1 line items should be entered in column 1, 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 1 line items should be entered in column 1, row k (sum of row i and j).
- Column (5) = Enter total costs for the project period 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.

**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), signifying a 36-month project period. The initial award, if selected (first 12-month budget period), will be equal to or less than amount shown in Section B, column 1 of SF-424A (which should be limited to year 1 costs).

H. Business Assessment of Applicant Organization (maximum of 10 pages)

As required by 45 CFR §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 CFR Part 75.

All applicants must review and answer the business assessment questions outlined below. There are ten (10) topic areas labeled A-J, 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.

A. 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?

B. 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?

C. 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?

D. 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?

E. 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?

F. 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?

G. 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?

H. 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?

I. 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?

J. 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?

3. Submission Dates and Times

All cooperative agreement applications must be submitted electronically and be received through <http://www.grants.gov> by 1:00 p.m. Eastern Daylight Time on the respective due date.

Applications not successfully received in Grants.gov by the due date and time will not be eligible for review.

Required Letter of Intent due date – June 3, 2015

Application due date –June 15, 2015

The anticipated announcement date for cooperative agreement awards will be September 2, 2015.

4. 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. Part 100). Please check box “C” on item 19 of the SF-424 (Application for Federal Assistance) as Review by States under Executive Order 12372 does not apply to these cooperative agreements.

5. Funding Restrictions

No cooperative agreement funds awarded under this solicitation may be used for any item listed under the Prohibited Uses of Grant Funds as detailed below:

Awards issued by the Department of Health and Human Services through the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces funding opportunity may **not** be used for any of the following:

- A.** To cover the costs to provide direct health care services to individuals.
- B.** To match any other Federal funds.
- C.** 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.
- D.** To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
- E.** To supplant funds provided under Funding Opportunity Announcement number CA-NAV-13-001, entitled “PPHF – 2013 – Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges” or under Funding Opportunity Announcement number CA-NAV-14-002, entitled “Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces.”
- F.** To cover any pre-award costs.
- G.** To carry out services that are the responsibility of the Marketplace, such as eligibility determinations and transferring enrollment information for consumers to a QHP.
- H.** To carry out any functions already funded by HHS, including through federal Marketplace Establishment grants under section 1311(a) of the Affordable Care Act or through federal Consumer Assistance Program grants under section 2793 of the Public Health Service Act, including to make payments to recipients of funds provided to states under those authorities for activities that are funded under those authorities.
- I.** To assist consumers residing in a state with a State-based Marketplace (See Section VIII. 2, *State Reference List*) or in a state the Navigator does not serve. FFM/State Partnership Marketplace Navigators may provide these consumers with basic information about the Marketplace, but should refer them to Navigators, the Marketplace Call Center, and other resources within the state where the consumer resides for more in-depth assistance.
- J.** To expend funds 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.
- K.** To fund staff retreats or promotional giveaways.
- L.** 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.

V. APPLICATION REVIEW INFORMATION

In order to receive a cooperative agreement under this FOA, 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 will be disqualified.

As indicated in Section IV. 2, *Content and Form of Application Submission*, all applicants must submit the following required documents:

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

1. Criteria

In order to receive a cooperative agreement award, an eligible entity, individual, or consortium must submit a proposal to operate as a Navigator. 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 Affordable Care Act, and 45 C.F.R. §§ 155.210 and 155.215, of a Navigator for the entire length of the 36-month project period, including:

- maintaining expertise in eligibility, enrollment, and program specifications;
- conducting public education activities to raise awareness about the Marketplace;
- providing information and services in a fair, accurate, and impartial manner;
- facilitating selection of a QHP;
- providing referrals to any applicable office of health insurance consumer assistance or ombudsman established under Section 2793 of the Public Health Service Act, or any other appropriate State agency or agencies, to address consumer grievances, questions, or complaints about their health plan, coverage, or a determination under their plan or coverage;
- providing information in a manner that is culturally and linguistically appropriate and accessible to individuals with disabilities consistent with the requirements set forth at 45 C.F.R. § 155.215; and complying fully with the training and conflict of interest requirements set forth at 45 C.F.R. § 155.215.

Current and past HHS Navigator awardees should identify themselves as such in their project narratives and include information on their current and/or prior Navigator awards as outlined under each element below.

The review criteria are as follows (based on 200 points):

Type of entity (individual, organization, or consortium) and description of the community(ies) or group(s) the applicant expects to serve (30 points)

- Description, including the organizational structure of an entity or consortium, and location of the applying entity. **(5 points)**
- Location and description of community(ies) expected to be served, including State(s) and a list of all applicable county(ies), and why the applicant expects to primarily serve the(se) community(ies), while also being prepared to assist any consumer seeking assistance. Tribal Applicants applying for a grant in more than one State/Marketplace service area should also include a description of their target federally recognized Tribal or group population(s) and its federally recognized Tribal land(s). **(10 points)**
- Description of how the applicant intends to assist consumers who are uninsured or underinsured, and consumers who are likely to be eligible for or enrolled in coverage through the Marketplace in the proposed targeted community(ies), the number of people the applicant expects to serve, and the percentage of the State's uninsured population and population already enrolled in coverage through the Marketplace that is accounted for by the targeted community(ies).¹⁶ Applicants should also describe how they plan to assist persons seeking to re-enroll in coverage through the Marketplace and provide post-enrollment assistance in the proposed community(ies). The post-enrollment assistance a Navigator might provide could include, for example:
 - referring consumers with complaints, questions, or grievances about their coverage to appropriate state agencies;
 - helping consumers understand their new health coverage and how to use it;

¹⁶ For assistance in determining the number of people and percentage of the State's uninsured population, applicants are encouraged to refer to the American Community Survey data on the uninsured available at <http://www.cms.gov/Outreach-and-Education/Outreach/HIMarketplace/Census-Data-.html>. In addition, applicants are encouraged to refer to ASPE's Health Insurance Marketplace 2015 Open Enrollment Period available at http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/Mar2015/ib_2015mar_enrollment.pdf. These data do not include Federally-facilitated SHOP enrollment data.

- assistance with updating an application for coverage through a Marketplace, including reporting changes in circumstances, and assisting with submitting information for eligibility redeterminations;
- answering questions about paying premiums for coverage enrolled in through a Marketplace;
- helping the consumer obtain assistance for post-enrollment problems such as failure to receive important coverage documents;
- educating consumers about their rights with respect to coverage available through the Marketplace, including the right to preventive health services without cost-sharing; and
- helping the consumer obtain assistance with claims denials.

The description should also include the applicant's goals for number of individual Navigators trained. 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 Marketplace in those areas. **(15 points)**

- Applicants that demonstrate a focus on rural, underserved, vulnerable, or special needs populations or communities, and a commitment to serve these populations or communities, while also being prepared to assist any consumer seeking assistance, may receive a higher score in this category than those applicants that do not. In this grant cycle, HHS would consider underserved, vulnerable and special needs populations or communities to include members of minority populations that have experienced health disparities (including Latino populations, African American populations, AI/AN populations, refugees, and populations with Limited English Proficiency), young adults and post-secondary graduating students (who do not have coverage options through their parent's plan, a student plan, or an employer plan), new mothers and women with children, individuals with disabilities, and/or Medicaid-eligible consumers who are not enrolled in coverage despite being eligible for Medicaid. The ability to focus on these populations and communities is consistent with providing targeted assistance to the uninsured and underinsured; and is also consistent with the goals established by HHS as part of its

strategic plan for fiscal years 2010-2015 to eliminate health disparities and improve access to health care for populations that have often experienced health disparities.¹⁷

Scope of activities (55 points)

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 are an awardee under Year 1 (funding opportunity CA-NAV-13-001) and/or Year 2 (funding opportunity CA-NAV-14-002) of the HHS Navigator grant program.

The applicant's plan must demonstrate how the applicant will:

- Maintain a physical presence in the Marketplace service area so that in-person, face-to-face assistance can be provided to applicants for and enrollees in coverage available through a Marketplace application¹⁸. Plan should also demonstrate how the applicant will conduct public education activities to raise awareness about the Marketplace. **(10 points)**
- 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 decisions during the health coverage selection process); and facilitate selection of a QHP. **(10 points)**
- Make 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

¹⁷ U.S. Department of Health & Human Services Strategic Plan Fiscal Years 2010-2015.

http://www.hhs.gov/strategic-plan/stratplan_fy2010-15.pdf (Strategic Goal 1: Strengthen Health Care; pages 16-33).

¹⁸ As noted in 4545 C.F.R. 155.210(e)(7) and preamble discussions of that regulation, Navigators in FFMs or State Partnership Marketplaces are required only to maintain a physical presence in the Marketplace service area, and are not required to maintain their “principal” place of business in the Marketplace service area, where “principal” place of business is interpreted to mean that an entity could have only one principal place of business nationwide, similar to the legal concept that may be used in determining corporate citizenship for purposes of establishing diversity jurisdiction in Federal court, as required under 28 U.S.C. 1332(c).

agencies, to assist enrollees with grievances, complaints, or questions about their health plan, coverage, or a determination related to their coverage. Include plan on post-enrollment assistance. The post-enrollment assistance a Navigator might provide could include, for example, helping consumers understand their new health coverage and how to use it; assistance with updating an application for coverage through a Marketplace, including reporting changes in circumstances, and assisting with submitting information for eligibility redeterminations; answering questions about paying premiums for coverage enrolled in through a Marketplace; helping the consumer obtain assistance for post-enrollment problems such as failure to receive important coverage documents; educating consumers about their rights with respect to coverage available through the Marketplace, including the right to preventive health services without cost sharing; and helping the consumer obtain assistance with claims denials. **(10 points)**

- Provide information in a manner that is culturally and linguistically appropriate to the population served by the Marketplace, 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). **(10 points)**
 - Applicants that demonstrate a focus on vulnerable and/or special needs populations including individuals with limited English proficiency, Latino populations, individuals with disabilities, or populations underserved in the health insurance market and a commitment to serve these populations, while also being prepared to assist any consumer seeking assistance, may receive a higher score in this category than applicants that do not. The ability to focus on these populations and communities is consistent with providing targeted assistance to the uninsured and underinsured; and is also consistent with the goals established by HHS as part of its strategic plan for fiscal years 2010-2015 to eliminate health disparities and improve access to health care for populations that have often experienced health disparities.¹⁹
- Demonstrate established community relationships, or the ability to readily establish relationships, with employers, employees, consumers who are uninsured or underinsured, and self-employed individuals in the

¹⁹ U.S. Department of Health & Human Services Strategic Plan Fiscal Years 2010-2015. http://www.hhs.gov/strategic-plan/stratplan_fy2010-15.pdf (Strategic Goal 1: Strengthen Health Care; pages 16-33).

community(ies), who are likely to be eligible for enrollment in a QHP or who are already enrolled in coverage through the Marketplace, and who the applicant expects to target, while also being prepared to assist any consumer seeking assistance. In addition, explain how the applicant works with other Marketplace-approved assisters in their service area to coordinate efforts. **(10 points)**

- Comply with all statutory and regulatory requirements applicable to the Navigator program, as set forth in 45 C.F.R. §§ 155.210 and 155.215, for the entire length of the cooperative agreement period **(5 points)**

Ensuring Privacy and Security of Consumer Personally Identifiable Information (PII) (25 points)

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

- 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:
 - How the applicant intends to comply with FFM 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-14-002 can be found here: <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Privacy-and-Security-Terms-and-Conditions-FINAL508MM>. **(5 points)**
 - Process for ensuring that applicants for coverage available through a Marketplace application (1) are informed of the functions and responsibilities of 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. **(5 points)**
- Applicants should discuss how they plan to ensure that staff performing Navigator duties will protect consumer PII. Discussion should include:
 - Process for ensuring staff and volunteers complete all required training, including training on ensuring privacy and security of consumer PII and complying with FFM privacy and security standards. **(10 points)**

- 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. **(5 points)**
 - While applicants are not required to conduct background checks on staff that will perform Navigator duties or have access to sensitive information or PII, applicants that include a discussion of plans to do so may receive a higher score in this category than applicants that do not. Any discussion of background checks should include a discussion of what would be considered to be adverse findings, such as identification of an individual who has been debarred or sanctioned from any Federal programs, or a finding of past criminal charges against an individual, and what action would be taken with respect to any adverse findings. Recommended background checks for applicant staff carrying out Navigator duties include all the following:
 - Office of Inspector General (OIG) Sanction Check
 - 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.

Accomplishments (35 points)

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.

Applicant's track record and accomplishments in:

- Assisting consumers, including those from the vulnerable populations the applicant intends to serve, in obtaining health coverage eligibility determinations and obtaining health insurance coverage, especially in-person assistance **(10 points)**
- Conducting public education and outreach activities **(10 points)**
- 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, populations underserved in the current health insurance market, and vulnerable populations **(15 points)**

Expertise of personnel (25 points)

For current and past HHS Navigator awardees, applicant should describe the level of expertise in 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.

Staff Expertise in:

- The private health insurance market, Medicaid program, and Health Insurance Marketplaces, including prior experience serving as an HHS Navigator grantee **(5 points)**
- Conducting public education and outreach activities, including developing a marketing and communication plan **(5 points)**
- Assisting consumers in obtaining eligibility determinations for health coverage and enrolling in health coverage. **(5 points)**

- Working with individuals with limited English proficiency, individuals with disabilities, populations underserved in the current health insurance market, and vulnerable populations **(5 points)**
- In addition, include a plan on how the applicant will maintain and execute expertise in eligibility, enrollment, and program specifications. **(5 points)**

Budget (30 points)

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.

- Completeness of budget for the 36 month project period (to include SF-424A and Budget Narrative(s)). Budgets for the second and third 12-month budget periods can be updated as part of the annual non-competing continuation application process.
 - Completeness/quality of explanations and justifications provided in Budget Narrative(s) **(10 points)**
 - Completion of a separate Budget Narrative for each state the applicant intends to serve **(3 points)**
- Reasonableness of requested funding according to tasks proposed
 - Funds requested are reasonable in light of the number of consumers applicant estimates serving while carrying out all required duties **(5 points)**
 - Funds requested are reasonable based on geographic location of applicant's proposed Marketplace service area(s). Include description of any rural or hard to reach geographic areas. **(5 points)**
 - Ability to maximize funding received and used towards carrying out required Navigator duties. **(5 points)**
- 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 under section 1311(a) of the Affordable Care Act, or through federal Consumer Assistance Program grants under section 2793 of the Public Health Service Act, including to make payments to recipients of funds provided to states under those authorities. **(2 points)**

2. Review and Selection Process

A team consisting of qualified, unbiased experts will review all applications. The review process will include the following:

- Applications will be screened to determine eligibility for further review using the criteria detailed in Section III, *Eligibility Information*, of this solicitation.
- An evaluation rubric will be developed by HHS, which will consist of critical elements identified in Section V, *Application Review Information*, of this solicitation. This evaluation rubric will be used by qualified, unbiased experts in their review of all applications. Applicants will receive a score of up to 200 points. The objective review panel may include federal reviewers and/or non-federal reviewers.
- The results of the objective review of applications by qualified experts will be used in conjunction with the other factors noted in the FOA (see Section II. 7, *Factors Affecting Application Selection*) to determine the technical merit of the applications and advise the approving HHS official. Final award decisions will be made by a HHS program official. In making these decisions, the HHS program official will take into consideration: ranking of the applicant based upon recommendations of the review panel; the regulatory requirement that there be at least two types of Navigators in each Marketplace and that one of these Navigators be a community and consumer-focused nonprofit; populations the applicant expects to serve; reviews for programmatic and grants management compliance, to include performance under a current and/or previous Navigator award; pre-award business and risk assessment review (see below for additional information); the reasonableness of the estimated cost to the government and anticipated results; and the likelihood the proposed cost will result in the benefits expected.
- As noted in 45 CFR Part 75, CMS will do a review of risks posed by applicants prior to award. In evaluating risks posed by applicants, CMS will consider the below factors as part of the risk assessment (applicant should review the factors in their entirety at http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=30572eb720fd047981e26dcf89370678&ty=HTML&h=L&r=PART&n=pt45.1.75#se45.1.75_1205):
 - Financial stability;
 - Quality of management systems and ability to meet the management standards prescribed;
 - 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 CFR Part 75 and
- Applicant's ability to effectively implement statutory, regulatory, and other requirements imposed on non-federal entities.
- Successful applicants will receive one cooperative agreement award.
- Unsuccessful applicants will be advised by letter or electronic mail (sent to the individual signing the application on behalf of the organization) that their applications will not be held for further consideration or be funded.

3. Anticipated Award Date

The anticipated award date is September 2, 2015.

VI. AWARD ADMINISTRATION INFORMATION

1. 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 grant 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.

2. Administrative and National Policy Requirements

The following standard requirements apply to applications and awards under this FOA:

- Specific grant administrative requirements as outlined in 2 CFR Part 200 and implemented by HHS regulation 45 CFR Part 75, apply to this cooperative agreement opportunity.
- All awardees receiving awards under this cooperative agreement project 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.

- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant's original grant 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. All cooperative agreement budgets must include some funding to facilitate participation on the part of individuals who have a disability or long-term illness and their families.

Cooperative Agreements are administered in accordance with the following program requirements, regulations, policies, and cost principles:

- The criteria as outlined in this grant announcement and in Affordable Care Act Section 1311(i) and 45 C.F.R. §§ 155.210 and 155.215.
- Title 45, Code of Federal Regulations, Part 75, [<http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=b0174eb503950e93d9857a260f9f3aeb&ty=HTML&h=L&r=PART&n=pt45.1.75>] which implements Title 2, Code of Federal Regulations, Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) – effective December 26, 2014 [http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl]
- Title 48, Code of Federal Regulations, subpart 31.2 – Cost Principles for Contracts with Commercial Organizations
- HHS Grants Policy Statement, Revised 1/07

* The recently released HHS regulation (45 CFR Part 75) 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.

Indirect Costs

If the applicant entity has a current negotiated indirect cost rate agreement (NICRA) and is requesting indirect costs, a copy of the current NICRA must be submitted with the application. Applicants are required to use the rate agreed to in the Indirect Cost Rate Agreement. Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII to 45 CFR Part 75 (Uniform Guidance) —States and Local Government and Indian Tribe Indirect Cost Proposals may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. 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 CFR §§75.412 to 75.419 as well as Appendices III, IV, and VII to Part 75 govern reimbursement of indirect costs under this solicitation.

3. Terms and Conditions

This solicitation is subject to the *Department of Health and Human Services Grants Policy Statement (HHS GPS)* at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsggps107.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 agreement awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The recently released HHS regulation (45 CFR Part 75) 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.

All recipients must avoid conflicts of interest in the award and administration of contracts. Recipients should comply with 45 CFR Part 75, Procurement Standards as outlined in §§ 75.326 to 75.335.

In the event a Recipient or one of its sub-Recipients 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.

4. Cooperative Agreement Terms and Conditions of Award

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 Marketplace 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 Marketplace Requirements – comply with applicable state law and all applicable current and future requirements of the Marketplace, 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 a State that is engaging actively with the federal government in the operation of certain aspects of the FFM in a State Partnership Marketplace (these recipients will be notified in the cooperative agreement terms and conditions provided with the NoA) 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 Marketplace and Marketplace 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.

5. Reporting

A. Progress Reports

Awardees must agree to cooperate with any Federal evaluation of the program and must provide required weekly, monthly, quarterly, 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 staff or volunteers, describe how the program ensured access to culturally and linguistically appropriate services, and detail measurable outcomes to include how many staff and volunteers 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.

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 FFM/State Partnership Marketplace pursuant to 45 C.F.R. § 155.260 when providing Navigator services to consumers involving the use of PII. The data privacy and security standards for current Navigator awardees under opportunity CA-NAV-14-002 can be found here:

<http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Privacy-and-Security-Terms-and-Conditions-FINAL508MM> .

Additional details, including the due dates for the quarterly and final reports, will be provided in the terms and conditions of award.

B. 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 grantees must utilize the FFR to report cash transaction data, expenditures, and any program income generated.

Grantees must report on a quarterly basis cash transaction data via the Payment Management System (PMS) using the FFR in lieu of completing a SF-272/SF-272A. The FFR, containing cash transaction data, is due within 30 days after the end of each quarter. The quarterly reporting due dates are as follows: 10/30, 1/30, 4/30, 7/30. A Quick Reference Guide for completing the FFR in PMS is at: www.dpm.psc.gov/grant_recipient/guides_forms/ffr_quick_reference.aspx.

In addition to submitting the quarterly FFR to PMS, Grantees must also provide an annual FFR to CMS which includes their expenditures (in lieu of completing a Financial Status Report (FSR) (SF-269/269A). Expenditures should only be included on the annually submitted FFR, as well as the final FFR. Annual FFRs are due within 90 calendar days of the applicable year end date. The final FFR is due within 90 calendar days of the project period end date.

Additional information on financial reporting will be provided in the terms and conditions of award.

C. Transparency Act Reporting Requirements

Awards issued under this funding opportunity announcement 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 CFR 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 CFR Part 170 (available online at www.fsrs.gov).

D. Payment Management Requirements

Grantees must submit a quarterly electronic SF-425 via the Payment Management System. The report identifies cash expenditures against the authorized funds for the cooperative agreement. Failure to submit the report may result in the inability to access cooperative agreement funds. The SF-425 Certification page should be faxed to the PMS contact at the fax number listed on the SF-425, or it may be submitted to:

Division of Payment Management
HHS/ASAM/PSC/FMS/DPM
PO Box 6021
Rockville, MD 20852
Telephone: 1-877-614-5533

VII. AGENCY CONTACTS

1. Programmatic Questions

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

2. Administrative Questions

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

VIII. APPENDICES

1. Guidance for Preparing a Budget Request and Narrative in Response to SF 424A

Introduction

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. This is to be done for each 12-month budget period of the 36-month project period. 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 and State Partnership Marketplaces*. Any other grant funding provided by HHS, including previously 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 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: *PPHF-2013-Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges* (number CA-NAV-13-001), and *Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces* (number CA-NAV-14-002), other HHS grant programs, and other federal funding sources as applicable.

A. (Personnel) Salaries and Wages

For each requested position, provide the following information: 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.

Sample Budget

Personnel Total \$ _____
Navigator Grant \$ _____
Funding other than Navigator Grant \$ _____
Sources of Funding _____

<u>Position Title and Name</u>	<u>Annual</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<i>Project Coordinator</i> <i>Susan Taylor</i>	\$45,000	100%	12 months	\$45,000

<i>Finance Administrator</i> <i>John Johnson</i>	\$28,500	50%	12 months	\$14,250
<i>Outreach Supervisor</i> <i>(Vacant*)</i>	\$27,000	100%	12 months	\$27,000

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.

Sample Budget

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

25% of Total salaries = Fringe Benefits

If fringe benefits are not computed by using a percentage of salaries, itemize how the amount is determined.

<i>Example: Project Coordinator — Salary</i>	=	\$45,000
<i>Retirement 5% of \$45,000</i>	=	\$2,250
<i>FICA 7.65% of \$45,000</i>	=	3,443
<i>Insurance</i>	=	2,000
<i>Workers' Compensation</i>	=	
<i>Total:</i>		<u>\$52,693</u>

C. Travel

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. 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.

In-State Travel—Provide a narrative justification describing the travel staff members will perform. 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. 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>.

Out-of-State Travel—Provide a narrative justification describing the same information requested above. Include HHS meetings, conferences, and workshops, if required by HHS. Itemize out-of-state travel in the format described above.

Sample Budget

Travel (in-State and out-of-State) Total \$ _____
Navigator Grant \$ _____
Funding other than Navigator Grant \$ _____
Sources of Funding _____

Sample In-State Travel Budget

In-State Travel:

<i>1 trip x 2 people x 500 miles r/t x .27/mile</i>	<i>=</i>	<i>\$270</i>
<i>2 days per diem x \$37/day x 2 people</i>	<i>=</i>	<i>148</i>
<i>1 nights lodging x \$67/night x 2 people</i>	<i>=</i>	<i>134</i>
<i>25 trips x 1 person x 300 miles avg. x .27/mile</i>	<i>=</i>	<i>2,025</i>

Total
\$ 2,577

Sample Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend an eligibility conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation. This travel furthers our efforts to accomplish specific project goals for the following reasons

Sample Out-of-State Travel Budget

Out-of-State Travel:

<i>1 trip x 1 person x \$500 r/t airfare</i>	=	\$500
<i>3 days per diem x \$45/day x 1 person</i>	=	135
<i>1 night's lodging x \$88/night x 1 person</i>	=	88
<i>Ground transportation 1 person</i>	=	50
		Total
		\$773

Sample Justification

The Project Coordinator will travel to HHS, in Atlanta, GA, to attend the HHS Conference. This travel 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 \$ _____

Navigator Grant \$ _____

Funding other than Navigator Grant \$ _____

Sources of Funding _____

<u>Item Requested</u>	<u>How Many</u>	<u>Unit Cost</u>	<u>Amount</u>
<i>[Example] All-in-one Printer, Copier, and Scanner (large scale)</i>	<i>1 ea.</i>	<i>\$5,800</i>	<i>\$5,800</i>

F. Consultant/Contractual Costs

All consultant/contractual costs should include complete descriptions and cost breakdowns – for each consultant or contract. The following information, outlined below, should also be provided for each consultant 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 grantee 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 organization 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 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 body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

REQUIRED 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 body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

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 \$ _____
 Navigator Grant \$ _____
 Funding other than Navigator Grant \$ _____
 Sources of Funding _____

Telephone (\$ ___ per month x ___ months x #staff)	=	<u>\$ Subtotal</u>
Postage (\$ ___ per month x ___ months x #staff)	=	<u>\$ Subtotal</u>
Printing (\$ ___ per x ___ documents)	=	<u>\$ Subtotal</u>
Equipment Rental (describe) (\$ ___ per month x ___ months)	=	<u>\$ Subtotal</u>
Internet Provider Service (\$ ___ per month x ___ months)	=	<u>\$ Subtotal</u>
Word Processing Software (@ \$400—specify type)	=	<u>\$Subtotal</u>

[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 2 CFR §200.414 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 \$_____.

	Personnel \$ _____
	Fringe \$ _____
	Travel \$ _____
	Supplies \$ _____
	Other \$ _____
Total \$	x ____% = Total Indirect Costs

If the applicant organization has never received an indirect cost rate (except for State, Local Government, and Indian Tribes), 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.

2. State Reference List

The following States will have a FFM or a State Partnership Marketplace for benefit year 2015. Applicants may propose to serve consumers in any of the States listed below.²⁰

Alabama
Alaska
Arizona
Arkansas
Delaware
Florida
Georgia
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

²⁰ Should a state not currently included in this list revert from a State-based Marketplace to a FFM or SPM, CMS will determine how to address funding for a Navigator program in this state at that time.

3. Application Check-Off List

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 Grants.gov, and formatting requirements followed, or your application will not be reviewed.**

- 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
- Cover Letter
- Copy of Previously Submitted Letter of Intent
- Project Abstract
- Project Narrative (maximum of nineteen (19) pages)
- Work Plan and Timeline (maximum of five (5) pages)
- Budget and Budget Narrative(s) (maximum of ten (10) pages per state/service area)
- Business Assessment of Applicant Organization (maximum of ten (10) pages)