

FY2025 Navigator Outreach and Enrollment Grant

MNSure

Applicant Information (Not scored)

Contract Representative*

For a paid partnership, the contract representative should be from the lead agency.

Character Limit: 50

Contract Representative Email*

For a paid partnership, the contract representative should be from the lead agency.

Character Limit: 254

Contract Representative Phone*

For a paid partnership, the contract representative should be from the lead agency.

Character Limit: 20

Main Contact for RFP Process*

Is the contract representative also the main contact for communications regarding the RFP process?

Choices

Yes

No

If not the main contact for communications regarding the RFP:

State main contact name:

Character Limit: 50

Main Contact Email

Character Limit: 254

Main Contact Phone

Character Limit: 20

Minnesota Tax ID

If a paid partnership, this should be the Minnesota Tax ID for the lead agency.

Character Limit: 20

State of Minnesota Vendor Number

If a paid partnership, this should be the SWIFT Vendor Number for the lead agency.

Character Limit: 15

Federal Data Universal Number System (DUNS)

If a paid partnership, this should be the Minnesota Tax ID for the lead agency. Applicant agencies are not required to have a DUNS at the time of application, but are required to obtain one before the start of the project.

Character Limit: 50

Agency Type*

If a paid partnership, this should be agency type for the lead agency.

Choices

Nonprofit

Tribal nation/Tribal government

For-profit (Limited Liability)

For-profit (Incorporated)

State or Local Government

Evidence of Good Standing*

Potential grantees must certify that the organization has a status of “In Good Standing” with the Secretary of State as required by 16B.981 Subd. 2 (3) and as part of the response to this Grant Request for Proposal. Is your agency (for-profit or nonprofit) registered with the Minnesota Secretary of State and has a status of “In Good Standing”?

Choices

Yes

No

Not applicable (if Tribal nation, Tribal government, or state or local government)

Total grant amount requested*

Character Limit: 20

List of all Paid Partners

If this is a paid partnership, list all agencies that would receive grant funds.

Use the following format:

- Agency 1
- Agency 2
- Agency 3

Character Limit: 500

Conflict of Interest*

List the name(s) of individuals involved with the preparation of this proposal and their title to assist in determining potential conflicts of interest.

Character Limit: 200

Statement of Focus (5% of total score)

FY 2025 Navigator Grant Program*

Character Limit: 100

MNSure's priority is to fund proposals that will reach and enroll populations with the highest rates of uninsurance; populations facing barriers to obtaining and maintaining coverage; and populations experiencing disparities in health outcomes.

Applicants will be scored on their responses to the following questions:

Statement of Focus: Identify Population(s)*

List the specific population (or populations) that will be reached by the proposal. This does not need to include all of the populations served by the agency. It should be limited to the population(s) that will be the focus of the objectives and strategies in this proposal.

For the purposes of this RFP, the population(s) identified will be referenced as the "Statement of Focus population," or SOF population.

Character Limit: 1500

Statement of Focus: Evidence*

Provide evidence that the SOF population falls within the priorities of this grant program. If there are multiple populations, evidence must be provided for each of them. Use any available data, including resources available on the Assister Funding Opportunities webpage, as part of the explanation for why the SOF population experiences high rates of uninsurance, barriers to obtaining and maintaining coverage and/or disparities in health outcomes.

Character Limit: 3500

Statement of Focus: Geographic Area*

List the specific geographic area that will be served by your grant. This should be a list of cities (for smaller geographic areas) or counties (for larger geographic areas).

Character Limit: 1500

Connection to Statement of Focus Population (10% of total score)

The grant program seeks to support agencies that have strong, established connections to the SOF population and have leadership and staff that represent the community. Preference will be given to agencies that can offer consumers the option of in-person assistance within a reasonable distance within their defined geographic area.

Applicants will be scored on their responses to the following questions:

Connection to SOF Population: Existing Connections*

Describe existing connections the agency has with the SOF population. Evidence of existing connections may include length of time serving the community, other services provided to the community and special skills like language fluency.

If this is a paid partnership, include this information for each paid partner.

Character Limit: 4000

Connection to SOF Population: Agency Representation*

Explain the current demographics of the board members (if applicable), leadership and staff of the agency. If the board, leadership and staff are not reflective of the SOF population, describe plans for changing recruiting, hiring, promotion and retention practices.

If this is a paid partnership, include this information for each paid partner.

Character Limit: 3500

Connection to SOF Population: Geographic Services*

Explain how the grant will provide services to the SOF population within the geographic area. Specify where and how in-person assistance will be offered to consumers.

Character Limit: 3500

Current Agency Activities (30% of total score)

Applicants are expected to have established processes for assisting individuals with applying, enrolling in private plans and managing casework for accessing services. Applicants must also demonstrate proven in-reach and outreach strategies to be able to fulfill the goal of MNSure's navigator grant program to reduce disparities.

Preference will be given to agencies with one or more navigators currently devoted at least half-time (16 or more hours per week) year-round to MNSure outreach and enrollment activities.

Applicants will be scored on their responses to the following questions:

Current Agency Activities: Outreach*

Describe the agency's current outreach activities to connect with and educate the SOF population. If this is a paid partnership, describe the role of paid partners in these outreach activities.

Character Limit: 3500

Current Agency Activities: Application Support*

Describe the agency's current application support activities for the SOF population. Application support includes creating online accounts, completing applications, submitting required verifications and other activities necessary to get an eligibility determination.

If this is a paid partnership, describe the role of paid partners in providing application support for the SOF population.

Character Limit: 3500

Current Agency Activities: Enrollment*

Describe the agency's current activities to help consumers enroll in a private health plan.

If this is a paid partnership, describe the role of paid partners in helping with private health plan enrollments.

Character Limit: 3500

Current Agency Activities: Case Management*

Describe the agency's current case management activities that help the SOF population understand their coverage and maintain correct eligibility. Case management may include activities like reporting changes in circumstances or explaining notices.

If this is a paid partnership, describe the role of paid partners in helping with case management activities for the SOF population.

Character Limit: 3500

Current Agency Activities: Renewals*

Describe the agency's current activities to help the SOF population maintain coverage through renewal periods. If this is a paid partnership, describe the role of paid partners in helping the SOF population with renewals.

Character Limit: 3500

Current Agency Activities: Staffing*

Does the agency currently have any certified navigators dedicated at least half-time (16 hours or more per week) to MNSure outreach and enrollment activities year-round? If so, please list their name(s) and specify how many hours per week.

If this is a paid partnership, do any paid partners currently have any certified navigators dedicated at least half-time (16 or more hours per week) to MNSure outreach and enrollment activities year-round? If so, please list their name(s) and specify how many hours per week.

Character Limit: 1500

Grant Objectives and Strategies (30% of total score)

Grant Objective*

Provide an objective setting how many individuals from the SOF population will gain or maintain health insurance coverage during the grant period.

Character Limit: 300

Grant Strategies: Outreach*

List outreach strategies to connect with the SOF population in the geographic area. If this is a paid partnership, describe any role for paid partners in these strategies.

Character Limit: 2500

Grant Strategies: Application Support*

List strategies for providing application support for the SOF population that will help achieve the grant objective. If this is a paid partnership, describe any role for paid partners in these strategies.

Character Limit: 2500

Grant Strategies: Private Plan Enrollment*

List the strategies for helping eligible consumers enroll in private plans. If this is a paid partnership, describe any role paid partners will play in these strategies.

Character Limit: 2500

Grant Strategies: Case Management*

List strategies for helping the SOF population with case management. If this is a paid partnership, describe any role paid partners will play in these strategies.

Character Limit: 2500

Grant Strategies: Renewals*

List the strategies for helping the SOF population retain coverage through renewal periods. If this is a paid partnership, describe any role paid partners will play in these strategies.

Character Limit: 2500

Optional Work Plan Elements (Not Scored)

The following response will not be scored, but provides information that may be included in the work plan if the applicant is selected as a grantee.

Grant Objectives and Strategies: Supporting Navigator Community

(Optional) Describe any specific resources or expertise that the agency (or paid partners) has that could be of value to the larger navigator community.

Character Limit: 2000

Data Collection (15% of total score)

Grantees are expected to collect and report data to demonstrate progress on carrying out their strategies and achieving their grant objective. The data must demonstrate that the strategies are effective with the SOF population.

Applicants will be scored on their responses to the following questions:

Data Collection: Objective*

Describe what information will be tracked and how data will be collected and reported to MNsure to demonstrate progress towards the **grant objective** (the number of individuals from the SOF population who will gain or maintain health insurance coverage during the grant period).

Character Limit: 2500

Data Collection: Outreach*

Describe what information will be tracked and how data will be collected that can be reported to MNsure to show **outreach strategies** are successful with the SOF population.

Character Limit: 2500

Data Collection: Application Support*

Describe what information will be tracked and how data will be collected that can be reported to MNsure to show **application support strategies** are helping the SOF population get eligibility for health care programs.

Character Limit: 2500

Data Collection: Private Plan Enrollment*

Describe what information will be tracked and how data will be collected that can be reported to MNsure to demonstrate eligible consumers **enroll in private health insurance**.

Character Limit: 2500

Data Collection: Case Management*

Describe what information will be tracked and how data will be collected that can be reported to MNsure to show **case management strategies** are helping the SOF population to maintain correct eligibility.

Character Limit: 2500

Data Collection: Renewals*

Describe what information will be tracked and how data will be collected that can be reported to MNsure to demonstrate the SOF population is **retaining health insurance coverage through renewal periods**.

Character Limit: 2500

Data Collection: Data Privacy*

Explain the agency's practices for protecting any private consumer data that is collected. If this is a paid partnership, describe how paid partners protect consumer information.

Character Limit: 2500

Budget and Financial Management (10% of total score)

Applicants must submit a budget for completing the proposed objective and strategies.

The total requested budget should not exceed \$550,000 for the fiscal year. Preference will be given to grants that have navigators devoted at least half-time (16 or more hours per week) year-round to grant outreach and enrollment activities.

Applicants will be scored on their responses to the following questions:

Budget: Total Grant Budget*

Total grant amount requested:

Character Limit: 20

Summary Budget

Provide the total requested for each of the following budget categories and a brief description of how the funds would be used. The amounts provided must add up to the total grant amount requested.

For additional information on budget categories and allowable and unallowable expenses, see the RFP.

Summary Budget: Personnel*

Wages and other compensation for agency employees.

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

Character Limit: 2000

Summary Budget: Contractors/Consultants*

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

Character Limit: 1500

Summary Budget: Equipment*

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

Character Limit: 1500

Summary Budget: Supplies*

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

Character Limit: 1500

Summary Budget: Travel*

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

Character Limit: 1500

Summary Budget: Other Direct Costs*

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

Character Limit: 1500

Summary Budget: Indirect Costs*

Provide total amount requested for this category and a brief description of how funds will be used. If no funds are requested for this category, enter "Not applicable."

Character Limit: 1500

Summary Budget: Paid Partner Costs (if applicable)*

Provide the total budget for EACH paid partner and a brief description of how funds will be used. If there are no paid partners enter "Not applicable."

Character Limit: 2000

Budget: Funding Sources*

Explain how the agency's navigator activities are currently funded (MNSure funding and/or other funding sources).

Character Limit: 1000

Financial Management: Financial Practices*

Explain the agency's current financial management practices for grant funding. If relevant, include examples of past experience managing grant funding.

Character Limit: 2000

Financial Management: Paid Partner Oversight*

If there are paid partners, explain how the lead agency will oversee the financial management of paid partners. Include examples of past experience managing any paid partners.

If there are no paid partners, enter "Not applicable" here.

Character Limit: 2000

Budget: Funding*

Would the grant sustain or expand current navigator activities for the SOF population?

Choices

Sustain

Expand

Letters of Support from Paid Partners (Not scored)

Letters of Support

Letters of support from each paid partner must be submitted with the proposal to verify that the paid partner understands and has agreed to their role in the proposal. A paid partner is an agency that will receive grant funds.

A letter of support or agreement must provide a brief summary of the paid partner's role in achieving the grant proposal objective. It must be submitted on the paid partner's letterhead and signed.

The applicant will upload letters of support from multiple paid partners as single document through the online grant application system. There is only one attachment upload for letters of support. If there are multiple paid partners, combine all letters into a single document for uploading.

File Size Limit: 10 MB

Required Statements (Not scored)

The following are required documents that must be included with your proposal. All of the documents are available under "Request for Proposals and Required Documents" on the MNSure Assister Funding Opportunities webpage. Complete the attachments and upload them as an attachment in the "Required Statements" section of the online application in Foundant.

Attachment A: Responder Information/Declarations*

File Size Limit: 2 MB

Attachment B: Affidavit of Noncollusion*

File Size Limit: 2 MB

Attachment C: Workforce Certification*

File Size Limit: 2 MB

Attachment D: Certification Regarding Lobbying*

File Size Limit: 2 MB

Attachment E: Exceptions to Terms and Conditions*

File Size Limit: 2 MB

Attachment F: Trade Secret/Confidential Data Notice*

File Size Limit: 2 MB