FY 2021 Navigator Outreach and Enrollment:
Funding Area 3: Capacity Building Grants

Applicant Information (Not scored)

Lead Agency Contract Representative*
Character Limit: 50

Lead Agency Contract Representative Email*
Character Limit: 254

Lead Agency Contract Representative Phone*
Character Limit: 20

Same as main contact?*
Is the representative above the same as the main contact?

Choices
Yes
No

* Character Limit: 100

If not main contact
State main contact name:
Character Limit: 50

Main Contact Email
Character Limit: 254

Main Contact Phone
Character Limit: 20

Minnesota Tax ID
Character Limit: 20

State of Minnesota Vendor Number
Character Limit: 15
Federal Data Universal Number System (DUNS) #
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

Lead Organization Type*
Choices
For-profit (Incorporated)
For-profit (Limited Liability)
Nonprofit
Other
State or Local Government
Tribal nation/Tribal government

If "other" is selected above, please use this space to describe your organization

Character Limit: 100

Total grant amount request*

Character Limit: 20

List of all Paid Partners
List partners your agency will have during this project that will receive grant funds.

Use the following format:

- Agency 1
- Agency 2
- Agency 3

Character Limit: 500

List of all Unpaid Partners
List any partners your agency will have during this project that will not 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 to assist in determining potential conflicts of interest.
**Justification of Community Need (15 points)**

Applicants must clearly describe the specific geographic area or population(s) (“community of focus”) that will be served by the grant and explain the barriers to health insurance coverage. The proposal must also explain why there is a need for additional navigator capacity to serve the community of focus.

Clearly define the specific geographic area or population(s) that the applicant will serve (“community of focus”). If it is a geographic area, this should be a list of cities (for smaller geographic areas) or counties (for larger geographic areas). If it is a population or multiple populations, they should be specifically identified in the following list format:

- Population 1
- Population 2
- Population 3

*Character Limit: 2000*

Explain the barriers to health insurance coverage for the community of focus that justifies the need for grant funds to support navigator outreach and enrollment. Use any available data, including resources available on the Assister Funding Opportunities web page, as part of the explanation.*

*Character Limit: 4000*

Explain the current level of application and enrollment assistance available to the community of focus and why there is a need for additional navigator capacity to assist the community of focus.*

*Character Limit: 4000*

**Connection to Community of Focus (15 points)**

How long have the lead agency (and each paid partner) served the community of focus?*

*Character Limit: 2000*

Describe existing connections the lead agency (and each paid partner) have with the community of focus to be served by the grant. If there are no existing connections, describe plans to develop those connections.*

*Character Limit: 4000*
Describe current demographics of the board members, leadership and staff of the lead agency (and each paid partner). If the board, leadership and staff are not reflective of the community of focus, describe plans for changing recruiting, hiring, promotion and retention practices.*

**Character Limit: 4000**

### Relevant Experience and Activities (15 points)

For capacity building grants, applicants are not required to have prior experience providing MNsure application and enrollment assistance. Other community experience, such as providing health care services or assisting individuals with applications for other social services, will be considered as relevant when evaluating capacity building proposals.

**Character Limit: 1**

Describe any experience the lead agency (and each paid partner) and current staff may have in enrolling consumers in health insurance coverage through MNsure as a navigator or certified application counselor.*

**Character Limit: 3000**

Describe other relevant experience the lead agency (and each paid partner) has in providing services to the community of focus. Please describe any current processes, such as intake practices, data privacy and security procedures and case management services.

NEW: Also describe whether the COVID-19 situation has impacted agency activities and how the lead agency (and each paid partner) have modified business practices to continue providing services during the COVID-19 pandemic.*

**Character Limit: 4000**

Describe any current outreach work being done by the lead agency (and each paid partner) with the community of focus.*

**Character Limit: 4000**

Describe any current practices collecting demographic or other information on consumers.

**Character Limit: 2000**

If the grant includes paid partners, describe any prior experience the lead agency has had coordinating work activities with multiple partners. Also describe any prior experience the lead agency and paid partners have had working together on a project.

**Character Limit: 4000**
Grant Objectives and Strategies (35 points)

Work Plan*


There is no narrative for this section of the proposal. The Excel work plan must contain clear objectives and detailed strategies to convey how the proposal meets the overall goals of the funding area. Carefully review the requirements for the geographic funding area outlined on pages 23 to 25 of the RFP published on the Assister Funding Opportunities web page.

File Size Limit: 10 MB

Budget and Financial Management (20 points)

Budget Narrative

If already contracted as a navigator agency with MNsure, explain how the applicant (and each paid partner) currently use navigator per-enrollment payments to support navigator activities?

Character Limit: 3000

Provide an estimate of per enrollee payments that will be received during the grant year. Explain how those funds will be used to fund the applicant’s navigator work.*

Character Limit: 3000

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

Character Limit: 3000

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

Character Limit: 3000

Applicants are required to submit a summary budget for the grant and a detailed budget for the lead agency, as well as a detailed budget for each paid partner identified in the proposal. Applicant must use the budget templates available on the MNsure Assister Funding Opportunities web page and upload them as attachments through the online application.

Applicants will be scored on whether expenses align with the proposed strategies; clarity of how per enrollee funds are used to support navigator functions; and whether expenses are reasonable and appropriate.

**Summary Budget**

*File Size Limit: 2 MB*

**Detailed Budget**

*File Size Limit: 2 MB*

**Training/Mentorship (Not scored)**
MNsure may seek to partner capacity building grantees with geographic or populations grantees to provide training and/or mentorship support. Capacity building applicants are asked to indicate their interest in training and/or mentoring. Applicants should not include any specific objectives, strategies or funding in their grant proposal related to this work. If a potential match is identified in Stage 3 of the RFP process, MNsure will negotiate this element of the work plan and budget with the selected grantees.*

**Choices**
Interested
Not interested

**Letters of Support, if applicable (Not scored)**
Letters of support from paid partners must be submitted with the proposal. A paid partner is an organization that will receive grant funds. The applicant must upload letters of support from multiple paid partners as single document through the online grant application system. Letters of support from unpaid partners are not required.

*File Size Limit: 5 MB*

**Required Statements (Not scored)**
The following are required documents that must be uploaded with your proposal. All of the documents are available on the MNsure Assister Funding Opportunities web page.
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