

# FY2027 Navigator Outreach and Enrollment Grant-

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*MNsue*

## *Applicant Information (Not scored)*

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### **Agency Name\***

*Character Limit: 100*

### **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)

## Funding Levels\*

MNsue will award grants at two funding levels:

- Funding Level 1 – Up to \$50,000
- Funding Level 2 – Up to \$550,000

Applicants should review the Minimum Requirements section in the RFP for each funding level, including requirements for paid partnerships.

If an agency applies for and is not selected for a grant at Funding Level 2, MNsure reserves the right to recalculate the applicant’s scores with the appropriate weighting and consider them for Funding Level 1.

Please select the funding level for which you are applying:

### Choices

Funding Level 1 (Budget cannot exceed \$50,000)  
Funding Level 2 (Budget cannot exceed \$550,000)

### 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*

## *Community Connection*

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MNsure's navigator grant program seeks to support agencies that have strong, well-established connections with populations experiencing the highest rates of uninsurance; populations facing barriers to obtaining and maintaining coverage; and populations experiencing disparities in health outcomes.

Applicants for both Funding Level 1 and Funding Level 2 are expected to demonstrate connections to the community. However, during Stage 3 (Merit Review) of the evaluation process, this section will be weighted as 25% of the score for Funding Level 1 and 10% of the score for Funding Level 2.

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

### Community Connection: Identify Population(s)

Applicants must identify up to three specific populations that will be reached by the grant proposal. The application does not need to identify all the populations that are served by the applicant but should include the population(s) the agency is uniquely situated to reach and enroll.

### Community Connection: Population 1\*

Required: Identify one population that will be reached by the grant proposal following the guidelines above:

*Character Limit: 100*

### Community Connection: Population 2

Optional: Identify a second population that will be reached by the grant proposal following the guidelines above:

*Character Limit: 100*

### Community Connection: Population 3

Optional: Identify a third population that will be reached by the grant proposal following the guidelines above:

*Character Limit: 100*

### Community Connection: Existing Connections\*

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

*Character Limit: 3500*

### Community Connection: Agency Demographics\*

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 population(s) identified above, describe plans for changing recruiting, hiring, promotion and retention practices

*Character Limit: 3500*

### Community Connection: Geographic Area\*

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

*Character Limit: 2000*

### Community Connection: Services to be Provided

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

*Character Limit: 3000*

## Current Navigator Activities

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MNsue's navigator grant program seeks to support access to experienced assistance by sustaining the state's existing navigator infrastructure. Applicants are expected to demonstrate that they:

- Commit a minimum level of staffing to offering navigator assistance.
- Have established processes for assisting individuals with applying for coverage, enrolling in private plans and managing casework for accessing health care insurance.
- Have proven in-reach and outreach strategies to connect with populations experiencing the highest rates of uninsurance; populations facing barriers to obtaining and maintaining coverage; and populations experiencing disparities in health outcomes.

Applicants for both Funding Level 1 and Funding Level 2 are expected to describe their current navigator activities. However, during Stage 3 (Merit Review) of the evaluation process, this section will be weighted as 25% of the score for Funding Level 1 and 30% of the score for Funding Level 2.

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

For each of the following categories, describe the activities the applicant and any paid partners have engaged in between July 2025 and January 2026:

### Current Navigator Activities: Outreach\*

Activities to connect with and educate your community on access to health insurance.

*Character Limit: 3500*

### Current Navigator Activities: Application Support\*

Activities including creating online accounts, completing applications, submitting required verifications and other activities necessary to get an eligibility determination and begin coverage.

*Character Limit: 3500*

### Current Navigator Activities: Enrollment Support\*

Activities during open enrollment or for consumers qualifying for a special enrollment period, this may include utilizing referral relationships with brokers.

*Character Limit: 3500*

### Current Navigator Activities: Case Management\*

Activities to help consumers understand their coverage and maintain correct eligibility, including reporting changes in circumstances or explaining notices.

*Character Limit: 3500*

### **Current Navigator Activities: Renewals\***

Activities to help consumers maintain their private or public health insurance coverage through renewals.

*Character Limit: 3500*

### **Current Navigator Activities: Staffing\***

As of February 3, 2026, does the applicant (or lead agency) have any actively certified navigators dedicated at least half-time (16 or more hours per week) or full-time (32 or more hours per week) to MNsure outreach and enrollment activities year-round? If so, please list the name(s) and specify how many hours per week are spent on navigator activities by each individual.

*Character Limit: 1500*

### **Current Navigator Activities: Paid Partner Staffing**

If this is a paid partnership, as of February 3, 2026, do any paid partners have any actively certified navigators dedicated at least half-time (16 or more hours per week) or full-time (32 or more hours per week) to MNsure outreach and enrollment activities year-round? If so, please list the name(s) and specify how many hours per week are spent on navigator activities by each individual.

*Character Limit: 1500*

## ***Grant Objectives and Strategies***

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MNsue's navigator grant program seeks to support navigators with an on-going commitment to supporting consumers through the full life cycle of coverage, including learning about health insurance options, submitting an application that results in eligibility, potentially enrolling in private coverage, responding to notices, reporting changes in circumstances and completing renewals.

Applicants must have a clear objective for their grant and provide specific strategies to support completing that objective within the grant period. Grantees will be required to report monthly on the tactics used to implement their strategies and their progress towards achieving the grant objective.

During Stage 3 (Merit Review) of the evaluation process, this section will be weighted as 25% of the score for Funding Level 1 and 35% of the score for Funding Level 2.

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

### **Grant Objectives and Strategies: Grant Objective\***

Provide a one sentence objective setting how many people the grant will assist with gaining or maintaining health insurance coverage during the grant period.

*Character Limit: 500*

### **Grant Objectives and Strategies: Outreach\***

List both outreach and in-reach strategies to connect with consumers in the geographic area. Specify whether strategies and activities are on-going or will be new for the grant period. If this is a paid partnership, describe any role for paid partners in these strategies.

*Character Limit: 3500*

### **Grant Objectives and Strategies: Application Support\***

List strategies for providing application support to help achieve the grant objective. Specify whether strategies and activities are on-going or will be new for the grant period. If this is a paid partnership, describe any role for paid partners in these strategies.

*Character Limit: 3500*

### **Grant Objectives and Strategies: Private Plan Enrollment\***

List strategies for helping eligible consumers enroll in private plans. Specify whether strategies and activities are on-going or will be new for the grant period. If this is a paid partnership, describe any role paid partners will play in these strategies.

*Character Limit: 3500*

### **Grant Objectives and Strategies: Case Management\***

List strategies for helping the consumers with case management. Specify whether strategies and activities are on-going or will be new for the grant period. If this is a paid partnership, describe any role paid partners will play in these strategies.

*Character Limit: 3500*

### **Grant Objectives and Strategies: Renewals\***

List the strategies for helping people retain coverage through renewal periods. Specify whether strategies and activities are on-going or will be new for the grant period. If this is a paid partnership, describe any role paid partners will play in these strategies.

*Character Limit: 3500*

### **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. This response will not be scored but provides information that may be included in the work plan if the applicant is selected as a grantee.

*Character Limit: 2000*

## *Data Collection*

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Grantees are required to collect and report data to demonstrate progress on achieving their grant objective. MNsure will utilize navigator per enrollee payment data as the primary method for tracking progress. However, grantees are expected to provide additional data to document grant activities that are not captured by per enrollee payments.

During Stage 3 (Merit Review) of the evaluation process, this section will be weighted as 10% of the score for Funding Level 1 and Funding Level 2.

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

### **Data Collection: Data to be collected and collection methods\***

Describe what information will be tracked and what specific methods will be used to collect data to be reported to MNsure. Clarify whether these are existing reporting methods or are methods that will be implemented to support the grant.

*Character Limit: 3000*

### **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: 3000*

## *Budget and Financial Management*

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Applicants must submit a budget for completing the proposed objective and strategies. MNsure grant funds must be used to cover expenses that are clearly service-related (reaching and enrolling Minnesotans). In accordance with Minn. Stat. § 16B.98, subd. 1, grant recipients of state fund appropriations are required to minimize administrative costs. MNsure will negotiate appropriate limits so the state receives optimum benefit for grant funds.

Grantees must be able to provide receipts and invoices, bank statements, timecards, or other records, as appropriate, to support all expenses.

During Stage 3 (Merit Review) of the evaluation process, this section will be weighted as 15% of the score for Funding Level 1 and Funding Level 2.

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

## Budget and Financial Management: Total Grant Budget\*

For agencies eligible for Funding Level 1, the total requested budget should not exceed \$50,000. For agencies eligible for Funding Level 2, including paid partnerships, the total requested budget should not exceed \$550,000.

If an agency applies for and is not selected for a grant at Funding Level 2, MNsure reserves the right to recalculate the applicant's scores with the appropriate weighting and consider them for Funding Level 1.

Total grant amount requested:

*Character Limit: 20*

## Budget

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

Applicants should review the list of allowable and ineligible expenses detailed in the Grant Provisions section on pages 24-25 of the RFP.

### Budget: Personnel (wages and other compensation)\*

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*

### 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*

### 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*

### 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*

**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*

**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*

**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*

**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: Navigator Staffing\***

Explain whether any certified navigators will be working at least half time (at least 16 hours per week) or full-time (32 hours per week) on grant activities. If so, how many hours per week?

- For Funding Level 1, at least one individual must be dedicated at least half time. Paid partners that qualify for Funding Level 1 must also provide information on navigator staffing.
- For Funding Level 2, at least one individual must be dedicated full time. Paid partners that qualify for Funding Level 2 must also provide information on navigator staffing.

*Character Limit: 2000*

**Budget: Funding Sources\***

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

*Character Limit: 1000*

**Budget: Funding\***

Describe whether grant funding would sustain or expand the agency's current navigator activities?

*Character Limit: 1500*

**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 experience managing any paid partners.

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

*Character Limit: 2000*

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***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*

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***Required Attachments (Not scored)***

**The following are required attachments that must be included with your proposal.** All of the attachments are available under "Request for Proposals and Required Documents" on the MNsure Assister Funding Opportunities webpage. Complete the attachments and upload here as indicated.

**Attachment A: Performance Capacity\***

*File Size Limit: 2 MB*

**Attachment B: Certification of Not Suspended-Debarred\***

*File Size Limit: 2 MB*

**Attachment C: Evidence of Good Standing\***

*File Size Limit: 2 MB*

**Attachment D: Certification of No Felony Convictions\***

*File Size Limit: 2 MB*