FY 2023 Navigator Grant Program Request for Proposals

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 above representative also the main contact?

Choices
Yes
No

If not the 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 Agency 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 requested**

*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 and their title to assist in determining potential conflicts of interest.

*Character Limit: 200*
Statement of Focus (100 Points)

Project Name*
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. Examples of appropriate populations are identified in the “Minnesota’s Health Insurance Landscape” section on pages 5 and 6 of the RFP.

With respect to the Statement of Focus, applicants will be scored on their response to the following:

Statement of Focus: Identify Population*
List the specific population(s) that will be the focus of this grant. Your response must clearly describe the specific population or populations that will be reached by the proposal.

For the purposes of this RFP, the population or populations you identify in this section will be referenced as your “Statement of Focus population,” or SOF population. If your Statement of Focus identifies more than one population, consider that your response in other sections of the application will need to demonstrate sufficient experience, capacity and appropriate strategies for serving each of the populations listed in the proposal or your response in those section will not be eligible to receive a full score.

Character Limit: 1500

Statement of Focus: Evidence*
Provide evidence that the SOF population you identified above experiences high rates of uninsurance, barriers to obtaining and maintaining coverage and/or disparities in health outcomes. 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). You will need to clarify how this geographic area will be served in the “Grant Objectives and Strategies” section of the application or your response will not be eligible to receive a full score in that section.

Character Limit: 1500
Connection to Statement of Focus Population (200 points)
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. Applicants will be scored on their response to the following:

Connection to SOF Population: Length of Service*
How long have the lead agency and any paid partners served the SOF population?

Character Limit: 3000

Connection to SOF Population: Existing Connections*
Describe existing connections the lead agency and any paid partners have with the SOF population. Evidence of existing connections may include types of services your agency currently provides to the SOF population.

- Include any specialized skills, such as language skills, the lead agency and any paid partners may have to serve the SOF population.
- If the lead agency does not currently have connections with the SOF population, describe plans to develop connections.

Character Limit: 4000

Connection to SOF Population: Agency Representation*
Explain the current demographics of the board members, leadership and staff of the lead agency and any paid partners. If the board, leadership and staff are not reflective of the SOF population, describe plans for changing recruiting, hiring, promotion and retention practices.

Character Limit: 3000

Current Agency Activities (150 points)
Applicants are expected to have established processes for assisting individuals with applying, enrolling and managing casework for accessing services as well as proven in-reach and outreach strategies to be able to fulfill the goals of the grant program. Experience providing MNsure navigator services for enrolling in health care insurance is preferred, but experience assisting the SOF population with accessing similar health or social services is also relevant.

Current Agency Activities: Contract Status*
Do the agencies (lead agency and any paid partners) in this grant proposal have a current navigator contract with MNsure?

Choices
Yes, all agencies receiving funds have a current navigator contract
No, none of the agencies receiving funds has a current navigator contract
The lead agency has a contract, but some or all of the paid partners do not
The lead agency does not have a contract, but some or all of the paid partners do

Agencies with a current navigator contract and agencies that do not have a current navigator contract may have different questions in this section. Please read the instructions in each question carefully.

When answering the questions for current agency activities provide information accurate as of March 1, 2022.

Applicants will be scored on the following:

**Current Agency Activities: Agency Staffing***
For ALL agencies: How many FTEs (full-time equivalents) does your agency have in total (all programs)? Provide information for the lead agency and any paid partners.

To calculate an FTE, an employee’s scheduled hours are divided by the hours for a full-time week. For example, if the agency has a 40-hour workweek, an employee who is scheduled to work 40 hours per week is 1.0 FTE. An employee scheduled to work 20 hours per week is 0.5 FTE.

*Character Limit: 1500*

**Current Agency Activities: Other Related Services***
For agencies WITHOUT a current navigator contract: Describe any types of services your agency currently provides that may be similar to helping individuals enroll in health care insurance. Provide information for the lead agency and any paid partners.

For agencies WITH a current navigator contract: Enter "Not applicable" here. You will answer questions related to your navigator services later.

*Character Limit: 3000*

**Current Agency Activities: Staffing for Services***
For agencies WITHOUT a current navigator contract: How many FTEs are involved in providing direct support to consumers accessing the services described above? Provide information for the lead agency and any paid partners.

For agencies WITH a current navigator contract: How many total FTEs are involved in the day-to-day operations of your current navigator program? Provide information for the lead agency and any paid partners.

*Character Limit: 1500*
Current Agency Activities: Navigator Staffing*
For agencies WITH a current navigator contract: How many total FTEs are currently certified navigators actively assisting consumers? Provide information for the lead agency and any paid partners.

For agencies WITHOUT a current navigator contract: Enter "Not applicable" here.

Character Limit: 1500

Current Agency Activities: Consumer Application/Enrollment Assistance*
For agencies WITH a current navigator contract: Describe how the lead agency and any paid partners currently support consumers with the application and enrollment process for public programs and qualified health plans. These are activities usually eligible for per enrollee payments.

For agencies WITHOUT a current navigator contract: Describe how the lead agency and any paid partners currently support individuals with applying and enrolling in programs and any types of case management work.

Character Limit: 300

Current Agency Activities: Navigator Case Management Assistance*
For agencies WITH a current navigator contract: Describe how the lead agency and any paid partners currently support consumers with case management work, such as understanding notices, changing passwords, reporting changes in circumstances, completing renewals, submitting verifications, checking the status of an application, filing appeals, etc. These activities are not usually eligible for per enrollee payments.

For agencies WITHOUT a current navigator contract: Enter "Not applicable" here.

Character Limit: 3000

Current Agency Activities: In-reach/Outreach*
For ALL agencies: Describe any current in-reach and/or outreach work to the SOF population that is being done by the lead agency and any paid partners.

Character Limit: 3000

Current Agency Activities: Pandemic Response*
For ALL agencies: Describe how the public health emergency/pandemic has impacted how services are being provided. Include what percentage of consumers the lead agency and any paid partners are currently assisting in-person versus remotely (such as online or over the phone).

Character Limit: 3000
**Current Agency Activities: Navigator Activities Breakdown**
For agencies WITH a current navigator contract: What percentage of the agency’s certified navigator staff time is currently spent doing the following (provide information for the lead agency and any paid partners):

- Application and enrollment work that is eligible for per enrollee payments?
- Case management work that is not eligible for per enrollee payments?
- In-reach and/or outreach work to the SOF population?

For agencies WITHOUT a current navigator contract: Enter "Not applicable" here.

*Character Limit: 2000*

**Current Agency Activities: Data Collection**
For ALL agencies: Describe any current practices of the lead agency and any paid partners in collecting demographic or other information about clients. What methods of data collection are used? Specify any data collection that identifies and measures outcomes for the SOF population.

*Character Limit: 3000*

**Current Agency Activities: Paid Partner Experience**
For ALL agencies with paid partners: 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.

If the grant does not have any paid partners, enter "Not applicable" here.

*Character Limit: 3000*

**Grant Objectives and Strategies (350 points)**
Applicants must set objectives and outline the strategies to achieve those objectives, as well as the methods for tracking progress towards those objectives. This work plan will clarify how the grant would support the goals of the grant program to:

- Support a professional workforce of navigators, working at least half-time on navigator activities, with a focus on experience and year-round commitment to providing application and renewal assistance.
- Ensuring there are navigator agencies representing populations experiencing the highest uninsured rates, the most significant health disparities and the greatest barriers to enrollment.
- Utilization of demonstrated methods of outreach to the uninsured, underinsured or those transitioning between coverage.
Selected grantees will be required to report progress on objectives and strategies on a monthly basis during the grant year.

For this section, applicants will be scored on their response to the following:

**Grant Objectives and Strategies: Number Screened/Assisted**
Provide an estimate of the number of individuals that will be screened and/or assisted with questions related to application and enrollment during the 12-month grant period by the lead grantee and any paid partners. This includes helping consumers maintain their health insurance coverage through changes in life events.

- Total number screened/assisted?

*Character Limit: 250

**Grant Objectives and Strategies: Number Screened/Assisted**
• Approximately what percentage will be from SOF population? Be sure to specify by population if there is more than one.

*Character Limit: 1000

**Grant Objectives and Strategies: Number Screened/Assisted**
• What are the main strategies the grant will use to achieve this objective? Clarify how these strategies will cover the geographic area from the Statement of Focus and reflect the challenges of assisting consumers during the on-going pandemic.

*Character Limit: 3500

**Grant Objectives and Strategies: Number of Applications/Renewals**
Provide an estimate of the number of navigator-assisted applications and renewals that will be completed during the 12-month grant period by the lead grantee and any paid partners (counting each individual applying for or renewing coverage).

- Total number of application and renewals?

*Character Limit: 250

**Grant Objectives and Strategies: Number of Applications/Renewals**
• Approximately what percentage will be from SOF population? Be sure to specify by population if there is more than one.

*Character Limit: 1000
Grant Objectives and Strategies: Number of Applications/Renewals*

- What are the main strategies the grant will use to achieve this objective? Clarify how these strategies will cover the geographic area from the Statement of Focus and reflect the challenges of assisting consumers during the on-going pandemic.

**Character Limit: 3500**

Grant Objectives and Strategies: Number of Applications/Renewals*

- What methods will be used to track progress towards this objective?

**Character Limit: 2000**

Grant Objectives and Strategies: Number of Successful Enrollments/Renewals*

Provide an estimate of the number of navigator-assisted successful enrollments and renewals (“need to renew”) in Medical Assistance, MinnesotaCare and qualified health plans that will be completed during the 12-month grant period by the lead grantee and any paid partners. Note: Progress towards this objective will be measured by MNsure using per enrollee payment data.

- Total number of successful enrollments and renewals?

**Character Limit: 250**

Grant Objectives and Strategies: Number of Successful Enrollments/Renewals*

- Approximately what percentage will be from SOF population? Be sure to specify by population if there is more than one.

**Character Limit: 1000**

Grant Objectives and Strategies: Number of Successful Enrollments/Renewals*

- What are the main strategies the grant will use to achieve this objective? Clarify how these strategies will cover the geographic area from the Statement of Focus and reflect the challenges of assisting consumers during the on-going pandemic.

**Character Limit: 3500**

Grant Objectives and Strategies: Number of Outreach Activities*

Provide an estimate of the number of outreach and education activities (not including social media) that will be performed during the 12-month grant period by the lead grantee and any paid partners.

- Total number of activities?

**Character Limit: 250**

Grant Objectives and Strategies: Number of Outreach Activities*

- What are the main strategies the grant will use to achieve this objective? Specify the types of activities that will connect with the SOF population. Clarify how these strategies will cover the geographic area from the Statement of Focus and reflect the challenges of assisting consumers during the on-going pandemic.

**Character Limit: 3500**
Grant Objectives and Strategies: Number of Outreach Activities*  
- What methods will be used to track progress towards this objective?  
*Character Limit: 2000

Grant Objectives and Strategies: Number Reached*  
Provide an estimate of the number of individuals reached through outreach and education activities (not including social media or media activities) during the 12-month grant period by the lead grantee and any paid partners.  
- Total number of individuals reached?  
*Character Limit: 250

Grant Objectives and Strategies: Number Reached*  
- Approximately what percentage will be from SOF population? Be sure to specify by population if there is more than one.  
*Character Limit: 1000

Grant Objectives and Strategies: Number Reached*  
- What are the main strategies the grant will use to achieve this objective? Clarify how these strategies will cover the geographic area from the Statement of Focus and reflect the challenges of assisting consumers during the on-going pandemic.  
*Character Limit: 3500

Grant Objectives and Strategies: Number Reached*  
- What methods will be used to track progress towards reaching this objective?  
*Character Limit: 2000

Grant Objectives and Strategies: Grant Management*  
Provide strategies for meeting grant requirements to submit monthly reports and invoices, participate in site visits and complete other grant management activities. For paid partners, strategies must include how the lead agency will provide oversight of paid partner activities.  
*Character Limit: 3000

Grant Objectives and Strategies: Data Collection*  
Selected grantees will be expected to collect and report data to track progress towards their objectives for their grant, particularly the SOF population. Please indicate if the grant will report any of the following categories of data regarding consumers assisted by the lead agency and any paid partners:

Race/ethnicity  
**Choices**  
Yes
No

**Grant Objectives and Strategies: Data Collection**

*Age*

**Choices**

Yes

No

**Grant Objectives and Strategies: Data Collection**

*Zip code or county*

**Choices**

Yes

No

**Grant Objectives and Strategies: Data Collection**

*Language spoken at home*

**Choices**

Yes

No

**Grant Objectives and Strategies: Data Collection**

*Place of birth (U.S. or foreign born)*

**Choices**

Yes

No

**Grant Objectives and Strategies: Data Collection**

*How was the consumer referred to the navigator*

**Choices**

Yes

No

**Grant Objectives and Strategies: Data Collection**

*Insurance status when contacting navigator*

**Choices**

Yes

No

**Grant Objectives and Strategies: Data Collection**

*Other data*

**Choices**

Yes

No
Grant Objectives and Strategies: Data Collection
(Optional) List any other data that will be collected or provide any clarification to your response to this data collection question.

Character Limit: 1500

Grant Objectives and Strategies: Coordination with MNsure*
Will the lead grantee and/or any paid partners be available to coordinate with MNsure on outreach activities? Examples of requests could include participating in media interviews or press conferences, posting on social media, collecting consumer stories or providing speakers or navigators upon public requests.

Choices
Yes
No

Grant Objectives and Strategies: Coordination with MNsure
(Optional) Provide any clarification of your response to the coordination with MNsure question.

Character Limit: 3000

Optional Work Plan Elements (Not Scored)
The following responses will not be scored, but provide information that will be included in the work plan if the applicant is selected as a grantee.

Grant Objectives and Strategies: Direct Consumer Referrals
(Optional) Will the lead grantee and/or any paid partners be available to respond to direct consumer referrals from MNsure’s Contact Center?

Choices
Yes
No

Provide any additional explanation:

Character Limit: 1500

Grant Objectives and Strategies: Supporting Navigator Community
(Optional) If the lead grantee or any sub-grantees has specific resources or expertise that are of value to the larger navigator community, identify any potential deliverables that might be part of your grant.

Character Limit: 2000
**Budget and Financial Management (200 points)**

MNsure grant funds must be used to cover expenses that are clearly service-related (reaching and enrolling Minnesotans). In accordance with Minnesota Statute 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.

Applicants will be scored on the following:

**Budget: Agency Total Budget**

Total budget for the lead agency and any paid partners, listed separately.

This should be the annual budget inclusive of all agency programs for the agency’s fiscal year that includes July 2022. For example, if the agency’s budget year runs from January 1, 2022 through December 31, 2022, include figures for fiscal year 2022. If the agency’s budget year runs from July 1, 2022 through June 30, 2023, include projected figures for fiscal year 2023.

*Character Limit: 1500*

**Budget: Total Grant Budget**

Total grant amount requested:

*Character Limit: 20*

**Budget: Navigator Per Enrollee Payments**

Provide an estimate of the 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. Clarify whether this work is considered part of your grant proposal work plan, or if this is work in addition to the objectives and strategies in this proposal.

*Character Limit: 2000*

**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 entered in these categories must add up to the total grant amount requested.

For additional information on budget categories and allowable and unallowable expenses, see pages 17 and 18 of 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: 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*

**Grant Staffing Information**
Provide the following details regarding staffing for the lead agency and any paid partners.

To calculate an FTE, an employee’s scheduled hours are divided by the hours for a full-time
week. For example, if the agency has a 40-hour workweek, an employee who is scheduled to work 40 hours per week is 1.0 FTE. An employee scheduled to work 20 hours per week is 0.5 FTE.

**Budget: Certified Navigators**
MNsure's expectation is that certified navigators funded by the grant will spend at least half of their work hours on navigator activities.

Number of individuals:

*Character Limit: 250*

**Budget: Certified Navigators**
Number of total FTEs:

*Character Limit: 20*

**Budget: Certified Navigators**
If there is a significant difference between the number of individuals and the total FTE, please explain. For example, if there are 8 certified individuals but only 2.0 FTE.

*Character Limit: 1500*

**Budget: Grant Management**
Staff responsible for grant management and coordination with MNsure.

Number of individuals:

*Character Limit: 250*

**Budget: Grant Management**
Number of FTEs:

*Character Limit: 20*

**Budget: Grant Outreach**
Staff responsible for outreach related to the grant work plan.

Number of individuals:

*Character Limit: 250*

**Budget: Grant Outreach**
Number of FTEs:

*Character Limit: 20*

**Financial Management: Financial Practices**
Explain the lead agency’s current financial management practices for grant funding. If relevant, include examples of past experience managing grant funding.
Financial Management: Accounting Software*
What accounting software do you use to track your finances?

Character Limit: 700

Financial Management: Tracking Grant Funds*
How does your agency track deposits and expenditures for grant programs? If grant funds are mixed with other funds, can the grant expenses be easily identified?

Character Limit: 1500

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

Letters of Support (Not scored)
Letters of support from paid partners 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 organization that will receive grant funds. An unpaid partner is an organization that will not receive grant funds.

A letter of support or agreement must provide a brief summary of the paid partner’s support and role in achieving the objectives of the proposal. 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.

Letters of support from unpaid partners are not required.

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