



COVERED
CALIFORNIA

Navigator Program
Request for Application (RFA) 2018

Table of Contents

Executive Summary.....	3
Navigator Grant Program.....	4
A. Purpose of the Navigator Program.....	4
B. Purpose of this Request for Application	4
C. Outreach and Sales Team	5
D. Grant Award Period	5
Grant Awards	5
Funding	5
E. Eligible Entities	8
F. In-Eligible Entities	9
G. Collaborative Applications and Use of Subcontractors.....	10
Grant Application Process, Instructions and Schedule.....	10
A. Single Point of Contact	11
B. Grant Application Process.....	11
1. Grant Application Schedule	11
2. Letter of Intent to Respond.....	12
3. Grant Application Webinar	13
4. Grantee Questions and Clarification	13
C. Protest Process	13
D. Grant Application Submission.....	14
E. Submission Method	14
Strategic Workplan	15
A. Appropriate use of Funds.....	15
B. Payments.....	15
C. Inappropriate use of Funds	16
D. Compliance With State and Federal Law	17
Evaluation Process and Criteria.....	17
A. Navigator Grant Application Selection Criteria	17
B. Navigator Grant Application Evaluation Process	17
C. Navigator Grantee Notification	17
Required Submission Documents.....	18
A. Strategic Work Plan (separate document).....	18
B. Attachment I – Navigator Grant Application (separate document)	18

A.1	Organization General Information	19
A.1.1	Organization Information.....	19
A.1.2	Primary Contact	19
A.1.3	Organization Entity Type and Documentation of Eligibility.....	20
A.1.4	Previous Applicant Experience	20
A.1.5	Additional Funding	24
	Additional Funding –users may add as many additional sources as needed	25
A.1.6	Estimated Activity and Enrollment Information.....	25
A.1.7	Demographic Populations – Ethnicity / Special.....	25
A.2	Subcontractor Information and letter of intent to participate	28
A.2.1	Subcontractor Information and letter of intent to participate	31
B.1	Narrative Sections 1 - 4.....	32
B.1.1	Cover Letter (3,000 Characters / 1 Page Limit)	32
B.1.2	Qualifications and References (9,000 Characters / 3 Page Limit)	32
B.1.3	Proposed Personnel (6,000 Characters / 2 Page Limit)	33
B.1.4	Approach to Statement of Work (18,000 Characters / 6 Page Limit)	33
C.1	Important Document Submission Final Note	37

DRAFT

EXECUTIVE SUMMARY

Covered California is the state's marketplace for the federal Patient Protection and Affordable Care Act. Individuals and small businesses can shop the marketplace for affordable and high quality health insurance plans. In addition, Covered California helps individuals determine whether they are eligible for premium assistance, cost sharing reductions or other insurance affordability programs such as low-cost or no-cost Medi-Cal. For more information on Covered California, visit www.CoveredCA.com.

Covered California is announcing a Requests for Application (RFA) for the Navigator Program with a total available funding not to exceed \$6.675 million for the grant award period of September 1, 2018 – August 31, 2019. Grant contracts awarded under this RFA will be renewed, upon approval by the Board, for two one-year extensions. Contract amounts for the extension periods to be determined by the Board each state Fiscal Year (FY). Funds will be awarded to Community organizations to assist Covered California eligible Consumers successfully enroll and re-enroll in a Health Insurance Plan on behalf of Covered California. Navigator Program activities include:

- Conducting outreach, education, enrollment, renewal assistance and post enrollment support;
- Informing Covered California eligible consumers of the availability and benefits of obtaining health care coverage;
- Promoting the value of purchasing health care coverage;
- Motivating consumers to act;
- Helping consumers to shop and compare plans;
- Facilitating enrollment into Covered California Health Insurance Plans;
- Assisting consumers with the Covered California eligible renewal process; and
- Providing post enrollment support to Covered California eligible consumers.

Covered California is looking to engage organizations with experience providing outreach to California's diverse populations and proven success enrolling consumers in health care programs. Covered California is seeking innovative proposals that include the use of storefronts or other on-going permanent locations where Covered California eligible consumers can receive enrollment assistance outside of normal business hours. Navigator Grantees will provide outreach and education throughout the grant award period, and assist California consumers with the enrollment application process during the annual Open Enrollment period and during the Special Enrollment Period.

Covered California is seeking organizations who have demonstrated their ability to successfully enroll eligible consumers. In addition, have an existing presence and established trusted relationships with consumers located in the communities in which they support. Applications will be selected through a competitive grant application process and evaluated based on the best overall value and most effective enrollment strategies. Grant applicants must comply with the Enrollment Assistance Program regulations and all other instructions contained in this document. Interested organizations are encouraged to carefully consider the information contained in this document and review the resources on our stakeholder website at <http://hbex.coveredca.com/navigator-program/>.

NAVIGATOR GRANT PROGRAM

A. PURPOSE OF THE NAVIGATOR PROGRAM

The Navigator Program is a requirement of the Patient Protection and Affordable Care Act of 2010 and is funded from revenue generated by Covered California.

At a minimum, an entity that serves as a Navigator must carry out the Navigator Program Activities described in the Enrollment Assistance Program regulations (CCR Chapter 12 Article 8 Section 6664), including but not limited to:

1. Maintain expertise in eligibility, enrollment, and program specifications and conduct outreach and education activities to raise awareness about the Exchange;
2. 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 Qualified Health Provider (QHP)s; and helping consumers make informed decisions during the health coverage selection process. Such information must acknowledge other health programs, such as Medi-Cal;
3. Facilitate selection of a Covered California Health Plan;
4. 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;
5. Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, 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;
6. Ensure that voter registration assistance is available in compliance with California Code of Regulations, Title 10, Chapter 12, Article 4 Section 6462;
7. Provide post enrollment support to ensure successful enrollment and retention, including increasing health literacy, assisting with renewals, and educating consumers on how to avoid disenrollment for non-payment; and
8. Maintain a physical presence in the state of California so that face-to-face assistance can be provided to applicants and enrollees.

B. PURPOSE OF THIS REQUEST FOR APPLICATION

The purpose of this RFA is to solicit applications from interested organizations to participate in the Navigator Program. Organizations selected will develop a strategic workplan for their target market that will leverage existing relationships within their communities to reach eligible consumers to enroll them in Covered California Health Plans. This strategic workplan should take into account the enrollment goals and identified areas of enrollment opportunity to establish an outreach, education, and retention strategy that incorporates a staffing plan to accomplish the goals. The strategic workplan should include a plan to conduct outreach and education throughout the term of the contract with enrollment activities concentrated during Open Enrollment.

C. OUTREACH AND SALES TEAM

Grantees will be required to participate in Covered California Sales efforts, initiatives, enrollment events, and outreach activities upon request. These regional field efforts will involve strategy development and collaboration with other Navigator Grantees and local stakeholders. Meetings will be held to ensure a shared vision of goals and objectives for reaching Covered California’s subsidy eligible consumers and identified areas of enrollment opportunity.

D. GRANT AWARD PERIOD

The grant award period is from September 1, 2018 through August 31, 2021. The amount of funding in the 2nd and 3rd year will be determined at the beginning of each contract year, but will not exceed \$500,000 per year. Covered California may terminate contracts with Grantees who may not have performed as expected. During the entire term of the contract, Navigator Grantees will perform outreach, education, enrollment, renewal assistance, and post-enrollment support activities. The majority of enrollment activities will occur during the Open Enrollment and Special Enrollment periods.

GRANT AWARDS

Covered California has allocated up to \$6,675,000 in grant funds for the 2018/19 State Fiscal Year. Funding levels for the second and third years will be determined in June 2019 and June 2020.

Covered California will award grants in the amounts of \$50,000 to \$500,000. Final grant awards will be at the discretion of Covered California.

FUNDING

Applicants must submit proposals that reach a target population, geographic region and identified areas of enrollment opportunities. Applications reaching target populations will be based on geographic factors to reach those market segments and populations that have significantly high rates of uninsured individuals and identified areas of enrollment opportunity.

Examples of Identified Areas of Enrollment Opportunity include (listed in alphabetical order by county):

#	Language	Race/ Ethnicity	Enrollment Opportunity Description	County
1	Cantonese	Chinese	The surrounding areas from Fremont north along highways 880 and 580 to Oakland has very dense populations of Chinese Americans.	Alameda County
2	Tagalog	Filipino	The largest concentration of Filipino Americans in Alameda county is in the surrounding areas of Hayward.	Alameda County

3	Cantonese	Chinese	Within the surrounding areas of San Gabriel, Rosemead and Arcadia is a very dense population of Chinese Americans with the area just east in Rowland Heights, Hacienda Heights and West Covina being dense areas, as well.	Los Angeles County
4	Tagalog	Filipino	The surrounding area of the city of Carson is where the largest concentration of Filipino Americans is located in Los Angeles as well as the area surrounding La Puente/Rowland Heights/Diamond Bar.	Los Angeles County
5	Korean	Korean	In the area surrounding the city of La Crescenta as well as the area surrounding the Miracle Mile are the densest populations of Korean Americans in Los Angeles county.	Los Angeles County
6	Armenian	Armenian	In the areas surrounding areas of Glendale/Burbank/Van Nuys contains a dense population of Armenian Americans, which are some of the densest areas of ethnicity/language in California.	Los Angeles County
7	Russian	Russian	Within the surrounding areas of Burbank, Glendale and West Hollywood there exists a dense population of Russian Americans.	Los Angeles County
8	Japanese	Japanese	There exists a dense population of Japanese Americans in the surrounding areas of Torrance. There exists a dense population area in Playa Vista and Santa Monica along the coast. There is an additional dense area located in East Los Angeles around Montebello and Monterey Park.	Los Angeles County
9	Farsi	Iranian, Persian	The Beverly Hills, West Hollywood and North Hollywood areas contain a dense population of Iranian Americans.	Los Angeles County
10	Vietnamese	Vietnamese	The dense population of Vietnamese Americans in Orange county, is comprised of the areas of Westminster and Garden Grove.	Orange County
11	Korean	Korean	Orange county has it's most dense population of Korean Americans around the city of Irvine most notably near the center of the city, as well as in the northern area of the county just below the city of La Habra.	Orange County
12	Cantonese	Chinese	The areas surrounding Irvine are the densest populations of Chinese Americans in Orange county.	Orange County
13	Tagalog	Filipino	There exists a dense population of Filipino Americans in the Chula Vista and surrounding areas. There is also a dense population in Mira Mesa and National City surrounding areas.	San Diego County

14	Cantonese	Chinese	The densest population of Chinese Americans in San Diego county reside in Del Mar and surrounding areas.	San Diego County
15	Cantonese	Chinese	The dense population of Chinese Americans in San Francisco county includes the area on the border of San Mateo and San Francisco county where highways 1 and 280 meet. The western portion of the city right below Golden Gate Park, and North Beach and Chinatown are comprised of dense populations, as well.	San Francisco County
16	Cantonese	Chinese	Starting in the area of Belmont going north on highway 280 the population of Chinese Americans becomes more dense with Daly City being the densest in San Mateo county.	San Mateo County
17	Tagalog	Filipino	San Mateo county is comprised of a dense population of Filipino Americans. The areas surrounding Daly City and the northern section of the county are the most-dense areas with Filipino Americans.	San Mateo County
18	Cantonese	Chinese	The areas surrounding San Jose and Cupertino contain dense Chinese American populations with Cupertino being the most-dense area.	Santa Clara County
19	Vietnamese	Vietnamese	The most dense population of Vietnamese Americans in Santa Clara county, starts in the Seven Trees district and continues north through San Jose.	Santa Clara County
20	Tagalog	Filipino	There is a dense population of Filipino Americans in the Milpitas area and Santa Clara's total population is comprised of a significant number of Filipino Americans.	Santa Clara County

Examples of Target Markets include:

- Hard-to-move populations with high numbers of uninsured (e.g. young adults) who are unlikely to obtain health care coverage because they do not understand the value of having coverage;
- Populations with Limited English Proficiency;
- College students;
- LGBTQ individuals;
- Culturally diverse populations and communities, such as Native American Indians, Latinos, Asians, Asian Pacific Islanders, and African Americans;
- Families with mixed immigration status; and
- Employment sectors in which there are high numbers of uninsured workers, including but not limited to:

- Construction;
- Restaurant and other food services;
- Crop production;
- Elementary and secondary schools;
- Grocery stores;
- Truck transportation;
- Real Estate;
- Automotive repair and maintenance;
- Child day care services;
- Traveler accommodation;
- Hospitals;
- Investigation and security services; and
- Independent artists, performing arts, spectator sports and related industries.

Applications targeting a geographic region may include target markets within a specific county or geographic region. Covered California anticipates funding allocations for each targeted population will be based on the estimated distribution of the uninsured individuals in the targeted population and the number of consumers that the applicant is proposing to reach.

E. ELIGIBLE ENTITIES

All Navigator Program Applicants must meet the following eligibility criteria as described below and in compliance with the Enrollment Assistance Program regulations:

- Demonstrate that the entity has existing relationships, or could readily establish relationships, with Covered California eligible consumers and self-employed individuals likely to be eligible for enrollment in a Covered California Health Plan;
- Meet any licensing, certification or other standards prescribed by Covered California;
- Not have a conflict of interest during the term as a Navigator Grantee; and
- Comply with the privacy and security standards adopted by Covered California.

Covered California welcomes Applications from organizations and entities that meet these criteria and also demonstrate proven experience in consumer outreach, education and enrollment activities. For collaborative Applicants, it is the responsibility of the lead agency to verify that all sub-contractors meet the eligibility requirements of this grant.

Pursuant to the Affordable Care Act, Covered California will select at least one Navigator Grantee that is a community-focused nonprofit, and an additional qualified entity as identified by the list below.

Entities Eligible for Navigator Grants
American Indian Tribes or Tribal Organizations
Chambers of Commerce
City, County and Local Government Agencies
Commercial Fishing, Industry Organizations
Community Colleges and Universities
Faith-Based Organizations
Indian Health Services Facilities
Labor Unions
Licensed Attorneys
Non-Profit Community Organizations
Ranching and Farming Organizations
Resource Partners of the Small Business Administration
Safety-Net Clinics (including Community Clinics, Free Clinics, FQHC, FQHC Look-Alikes, IHS Direct Services Clinics, IHS 638 Contracting or Compacting Clinics, IHS Urban Indian Health Centers)
School Districts
Tax Preparers as defined in Section 22251(a)(1)(A) of the Business and Professions Code
Trade, Industry, and Professional Organizations

F. IN-ELIGIBLE ENTITIES

The following entities are not eligible to receive a Navigator grant:

- Individuals or entities who hold a license issued by the California Department of Insurance,
- Health Insurance Issuers or Stop Loss Issuers,
- 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 stop loss insurance issues in connection with the enrollment of any individuals or employees in a QHP or non-QHP.

G. COLLABORATIVE APPLICATIONS AND USE OF SUBCONTRACTORS

While Covered California will consider collaborative applications, these applications should identify existing partnerships that can demonstrate operational readiness and the ability to meet enrollment goals. Collaborative applications should identify a lead organization, and list all other collaborative partners as subcontractors. It is the sole responsibility of the Grantee (lead organization) to ensure subcontractors meet the eligibility criteria and follow all other aspects of the Navigator Program. Covered California may require lead organizations to submit a copy of their subcontractor agreements prior to executing an agreement with the lead organization.

If a prospective applicant plans to subcontract any enrollment services, the proposal must include the information detailed in **the Subcontractor Information (Section B.2 in Attachment I)**. In addition, the applicant and each Subcontractor must submit a **Letter of Intent to Participate**. There is no provision for re-granting. The use of any subcontractor(s) must be fully explained in the Grant Application/Proposal).

GRANT APPLICATION PROCESS, INSTRUCTIONS AND SCHEDULE

The Grant Application Process is a competitive process where Covered California will evaluate strengths and weaknesses of each applicant and make final selections based on the criteria contained in this document. The goal of the competitive Grant Application Process is to identify organizations that will provide the best overall value, quality strategies to address the identified areas of enrollment opportunity and the most effective activities to meet the goals, objectives and guiding principles of the Navigator Program. Applicants who demonstrate their experience and ability to effectively provide the services sought, at a competitive return on investment, will be favorably considered for grant funding.

Covered California reserves the right to:

- Accept grant Applications as submitted;
- Reject a grant Application, in whole or in part;
- Reject all grant Applications;
- Allow applications to submit any missing or incomplete information within 48 hours of the application deadline;
- Cancel the Request For Application; and/or
- Extend the application submission deadline.
- Change the dates in Grant Application Schedule Section –

A. SINGLE POINT OF CONTACT

Applicants may only contact the Single Point of Contact as noted in the table below for any matters related to this Grant Application unless otherwise indicated.

GRANT APPLICATION SINGLE POINT OF CONTACT

Email Address

CommunityPartners@covered.ca.gov

B. GRANT APPLICATION PROCESS

A multi-step Grant Application process will be used to select the Navigator Grantees. The major steps include:

- Letter of Intent to Respond (Optional)
- Grant Applicant Conference/Webinar (Optional)
- Grant Application Submission (Required)
- Grant Application Evaluation and Selection Process (Required)
- Grant Award (Required)

1. GRANT APPLICATION SCHEDULE

The following table outlines the tentative schedule for important Activities and Dates. Unless otherwise stated, **the deadline for all scheduled Activities is 5:00 p.m. (PST)** on the specified date. All dates are approximate and subject to change as necessary without an addendum to this Grant Application. Changes will be posted at <http://hbex.coveredca.com/navigator-program/>.

Activity	Approximate Date
Board Approve this Request for Application at the \$6,675,000 amount and funding model structure with allowing for Public Comment	May 17, 2018
Public Stakeholder Comments from Navigator Community through Webinar	May 24, 2018
Letter of Intent to Respond Due	May 30, 2018
Last Day to Submit Inquiries and Questions	May 31, 2018
Release Navigator Request (RFA) for	June 1, 2018

Activity	Approximate Date
Application	
Response to Questions Posted on Exchange Website	June 6, 2018
RFA Application Due	July 9, 2018
Grant Application, Evaluation and Selection Process	July 10, 2018 – August 10, 2018
Notification of Intent to Award Posted on the Exchange's Website	August 17, 2018
Last Day to Submit Protest	August 17, 2018
Navigator Grant Award Period	September 1, 2018 – August 31, 2021

2. LETTER OF INTENT TO RESPOND

Potential applicants should submit a Letter of Intent to Respond to the Single Point of Contact email address identified above (Section A, page 10), by the date and time specified above (Section B.1. pages 10–11). The Letter of Intent should conform to the following guidelines:

- Submit on the organization's letterhead;
- Identify a single contact person, including their first and last name, title, email address and direct phone number;
- Signed by a person who is authorized to contractually bind the organization in a potential future contract;
- Identify the estimated number of consumers that the applicant will enroll during the first year of the grant award period; and
- Identify the target population(s) the applicant reach out to and serve.

Covered California strongly encourages organizations to send the Letter of Intent as soon as the entity believes they will be applying for the Grant Program. A list of organizations that submit a Letter of Intent may be posted on Covered California's website for those interested in a collaboration or partnership among interested organizations.

The Letter of Intent may be submitted via email to the Single Point of Contact email address. In addition, Applicants that submit a Letter of Intent will receive updates via email regarding the Navigator Program or modifications to the timeline. Such information and modifications to the timeline will also be posted at <http://hbex.coveredca.com/navigator-program/>

3. GRANT APPLICATION WEBINAR

Potential applicants are strongly encouraged, but not required, to participate in a webinar regarding the Grant Application process on **May 24, 2018**. The webinar link will be available at <http://hbex.coveredca.com/navigator-program/>.

Upon request, Covered California will provide reasonable accommodations, including the provision of informational material in an alternative format, for individuals with disabilities upon request. Requests for such accommodations must be submitted via email to CommunityPartners@covered.ca.gov. Covered California will respond to requests within one week.

4. GRANTEE QUESTIONS AND CLARIFICATION

Covered California will accept written questions or concerns related to this RFA and/or its accompanying materials, instructions, or requirements, until June 6, 2018 ?. Applicants are encouraged to submit question prior to the deadline. Applicants must not call with questions.

Organizations may submit questions by completing the Grant Program Question Submission Form, located on the website at <http://hbex.coveredca.com/navigator-program/>. The form is to be submitted via e-mail to the Single Point of Contact by the deadline posted. The last day to submit inquiries is **May 31, 2018 at 5:00 p.m. (PST)**. Please reference the "Navigator Program" in the subject line when submitting inquiries.

Questions received after the deadlines are not guaranteed to be answered. Covered California may, at its sole discretion, post responses to questions at <http://hbex.coveredca.com/navigator-program/>.

Applicants must notify the Single Point of Contact email address of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error in this Request for Application by the deadline for submitting questions and comments. If an organization fails to notify Covered California of such issues, the organization will submit an Application at their own risk, and if awarded a Grant, the organization:

- Shall have waived any claim of error or ambiguity in this Request for Application;
- Shall not contest the Exchange's interpretation of such provision(s); and
- Shall not be entitled to additional compensation, relief, or time by reason of the ambiguity, error, or later correction.

If questions or concerns indicate significant problems with the requirements of this Request for Application, Covered California may, at its sole discretion, post clarifications to this Request for Application without an amendment. Clarifications to the Request for Application will be posted at <http://hbex.coveredca.com/navigator-program/>.

C. PROTEST PROCESS

A protest may be submitted according to the procedures set forth below. If an organization has submitted an Application which it believes to be responsive to the requirements of the solicitation process and should have been selected, according to **the Evaluation Process and Selection Criteria Section**, and the applicant believes Covered California's evaluation process and selection criteria was arbitrary and capricious, the applicant may submit a

protest of the selection as described below. Final decisions regarding the selection of Grantees and protests will be at the sole discretion of Covered California's Executive Director or Designee.

- All protests must be made in writing, signed by an individual who is authorized to contractually bind the applicant, and contain a statement of the reason(s) for protest, citing the law, rule, regulation or procedures on which the protest is based.
- The protester must provide facts and evidence to support its claim.
- All protests must be submitted via email to the CommunityPartners@covered.ca.gov email box and they must be received by August 17, 2018.

D. GRANT APPLICATION SUBMISSION

Entities are invited to submit a Grant Application for consideration. Applicants must respond to each narrative question completely, and should not reference other sections of the Application to supplement their responses, as each section will be scored independently. Content that is provided beyond the stated character limits for each section will not be reviewed or scored.

Applicants must ensure that their application comply with the instructions contained in this Request for Application, and all Attachments and Instructional documents. Materials submitted by proposed applicants will be kept confidential to the extent provided by law. Requests to view and/or obtain copies of Applications submitted by other organizations are exempt from disclosure under the Public Records Act. In addition, Government Code Section 100508(a) (1) exempts from disclosure under the Public Records Act all deliberative processes, communications, or portions of negotiations with entities contracting or seeking to enter into a Contract with the Exchange and entities with which the Exchange is considering a Contract. Included within this exemption are evaluation materials, forms, score sheets, and any other documents which may be created during the evaluation process.

An entity may appear on only one Navigator Grant Application, either as the lead or as a subcontractor. Therefore, the maximum number of Applications that an entity may appear on is one (1).

In the event an organization submits its Grant Application prior to the due date, the organization may later revise its Application **so long as the revision is received by the due date**. When submitting the revised Grant Application, the revised document will completely replace the prior submission. Organizations must re-submit their Grant Application in its entirety; replacement pages will not be accepted.

E. SUBMISSION METHOD

Covered California will only accept Applications that are submitted electronically. Paper copy submissions will **not** be accepted. Applications must be submitted electronically to CommunityPartners@covered.ca.gov and submissions must follow the application criteria and submission requirements in this document, Attachment I and outlined online at <http://hbex.coveredca.com/navigator-program/>.

STRATEGIC WORKPLAN

Covered California strongly encourages cost-effective proposals that are likely to achieve significant enrollment of eligible consumers in Covered California Health Plans. The tables below depict potential award amounts and suggested funding allocation and the projected number of enrollments and renewals by award size. Applicants are encouraged, but not required to utilize these figures as guidelines in defining their grant proposals and proposed enrollment and renewal goals. However, applicants should describe in their proposal barriers in reaching the target population and why the enrollment and renewal goals for that population is different from the thresholds below.

Suggested Number of enrollment and renewal goals by grant size

Grant Size	Enrollment and Renewal Goal (Individuals)
\$50,000	250
\$100,000	500
\$150,000	750
\$200,000	1,000
\$300,000	1,500
\$400,000	2,000
\$500,000	2,500

A. APPROPRIATE USE OF FUNDS

Grantee's award funding must only be used to conduct the Navigator Program activities and services contained within the Contract. Funds may be used to perform the following activities: outreach, education, enrollment, and post enrollment support to eligible consumers.

Applicants will be required to develop and submit a strategic workplan with the proposal that includes specific strategies, activities, and expected enrollments. Organizations selected for funding will be required to submit a strategic workplan each year.

Applicants may choose to allocate grant funds to meet the needs and goals of the organization as long as they are within the guidelines described below.

B. PAYMENTS

Covered California will implement a performance-based funding model with grant payments given when grantee meets the performance requirement at defined intervals throughout the grant term. Payment will be disbursed based on the following schedule detailed in the following disbursement table. Covered California reserves the right to withhold payment;

reduce the grant award size; and re-evaluate future funding based on non-performance and targeted goals.

Seven Total Payments will be issues throughout the grant term as follows:

- One payment based on work plan
- Five payments based on Progress Report submitted for outreach activity goals
- One payment based on Effectuated Enrollment

Performance-based funding model payment disbursement table:

Month/Year	Payment	Grantee Performance Requirement	% Paid of Award
October 2018	30% of award	Workplan Approval	30%
December 2018	10% of award	Achieve year-to-date outreach activity goals per the submitted Bi-Monthly Progress Reports	40%
February 2018	10% of award	Achieve year-to-date outreach activity goals per the submitted Bi-Monthly Progress Reports	50%
April 2018	10% of award	Achieve year-to-date outreach activity goals per the submitted Bi-Monthly Progress Reports	60%
June 2018	10% of award	Achieve year-to-date outreach activity goals per the submitted Bi-Monthly Progress Reports	70%
August 2018	10% of award	Achieve year-to-date outreach activity goals per the submitted Bi-Monthly Progress Reports	80%
August 2018	20% of award	Achieve year-to-date effectuated enrollment goals	100%

C. INAPPROPRIATE USE OF FUNDS

Any inappropriate use of grant funds may result in termination from participation in the Navigator Program and the corresponding grant funding. The State shall recoup or withhold all or part of a Grantee’s funding for the inappropriate use of grant funds.

D. COMPLIANCE WITH STATE AND FEDERAL LAW

Any acquisitions made with grant funds shall be in compliance with state and federal law. The State shall recoup or withhold all or part of a Grantee's funding for failure to comply with the standards set forth in the Standard Contract upon which the award was based. Navigator Program Grant funds shall not supplant federal, state or private funds allocated to conduct the same or similar work contained within the Standard Contract.

EVALUATION PROCESS AND CRITERIA

A. NAVIGATOR GRANT APPLICATION SELECTION CRITERIA

Covered California will select Grantees based on an assessment of the best overall value to implement Navigator Program Activities to Covered California consumers. Covered California is not required to select the lowest priced Application submitted.

Covered California will thoroughly review responses to this Application. During the evaluation process, Covered California will consider the following:

- Alignment with the Navigator program objectives;
- Approach and strategy to address applicable and region specific: Identified Areas of Enrollment Opportunity
- Degree of innovation, including the use of grant funds on store fronts or other permanent locations where consumers can receive enrollment and renewal assistance outside of normal business hours.;
- Experience and demonstrated success in providing enrollment assistance to Covered California eligible consumers;
- Evidence demonstrating likely effectiveness of outreach, education, enrollment, and post enrollment strategies; and
- Distinctiveness from other funded activities.

B. NAVIGATOR GRANT APPLICATION EVALUATION PROCESS

The evaluation process will use a 100-point rating using the following factors:

- A. (30 Points) Qualifications and References (Section B.1.2 of Attachment I)
- B. (30 points) Proposed Personnel (Section B.1.3 of Attachment I)
- C. (40 points) Statement of Work (Section B.1.4 of Attachment I)

C. NAVIGATOR GRANTEE NOTIFICATION

Awards will be based on the evaluation criterion identified in **Navigator Grant Application Selection Criteria (Section A, pages 18-19)**. Notification of Intent to Award will be posted on August 17, 2018, per the **Grant Application Schedule (Section B.1, pages 11-12)** and posted at <http://hbex.coveredca.com/navigator-program/>. Awards may be announced in phases.

REQUIRED SUBMISSION DOCUMENTS

A. STRATEGIC WORK PLAN (SEPARATE DOCUMENT)

The template (spreadsheet) to use to submit the strategic workplan is noted in the Strategic Workplan Section (page 16) and is located at <http://hbex.coveredca.com/navigator-program/>, along with a sample strategic workplan for reference.

B. ATTACHMENT I – NAVIGATOR GRANT APPLICATION (SEPARATE DOCUMENT)

A.1 Organization General Information

- A.1.1 Organization Information
- A.1.2 Primary Contact
- A.1.3 Organization Entity Type and Documentation of Eligibility
- A.1.4 Previous Applicant Experience
- A.1.5 Additional Funding
- A.1.6 Requested Funding
- A.1.7 Geographic and Demographic Populations

A.2 Subcontractor Information and Letter of Intent to Participate

- A.2.1 Subcontractor Information and Letter of Intent to Participate

B.1 Narrative Sections 1 – 5

- B.1.1 Cover Letter
 - B.1.2.1 Qualifications
 - B.1.2.2 References
- B.1.3 Proposed Personnel
- B.1.4 Approach to Statement of Work
 - B.1.4.1 Target Population
 - B.1.4.2 Navigator Strategic Workplan
 - B.1.4.3 Approach to Project Management and Quality Assurance

B.2 County Funding Information

B.3 Experience with Target Population

B.4 Subcontractor Assignments

A.1 ORGANIZATION GENERAL INFORMATION

A.1.1 ORGANIZATION INFORMATION

Organization Full and Legal Name:										
Federal Employer ID Number:				-						
Name of Executive Director, CEO or other person authorized to enter into contractual obligation:										
Title:										
Physical Address of Primary Office:										
City:										
Zip:										
Is Mailing Address same as above? If not, please provide mailing address:										
City:										
Zip:										
Office Phone Number:	()							
Alternate Phone Number:	()							
Fax Number:	()							
Email Address:										
Website Address:										
Is the Organization a Certified Enrollment Entity (CEE)? Yes / No	If Yes, please provide 10-Digit CEE #: _____									

A.1.2 PRIMARY CONTACT

The Primary Contact Person is the person authorized by the applying entity to be a liaison with Covered California. This person is not necessarily the grant writer.

Primary Contact Person:										
Title:										
Physical Address:										
City:										
Zip:										
Office Phone Number:	()							
Alternate Phone Number:	()							
Fax Number:	()							
Email Address:										



A.1.3 ORGANIZATION ENTITY TYPE AND DOCUMENTATION OF ELIGIBILITY

Category	
	American Indian Tribe or Tribal Organization
	Chamber of Commerce
	City, County or Local Government Agency
	Commercial Fishing, Industry Organization
	Community College or University
	Faith-Based Organization
	Indian Health Services Facility
	Labor Union
	Licensed Attorney
	Non-Profit Community Organization
	Ranching and Farming Organization
	Resource Partners of the Small Business Administration
	Safety-Net Clinic (including Community Clinics, Free Clinics, FQHC, FQHC Look-Alikes, IHS Direct Services Clinics, IHS 638 Contracting or Compacting Clinics, IHS Urban Indian Health Centers)
	School District
	Tax Preparer as defined in Section 2251(a)(1)(A) of the Business and Professions Code
	Trade, Industry, or Professional Organization
	Other: Please Specify

Documentation of Eligibility includes

The applicant and each subcontractor (if using subcontractors), will need to submit the following:

- IRS Determination Letter of your organization’s 501(c)3 or 501(d) status, if applicable.
- All entities must provide Federal Tax Identification Number and any corresponding status determination on official letterhead.

A.1.4 PREVIOUS APPLICANT EXPERIENCE

Provide three (3) examples of experience, current or recent contracts and/or grants, related to Navigator Program activities as identified in this Request for Application. Specifically, describe the Applicant’s experience in motivating consumers to enroll in health care or other programs or services. Define successful strategies, outcomes, and measurements of impact and success.

Example 1	
Project Name:	
Contract/Grant Amount, if applicable:	
Term of Contract:	
Name of Awarding Entity:	
Outreach, Education and Enrollment Goals: (3,000 Character / 1 Page Limit)	
Successful Strategies, Outcomes, and Measurements of Impact and Success: (3,000 Character / 1 Page Limit)	

Example 2	
Project Name:	
Contract/Grant Amount, if applicable:	
Term of Contract:	
Name of Awarding Entity:	
Outreach, Education and Enrollment Goals: (3,000 Character / 1 Page Limit)	
Successful Strategies, Outcomes, and Measurements of Impact and Success: (3,000 Character / 1 Page Limit)	

Example 3	
Project Name:	
Contract/Grant Amount, if applicable:	
Term of Contract:	
Name of Awarding Entity:	
Outreach, Education and Enrollment Goals: (3,000 Character / 1 Page Limit)	
Successful Strategies, Outcomes, and Measurements of Impact and Success: (3,000 Character / 1 Page Limit)	

A.1.5 ADDITIONAL FUNDING

Is the applicant currently receiving other funding for Outreach, Education or Enrollment related to health care reform (Medicaid, State Children’s Health Insurance Program, etc) or other programs (Yes/No)?

If yes, please fill in the information below.

Funding Source:	
Amount:	
Contract Term (Beginning and End Date):	
Enrollment and Renewal Assistance Goal:	

Please provide a brief description of the activities, including the service area (Counties or other Geographic Areas) of this funding:

(3,000 Character / 1 Page Limit)

DRAFT

ADDITIONAL FUNDING –USERS MAY ADD AS MANY ADDITIONAL SOURCES AS NEEDED

A.1.6 ESTIMATED ACTIVITY AND ENROLLMENT INFORMATION

Please indicate the different Regions and the counties being targeted by your organization and the corresponding Projected # of Outreach Touches and Projected # of Effectuated Enrollments (Specify at least one region and at least one county but specify any and all that apply):

Total Requested Funding For this Application:	\$
------------------------------------------------------	-----------

Targeted Region	Targeted Counties	Projected # of Outreach Touches	Projected # of Effectuated Enrollments
Northern Region			
Bay Area Region			
Central Coast Region			
Central Valley Region			
Inland Region			
Los Angeles Region			
Orange County Region			
San Diego Region			

A.1.7 DEMOGRAPHIC POPULATIONS – ETHNICITY / SPECIAL

Estimate the percentage next to the ethnic demographic population(s) that you intend to reach under this proposal. Fill in a percentage for at least one and any others that apply. Ensure the total percentage for ethnicity and special demographics totals to 100%. Fill in the box next to the special demographic that you intend to reach under this proposal. Select at least one and any others that apply.

Estimate the ethnicity of proposed target population(s):		
Ethnicity:	Estimated Percentage	Projected # of Assisted Individuals (This is an estimate)
African		
African American		
American Indian		
Armenian		

Cambodian		
Caucasian		
Chinese		
Filipino		
Hispanic/Latino		
Hmong		
Japanese		
Korean		
Laotian		
Middle Eastern		
Russian		
Ukrainian		
Vietnamese		
Other*		
Other*		
Total (100%)		100%

*Enter ethnicities not included above

Estimate the percentage of services provided in-language to proposed target population(s):

Language	Percentage of In-Language Services	Projected # of Effectuated Individuals (This is an estimate)
Arabic:	%	
Armenian:	%	
Cantonese:	%	
English:	%	
Farsi:	%	
Hmong:	%	
Khmer:	%	
Korean:	%	
Mandarin:	%	
Russian:	%	
Spanish:	%	
Tagalog:	%	
Vietnamese:	%	

ASL:		%
Other*		%
Other*		%
Total Percent: 100%		100%

*Enter languages not included above

Estimate the proposed target population(s) income levels:		
Federal Poverty Level (FPL)	Percentage Planned to Reach	Projected # of Assisted Individuals (This is an Estimate)
Above 138% and up to 200% of FPL:	%	
Above 200% and up to 400% of FPL:	%	
Above 400% of FPL:	%	
Totals:	100%	

Estimate the age groups of the proposed target population(s):

Age Group	Percentage Planned to Reach	Projected # of Assisted Individuals (This is an Estimate)
Under 18 years of age:	%	
18-34 years of age:	%	
35-64 years of age:	%	
65 years of age and older:	%	
Total:	100%	

ETHNICITY DEMOGRAPHIC	ESTIMATED%	SPECIAL DEMOGRAPHIC	ESTIMATED %
African		College Students	
African American		Lesbian, Gay, Bisexual, Transgender (LGBT)	
Armenian		Limited English Proficiency	
Cambodian		Young Adult	
Caucasian		Other (Specify)	
Chinese		Other (Specify)	
Filipino			

Hispanic/Latino			
Hmong			
Japanese			
Korean			
Laotian			
Middle Eastern			
Russian			
Ukrainian			
Vietnamese			
Other (Specify)			
Other (Specify)			
Total %:	100%		

A.2 SUBCONTRACTOR INFORMATION AND LETTER OF INTENT TO PARTICIPATE

Is your organization applying as a collaborative applicant where you are a lead agency with subcontractors (Yes or No)?

If no, you are not using subcontractors please skip ahead and do not complete this section.

If yes, complete this section for each subcontractor. This form is REQUIRED if the Applicant is applying as a collaborative (lead agency with subcontractors). This must be filled out for EACH subcontractor. For example, if you have five subcontractors you will be partnering with, then you will have five forms to submit. If you have not finalized your selection of subcontractors, please fill in this section with as much information as possible and be sure to indicate your intended partnerships in Section B.1.3, Proposed Personnel.

Subcontractor 1										
Organization Full and Legal Name:										
Federal Employer ID Number:			-							
Name of Executive Director, CEO or other person authorized to enter into contractual obligation:										
Title:										
Physical Address of Primary Office:										
City:										
Zip:										
Mailing Address of Primary Office:										

City:	
Zip:	
Office Phone Number:	()
Alternate Phone Number:	()
Fax Number:	()
Email Address:	
Website Address:	
Is the Organization a CEE in the In-Person Assistance Program? Yes / No	If Yes, what is the 10-Digit CEE #: _____

Please provide information for the Primary Contact for this Subcontractor

Primary Contact Person:	
Title:	
Physical Address:	
City:	
Zip:	
Office Phone Number:	()
Alternate Phone Number:	()
Fax Number:	()
Email Address:	
Website Address:	

Category	
<input type="checkbox"/>	American Indian Tribe or Tribal Organization
<input type="checkbox"/>	Chamber of Commerce
<input type="checkbox"/>	City, County or Local Government Agency
<input type="checkbox"/>	Commercial Fishing, Industry Organization
<input type="checkbox"/>	Community College or University
<input type="checkbox"/>	Faith-Based Organization
<input type="checkbox"/>	Indian Health Services Facility
<input type="checkbox"/>	Labor Union
<input type="checkbox"/>	Licensed Attorney
<input type="checkbox"/>	Non-Profit Community Organization
<input type="checkbox"/>	Ranching and Farming Organization
<input type="checkbox"/>	Resource Partners of the Small Business Administration

	Safety-Net Clinic (including Community Clinics, Free Clinics, FQHC, FQHC Look-Alikes, IHS Direct Services Clinics, IHS 638 Contracting or Compacting Clinics, IHS Urban Indian Health Centers)
	School District
	Tax Preparer as defined in Section 2251(a)(1)(A) of the Business and Professions Code
	Trade, Industry, or Professional Organization
	Other (Specify)

Documentation of Eligibility includes

The applicant and each subcontractor (if using subcontractors), will need to submit the following:

- IRS Determination Letter of your organization's 501(c)3 or 501(d) status, if applicable.
- All entities must provide Federal Tax Identification Number and any corresponding status determination on official letterhead.

DRAFT

A.2.1 SUBCONTRACTOR INFORMATION AND LETTER OF INTENT TO PARTICIPATE

This Letter of Intent to Participate stands as evidence that the “Lead Agency” (*Insert applicant agency*) and the “Subcontractor” (*Insert subcontractor agency*) intend to work together as a “Collaborative” to conduct outreach, education and enrollment activities to California’s uninsured populations under the auspices of the Covered California Navigator Grant Program. If selected, both agencies will participate in the implementation of the Navigator Grant Program, as proposed in the Application and all relevant attachments. Both agencies understand and acknowledge the following:

- a. *Lead Agency:* It is the responsibility of the Lead to verify that all Subcontractors meet the eligibility requirements of this grant and to report activity on behalf of the Collaborative, inclusive of all subcontractors.
- b. *Subcontractor:* It is the responsibility of the Subcontractor to report all activity and expenses to the Lead as outlined in the reporting requirements of this Application.
- c. *Collaborative:* The **Lead** and **Subcontractor(s)** will work cooperatively to plan and execute the Strategic Workplan as outlined in the Collaborative’s Application, Applicant Worksheets, and all relevant attachments. The **Lead** and **Subcontractor(s)** will implement and monitor activities to reach enrollment goals per the Agreement.

The **Lead** and the **Subcontractor** attest that both agencies:

- Have read the Navigator Grant Program Request for Application and all related documents;
- Understand the expectations and verify that they have the capacity and expertise necessary to deliver the outlined services as identified in the Application.
- Have read the regulations set forth at 10 CCR section 6650 et seq, and at 45 C.F.R. section 155.210.

We, the undersigned, as authorized representatives of (*Insert applicant agency*) and (*Insert subcontractor agency*), do hereby support the submission of this application.

Authorized Signature from Lead

Authorized Signature from Subcontractor

Name of Lead Signatory

Name of Subcontractor Signatory

Date

Date

END OF SECTION A

B.1 NARRATIVE SECTIONS 1 - 5

B.1.1 COVER LETTER (3,000 CHARACTERS / 1 PAGE LIMIT)

Include a cover letter (on company letterhead) with the following information:

- A. Title of this grant Application;
- B. Submission date of the proposal;
- C. Requested funding amount;
- D. A summary of proposed project, including a description of the Covered California subsidy-eligible populations, how you will address the identified areas of enrollment opportunities and communities targeted by the project, including proposed approach and likely impact; and
- E. Signature of an individual authorized to enter into contracts on behalf of the proposer.

B.1.2 QUALIFICATIONS AND REFERENCES (9,000 CHARACTERS / 3 PAGE LIMIT)

The following sections shall be provided in a written narrative in a succinct manner that demonstrates that the Applicant meets the minimum and desired qualifications identified in **Request for Application**. For lead agencies applying as a collaborative with subcontractors, please provide a response that addresses the **qualifications of the collaborative** for each question below. Please order and number your responses as follows:

1. Provide an overall description of the Applicant's organization for the purposes of providing on-site, walk-in, and appointment-based in-person enrollment assistance. Include a description of the capacity and plans to have a store front (including hours and address / location) or other public location where consumer assistance will be provided outside of normal business hours.
2. Describe how the Applicant's established physical sites facilitate access to the communities targeted by this project. If the Applicant is applying as a collaborative lead agency with subcontractors, describe the nature of the collaborative, the mission, qualifications, experience, and role of each partner and established physical sites providing service.
3. Describe the Applicant's operational readiness to meet enrollment goals and outreach activity requirements during the Open Enrollment and Special Enrollment periods, including the Applicant's program management experience and administrative and fiscal capacity to manage a project of this scope.
4. Describe and provide examples of the Applicant's ability to ramp up quickly, experience meeting goals in a short time frame and managing subcontractors (if applying as a collaborative).
5. Describe the Applicant's knowledge of and experience with the Affordable Care Act and Covered California's subsidy-eligible population.
6. If the Applicant is applying as the lead agency for a collaborative, submit a Subcontractor Letter of Intent to Participate for each subcontractor agency (see Attachment II – Letter of Intent to Participate).

REFERENCES

1. Attach two (2) letters of recommendation from organizations that have successfully collaborated in the past with the Lead Applicant. These letters must be presented on the referring organization's letterhead and contain the name and contact information of the person signing the letter. Letters of recommendation from any Subcontractor performing services as part of the Applicant's proposal, or from any entity that might have a financial interest in the Award, **will not** be accepted. The two reference letters are **not** included in the character limit for this section.

Each letter should address:

- The nature and length of the relationship between the entities;
- The Applicant's strengths and examples of success in similar programs;
- A statement recommending the Applicant for Covered California's Navigator Program, which focuses on subsidy-eligible population enrollment, outreach activities and difficult to reach targeted populations.

*Attach your Reference letters to the application when you submit the complete application.

B.1.3 PROPOSED PERSONNEL (6,000 CHARACTERS / 2 PAGE LIMIT)

Please order and number your responses as follows:

1. Describe the Applicant's strategy for staffing enrollment activities and why this approach is effective in meeting enrollment goals.
2. Describe the Applicant's current staffing capacity to perform the services requested in this grant Application and the hiring schedule for additional staff.
3. Describe current staffing capacity of all subcontractors to perform the services requested in this grant application and the hiring schedule for additional staff.
4. If the applicant is planning to partner with other organizations but has not finalized the selection of its subcontractors, include a description of the potential partners.
5. Include brief biographical statements for the project manager and senior staff members who will be responsible for oversight of the Grant.
6. If the Applicant is applying as a collaborative with a lead agency and subcontractors, describe the role of each partner in this project and the value added to the proposed enrollment, outreach, and enrollment campaign.
7. Describe how the proposed staffing for this project reflects the cultural, linguistic, and other characteristics/preferences of the target populations that the Applicant proposes to serve.

B.1.4 APPROACH TO STATEMENT OF WORK (18,000 CHARACTERS / 6 PAGE LIMIT)

Please order and number your responses as follows:

B.1.4.1 IDENTIFIED AREAS OF ENROLLMENT OPPORTUNITY

1. Clearly identify (i.e. "My organizations have locations throughout Alameda County so we are focusing my approach and strategy on enrollment

opportunities #1 and #2, which are the Chinese speaking Cantonese and the Filipinos speaking Tagalog in Alameda County and surrounding areas”) what area(s) of enrollment opportunity are applicable to your Applicant organization based on the identified county location and regional description based on the table (table also on page 5) below:

#	Language	Race/ Ethnicity	Enrollment Opportunity Description	County
1	Cantonese	Chinese	The surrounding areas from Fremont north along highways 880 and 580 to Oakland has very dense populations of Chinese Americans.	Alameda County
2	Tagalog	Filipino	The largest concentration of Filipino Americans in Alameda county is in the surrounding areas of Hayward.	Alameda County
3	Cantonese	Chinese	Within the surrounding areas of San Gabriel, Rosemead and Arcadia is a very dense population of Chinese Americans with the area just east in Rowland Heights, Hacienda Heights and West Covina being dense areas, as well.	Los Angeles County
4	Tagalog	Filipino	The surrounding area of the city of Carson is where the largest concentration of Filipino Americans is located in Los Angeles as well as the area surrounding La Puente/Rowland Heights/Diamond Bar.	Los Angeles County
5	Korean	Korean	In the area surrounding the city of La Crescenta as well as the area surrounding the Miracle Mile are the densest populations of Korean Americans in Los Angeles county.	Los Angeles County
6	Armenian	Armenian	In the areas surrounding areas of Glendale/Burbank/Van Nuys contains a dense population of Armenian Americans, which are some of the densest areas of ethnicity/language in California.	Los Angeles County
7	Russian	Russian	Within the surrounding areas of Burbank, Glendale and West Hollywood there exists a dense population of Russian Americans.	Los Angeles County
8	Japanese	Japanese	There exists a dense population of Japanese Americans in the surrounding areas of Torrance. There exists a dense population area in Playa Vista and Santa Monica along the coast. There is an additional dense area located in East Los Angeles around Montebello and Monterey Park.	Los Angeles County
9	Farsi	Iranian, Persian	The Beverly Hills, West Hollywood and North Hollywood areas contain a dense population of Iranian Americans.	Los Angeles County

10	Vietnamese	Vietnamese	The dense population of Vietnamese Americans in Orange county, is comprised of the areas of Westminster and Garden Grove.	Orange County
11	Korean	Korean	Orange county has its most dense population of Korean Americans around the city of Irvine most notably near the center of the city, as well as in the northern area of the county just below the city of La Habra.	Orange County
12	Cantonese	Chinese	The areas surrounding Irvine are the densest populations of Chinese Americans in Orange county.	Orange County
13	Tagalog	Filipino	There exists a dense population of Filipino Americans in the Chula Vista and surrounding areas. There is also a dense population in Mira Mesa and National City surrounding areas.	San Diego County
14	Cantonese	Chinese	The densest population of Chinese Americans in San Diego county reside in Del Mar and surrounding areas.	San Diego County
15	Cantonese	Chinese	The dense population of Chinese Americans in San Francisco county includes the area on the border of San Mateo and San Francisco county where highways 1 and 280 meet. The western portion of the city right below Golden Gate Park, and North Beach and Chinatown are comprised of dense populations, as well.	San Francisco County
16	Cantonese	Chinese	Starting in the area of Belmont going north on highway 280 the population of Chinese Americans becomes more dense with Daly City being the densest in San Mateo county.	San Mateo County
17	Tagalog	Filipino	San Mateo county is comprised of a dense population of Filipino Americans. The areas surrounding Daly City and the northern section of the county are the most-dense areas with Filipino Americans.	San Mateo County
18	Cantonese	Chinese	The areas surrounding San Jose and Cupertino contain dense Chinese American populations with Cupertino being the most-dense area.	Santa Clara County
19	Vietnamese	Vietnamese	The most dense population of Vietnamese Americans in Santa Clara county, starts in the Seven Trees district and continues north through San Jose.	Santa Clara County
20	Tagalog	Filipino	There is a dense population of Filipino Americans in the Milpitas area and Santa Clara's total population is comprised of a significant number of Filipino Americans.	Santa Clara County

2. Once you have identified your area(s) of opportunity, describe how the Applicant organization assesses the language and ethnicity needs in the identified areas of enrollment opportunity and how the design of the proposed approach and strategy will meet the needs of the identified population.
3. Describe some proposed enrollment events and the outreach and education strategy that will drive enrollments in the identified area(s) of enrollment opportunity. Describe the settings and venues where Navigator activities will take place and why these venues are appropriate to reaching the area(s) of enrollment opportunity.
4. Describe the capacity and plans to have a store front (including hours of operation and address / location) within a 5 mile radius of the identified area(s) of enrollment opportunity.
5. Describe the Applicant's existing and/or planned infrastructure and/or relationships that would facilitate the Applicant's ability to address the identified area(s) of enrollment opportunity, including identifying the languages spoken by the existing counselors, or those counselors you plan to hire with the languages identified in area(s) of the enrollment opportunity.

B.1.4.2 TARGET POPULATION

1. Describe how the Applicant assesses the needs of the communities served and how the design of the proposed approach and strategy will meet the needs of the population based on age, ethnicity, culture, language proficiency, income, geography, and other defining characteristics.
2. Identify individuals and organizations in the communities served and what will motivate or influence them to partner with the Applicant to design and implement enrollment campaigns. Describe how the Applicant will leverage and build upon this coalition.
3. Describe the nature of the Applicant's relationship with the communities served, how many consumers are reached annually, and how the Applicant proposes to leverage these relationships for the proposed project.
4. Describe the Applicant's approach, and demonstrated ability to eliminate barriers in order to motivate consumers to enroll in Covered California Qualified Health Plans.

B.1.4.3 Navigator Strategic Workplan

1. Describe the Applicant's proposed approach and strategy for maximizing enrollments during the Open Enrollment and Special Enrollment periods.
2. Describe some proposed enrollment events and the outreach and education strategy that will drive enrollments. Describe the settings and venues where Navigator activities will take place and why these venues are appropriate to reaching the target populations.
3. Describe the capacity and plans to have a store front (including hours of operation and address / location) or other public location where consumer

assistance will be provided outside of normal business hours.

4. Describe the Applicant's existing infrastructure and/or relationships that would facilitate the Applicant's ability to address the needs of the target Covered California subsidy-eligible population.
5. Describe the applicant's proposed approach for assisting with renewals and supporting retention efforts.
6. Describe some proposed enrollment events and the outreach and education strategies that will drive enrollments. Describe the settings and venues where Navigator activities will take place and why these venues are appropriate to reaching the target populations

B.1.4.4 APPROACH TO PROJECT MANAGEMENT AND QUALITY ASSURANCE

1. Describe the Applicant's project management plan for the Navigator Program application.
 - Describe the Applicant's plan for managing and monitoring Navigator Program Activities and requirements.
 - If the Applicant is applying as a collaborative (lead agency with subcontractors), describe how the lead agency will monitor progress toward accomplishing project goals. Describe any anticipated challenges with managing the collaborative and how the Applicant proposes to overcome them.
 - Describe how your organization captures data for the number of consumers assisted and/or enrolled. For consumers who were assisted but not enrolled, is there a follow-up process in place? If so, describe the process.
2. Describe the Applicant's policies and procedures related to protecting consumer's privacy and security.

C.1 IMPORTANT DOCUMENT SUBMISSION FINAL NOTE

* IMPORTANT NOTE: Attachment I is designed to be used both as a formatting tool and as a submission template; therefore, it is important that you attach all additional pages and narrative where needed, when you submit your Application. You should print and use any and all of the template where applicable but make sure you include and note "see attached" where you attach additional documents and information.