### 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) | | |

### 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 |  |  |  |
| Viatnamese |  |  |  |
| Other (Specify) |  |  |  |
| Other (Specify) |  |  |  |
| Total %: | **100%** |  |  |

### A.2 Primary and Subcontractor Letter of Intent (LOI) 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** | |
|  | **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 (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.2.1 Primary and Subcontractor Partnership Agreement

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:

* + - 1. *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.
      2. *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.
      3. *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:

* + - 1. Title of this grant Application;
      2. Submission date of the proposal;
      3. Requested funding amount;
      4. 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
      5. 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 |

1. 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.
2. 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.
3. 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.
4. 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.

1. 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.