

Navigator Program Grant Portal

RFA Quick Guide



**COVERED
CALIFORNIA**

Request for Application Quick Guide

Navigator Program

Release February 9, 2024

Grant Cycle 2024-2027

Outreach and Sales Division

Account Services Section Team

RFA 2023-02: Navigator Program

Navigator Program Grant Portal

RFA Quick Guide



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INTRODUCTION

The Navigator Program is an initiative designed to facilitate health coverage enrollment across the state of California established under the Patient Protection and Affordable Care Act and managed by Covered California. Open to a diverse range of organizations, the program mandates grantees to conduct outreach, education, and enrollment assistance activities while ensuring fair and accurate information provision. All grantees are expected to collaborate with Covered California's Outreach and Sales Team and maintain a physical presence in California for face-to-face assistance. The Navigator Program seeks to enhance accessibility, cultural awareness, and support for underserved populations while contributing to the overarching goal of increasing health coverage across the state.

This guide is designed to assist you in successfully navigating the grant application process in the Navigator Program. Thank you for contributing to the goal of increasing health coverage across the state while ensuring fair and accurate information provision.

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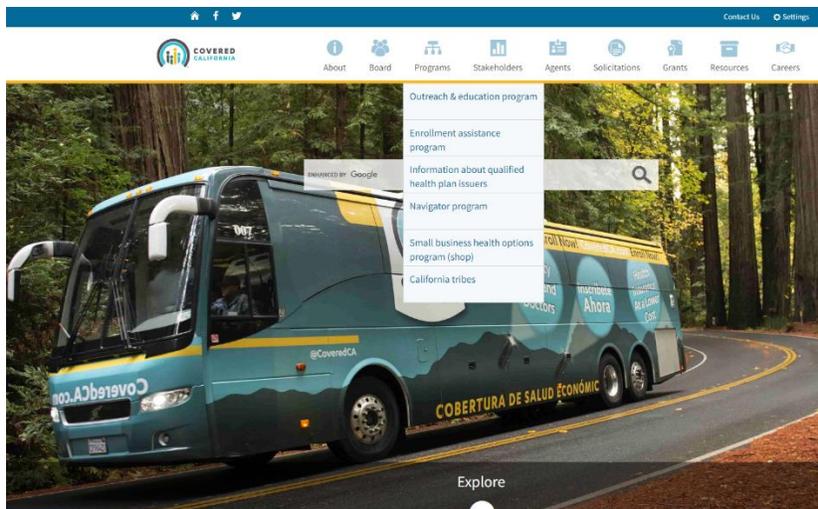


PORTAL ACCESS

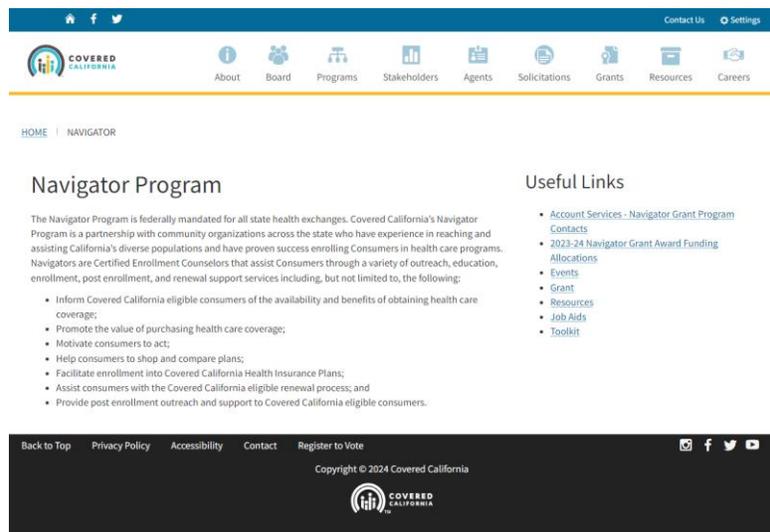
There are two (2) primary ways to gain access to the Navigator Program Grant Portal: either through the HBEX website or through Covered California's Enrollment portal.

HBEX

The main Covered California departmental website: <https://hbex.coveredca.com/>, has a menu ribbon across the top that includes "Programs". Clicking Programs will drop down a short menu. Click the Navigator Program option.



On the right side of the screen, you will see a list of quick links. Click the Grant link.



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The <https://hbex.coveredca.com/navigator/grant/> website contains links and information for the Request for Application.

Navigator Grant

The Navigator Grant Funds will be awarded to eligible organizations to assist Covered California-eligible consumers to successfully enroll and re-enroll in a Health Insurance Plan on behalf of Covered California. Grantees are expected to conduct outreach, education, enrollment, renewal assistance, and post-enrollment support. Grantees are also expected to conduct effective outreach activities, via in-person events, as well as virtual or digital outreach. The Grant is awarded via a Request For Application process on a typically three-year cycle.

2024-27 Navigator Grant Request For Application (RFA)

Request for Application (RFA) 2023-03 Schedule

Activity	Approximate Date
Release of Navigator Request for Application Solicitation	February 8, 2024
Grant Applicant Webinar with Questions and Answers	February 15, 2024
Last Day to Submit Inquiries and Questions	February 21, 2024
Response to Applicant Questions Posted on Covered California's Website	February 28, 2024
Final Application Submission Due	March 15, 2024
Grant Application, Evaluation, and Selection Process	March 16, 2024 - April 30, 2024
Notification of Intent to Award Posted on Covered California's Website	May 1, 2024
Last Day to Submit Protest	May 10, 2024
Navigator Grant Award Period	July 1, 2024 - June 30, 2025

2024-27 Navigator Grant RFA - Informational Webinar

- Thursday February 15, 2024
- 9am - 12pm
- [Click here to register](#)

Useful Links

- [Account Services - Navigator Grant Program](#)
- [Contacts](#)
- [2022-24 Navigator Grant Award Funding Allocations](#)
- [Events](#)
- [Grant](#)
- [Resources](#)
- [Job Aids](#)
- [Toolkit](#)

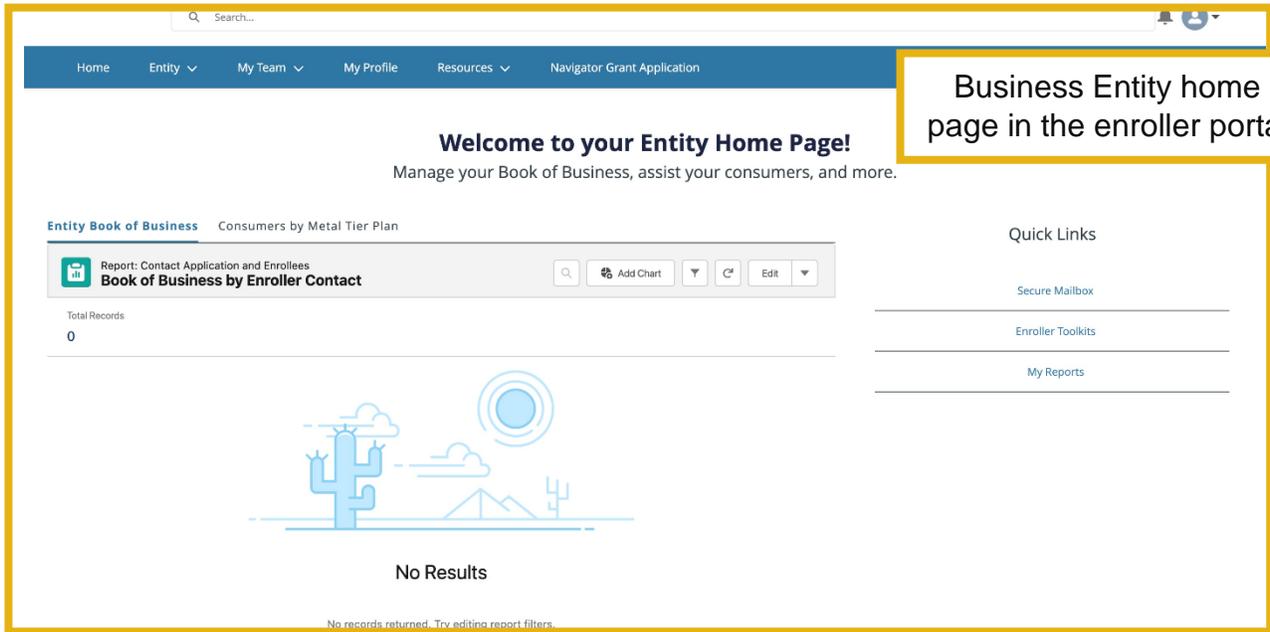
COVERED CALIFORNIA ENROLLER PORTAL

Users have access to a range of essential healthcare resources in Covered California's Enroller Portal. One of these resources includes the Navigator Program Grant Portal, where qualified entities can apply for a grant to support Covered California's mission to make healthcare affordable for all Californians. To locate the Navigator Program Grant Portal from the Covered California Enroller Portal, follow these steps:

1. Visit Covered **California's Enroller Portal Website**:

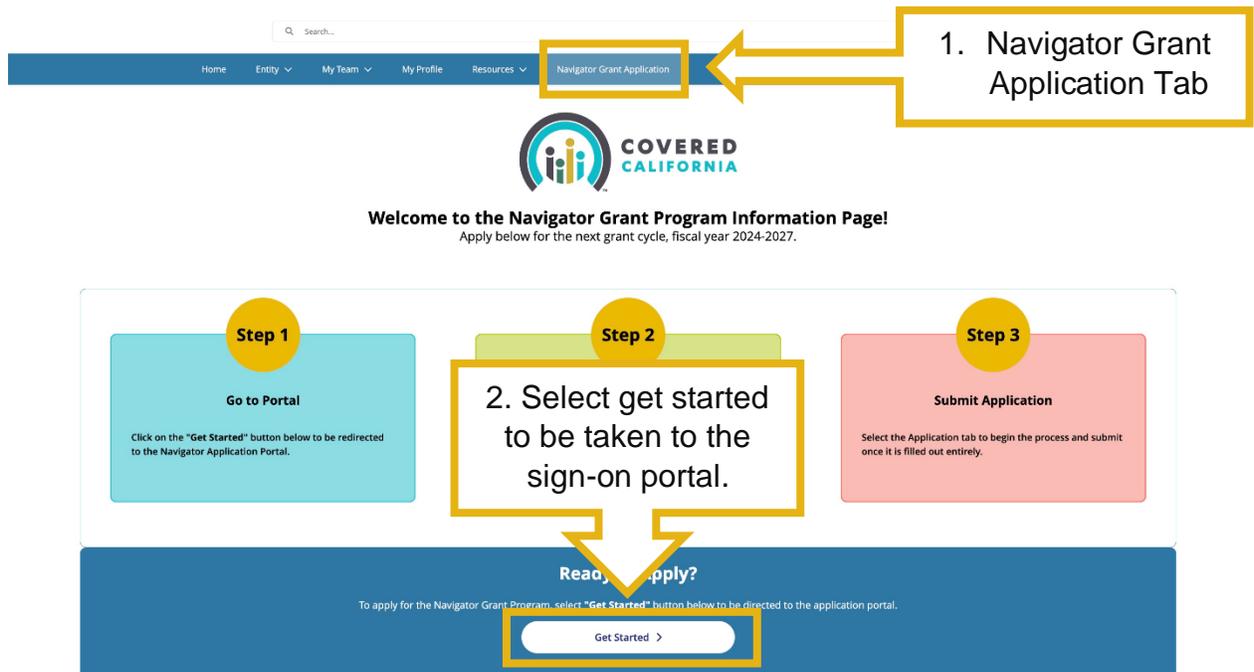
Navigator Program Grant Portal

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Business Entity home page in the enroller portal

2. Find and click on the "Navigator Grant Application" tab.
3. Click "Get Started" in the "Ready to Apply" section to access the grant portal sign-on page.



1. Navigator Grant Application Tab

Navigator Program Grant Portal

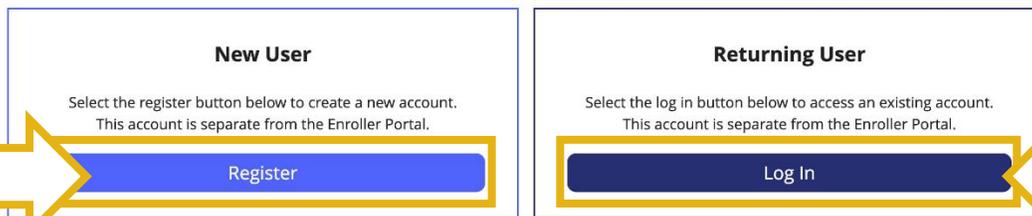
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- Depending on your status, select "Existing User" or "New User" on the welcome page to register a new account or log into the portal.



Welcome to Covered California's Navigator Grant Portal



If selecting "Register," the user will be redirected to a registration flow to fill out their organization's information and create an account.

Returning users with an existing account will be redirected to the sign-in page where they will fill out their username and password to access the grant portal.

LOGGING IN

NEW USER

New users must register for an account in the Navigator Grant Program by filling out the following information.

To register for an account, complete the following steps:

- Fill in the fields with your organization's information.
- Once fields are properly filled out, select the "Register" button to continue. You should receive an email regarding password set-up and be redirected to the login page.

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Welcome to the Navigator Grant Program Portal. Please fill in the fields below to register an account and get started.

* Name of Organization

* Organization FEIN

* First Name

* Last Name

* Work Email

[Register](#)

[Already have an account?](#)

Complete fields with your organization's information

Redirects you to the login page

Redirects you to the login page and sends a link to the provided email address

3. You will receive an email from Covered California welcoming you to the Navigator Program Application Portal, click the provided link to set up your password.

Make sure you check your junk folders and spam filters if you do not see the email right away. If the email was filtered to a folder, move it to your inbox and click the link.

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Dear [REDACTED]

Welcome to Navigator Program Application Portal!

• Username: [REDACTED]

To get started, go to https://covered-ca--ccaosdev.sandbox.my.site.com/applicationportal/login?c=xXTvq4wexCwpHo1KJ1_vsn_VN2F6MRyglC78_0FOJBef0tYT.hjhcQL43Twr.zaP3Bf4NKCHw4LXni3ZKR7O51mScrYjW.esAjHmjbJJoovcXIWf0CarvBMF5LsdGHTmKd4y5FTZc3x8K2b2GI2gutA8cwk27yKXnVe_4ImDzW3GwADFWpzi6yFmZqKyr2j2naRvaSU4VHhupVINtN0HQgD2vTuAxg%3D%3D

The Covered California Team.

Directs you to password set-up

4. The email you receive will contain your Username.
5. Following the password criteria mentioned below, enter a valid password, then confirm it by typing it again on the next field.

The screenshot shows a 'Change Your Password' form. At the top, it says 'Enter a new password for tavenierpeter@gmail.com. Make sure to include at least:'. Below this are five radio button options: '15 characters', '1 uppercase letter', '1 lowercase letter', '1 number', and '1 special character'. The '1 lowercase letter' option is selected. Below the options are two input fields: 'New Password' and 'Confirm New Password'. A 'Change Password' button is at the bottom. A status message at the very bottom says 'Password was last changed on 1/30/2024 1:53 PM.'.

Annotations:

- A box on the left says 'Enter a valid password and repeat on the following line' with arrows pointing to the 'New Password' and 'Confirm New Password' fields.
- A box on the right says 'Select to set password and redirect you to login page' with an arrow pointing to the 'Change Password' button.

6. Select the “Change Password” button to set password and be redirected to the login page.

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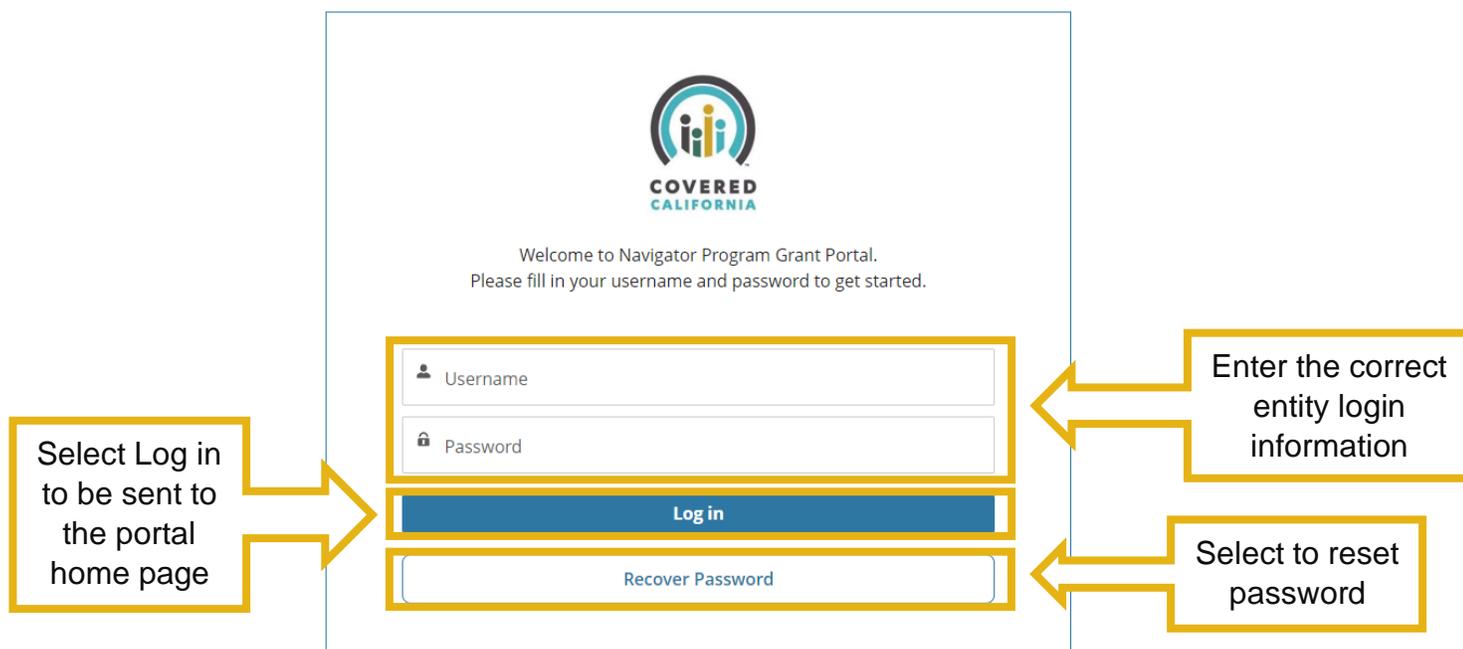


EXISTING USER

Existing Users can sign onto the Navigator Portal with their registered entity email and password.

To login to the Navigator Portal, complete the following steps:

1. Correctly fill out the username and password fields.
2. Select login to be redirected to the home page of the portal.



FORGOT PASSWORD

To reset your password if lost or forgotten:

1. Select recover password to be redirected to a pop-up that prompts you to reset your password.
2. Enter the email associated with your entity in the username.

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The screenshot shows the 'PASSWORD RESET' screen. At the top is the Covered California logo. Below it, the text reads: 'PASSWORD RESET. To reset your password, we'll need your username. We'll send password reset instructions to the email address associated with your account.' There is a text input field labeled 'Username' with a person icon. Below the input field is a blue button labeled 'Reset Password' and a smaller 'Cancel' link. A yellow callout box on the left contains the text 'Select to reset password' with an arrow pointing to the 'Reset Password' button.

3. Select “Reset Password” to start the reset process. A screen will pop-up informing you to check your email for a reset link.

The screenshot shows a screen titled 'NOW, CHECK YOUR EMAIL'. The text reads: 'Check the email account associated with your user name for instructions on resetting your password. Remember to look in your spam folder, where automated messages sometimes filter. If you still can't log in, contact your administrator.' At the bottom, there is a blue link labeled 'Back to login'.

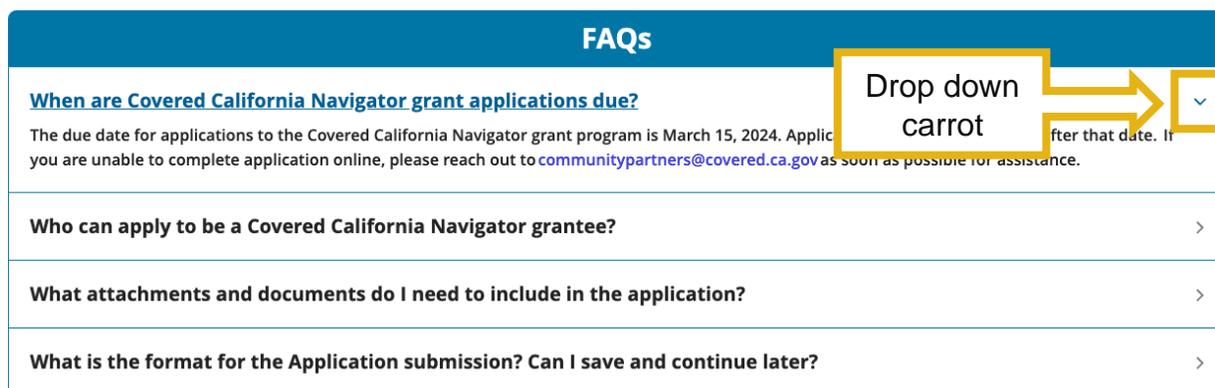
4. Find the link that was sent to your email and open it to repeat the “change your password” step from above. Make sure you check your junk folders and spam filters if you do not see the email right away. If the email was filtered to a folder, move it to your inbox and click the link.

FAQs

Frequently Asked Questions are located by scrolling to the bottom of the portal home page.

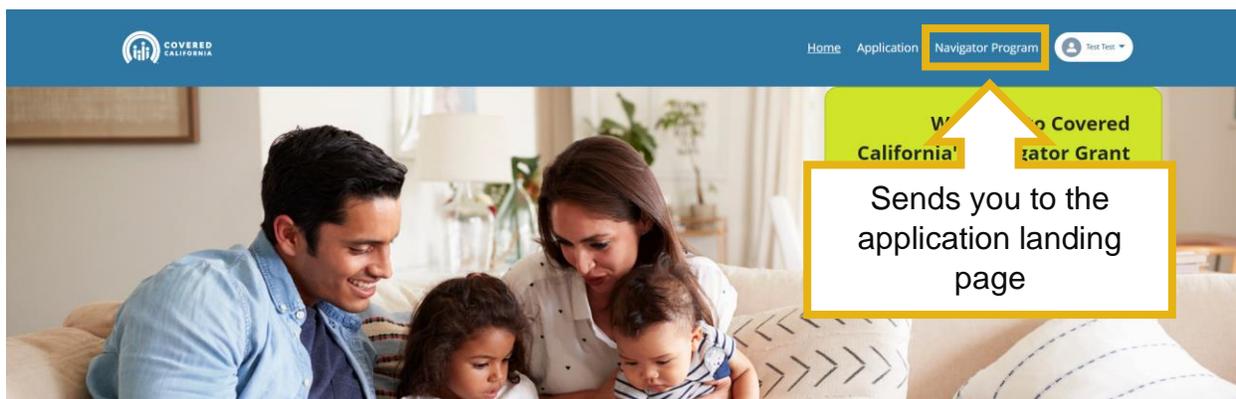
To interact with the FAQ's follow these steps:

1. Select the drop-down carrot on the question you're viewing to reveal the answer.



ACCESSING THE APPLICATION

Once logged in, you will land on the portal home page. There are two (2) direct ways to get into your application from the Navigator Grant Portal home page. You can either select the "Application" tab from the header ribbon or scroll down to the "Ready to Get Started?" section and select "Apply Now".



Navigator Program Grant Portal

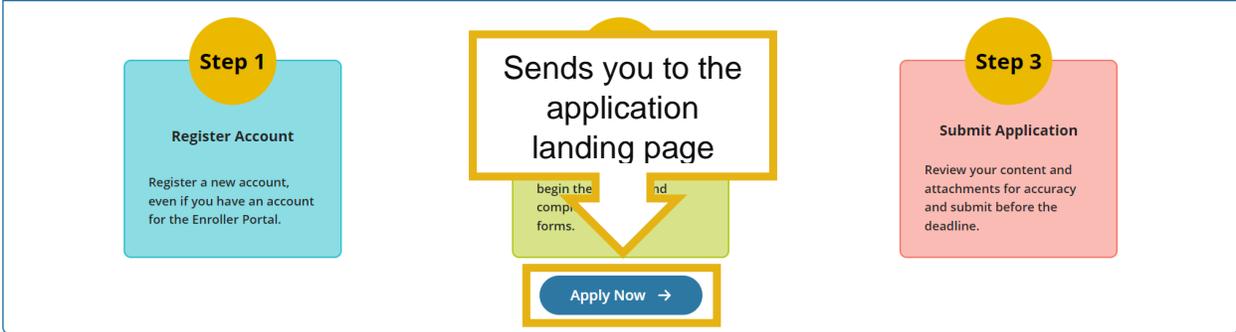
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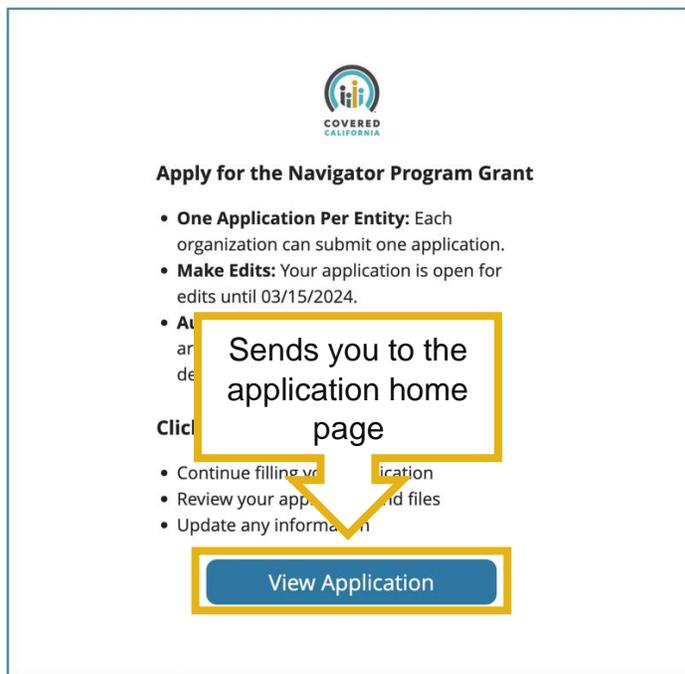
What is Covered California's Navigator Grant Program?

The Navigator Program is an initiative designed to facilitate health coverage enrollment across the state of California established under the Patient Protection and Affordable Care Act and managed by Covered California. Open to a diverse range of organizations, the program mandates grantees to conduct outreach, education, and enrollment assistance activities while ensuring fair and accurate information provision. All grantees are expected to collaborate with Covered California's Outreach and Sales Team and maintain a physical presence in California for face-to-face assistance. The Navigator Program seeks to enhance accessibility, cultural awareness, and support for underserved populations while contributing to the overarching goal of increasing health coverage across the state.

Ready to Get Started?



Both options redirect you to a landing page where you can select the “View Application” button to start or continue your application process.



You will be redirected into the application view section of the portal where users have the ability to review, edit and withdraw their application.



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The screenshot shows the application management interface for a grant portal. At the top, there is a navigation bar with 'Home', 'Application', and 'Navigator Program' links, along with a 'Test Test' button. Below the navigation bar, the application details for 'GMS Application A-0308' are displayed. A table lists the 'Lead Organization' as 'Test', the 'Authorized Representative' as 'test', and the 'Status' as 'Draft'. To the right of the table, there are 'Edit' and 'Withdraw Application' buttons. Below the table, there are tabs for 'Details', 'Attachments', and 'Review Process'. The 'Review Process' tab is selected, showing a 'Submission Deadline' of 03/15/2024 and instructions on how to submit and edit the application. Two yellow callout boxes with arrows point to the 'Review Process' tab and the 'Edit' button, respectively.

Review applications and attachments

Edit current draft or withdraw submitted application

APPLICATION

The application steps consist of buttons, file uploads, picklists, and fields to enter your organization's information. Steps and fields required to be completed are marked with a red asterisk symbol. Help text is provided to give additional information about a field or term. It is represented by a lowercase "i" in a grey circle and can be accessed by hovering your mouse over the object.



To apply for the Navigator Grant Program, complete the following steps:

STEP 1: ORGANIZATION INFORMATION

Provide your organization's contact details and legal information accurately to facilitate communication throughout the application process.

▼ A : Organization Information

* Lead Organization's Full Legal Name	* Federal Employer ID Number (FEIN) ⓘ
<input type="text"/>	<input type="text"/>
* Full Legal Name of Authorized Representative ⓘ	* Job Title of Authorized Representative
<input type="text"/>	<input type="text"/>
* Physical Address of Primary Office	* State
<input type="text"/>	<input type="text"/>
* City	* ZIP Code
<input type="text"/>	<input type="text"/>
* Is the mailing address different than the office address?	
<input type="text" value="No"/>	
* Office Phone Number	* Alternate Phone Number
<input type="text"/>	<input type="text"/>
Fax Number	* Email Address
<input type="text"/>	<input type="text"/>
* Organization Website Address	
<input type="text"/>	
* Is the Organization a current Certified Enrollment Entity (CEE)? ⓘ	
<input type="text" value="Yes"/>	
* 10 Digit CEE Number	
<input type="text"/>	

If org is a Current Enrollment Entity, select yes and a dropdown field will appear to input your 10 digit CEE number

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▼ B : Primary Contact

* Full Name of Primary Contact Person	* Job Title of Primary Contact
<input type="text"/>	<input type="text"/>
* Physical Address of Reporting Location	* State
<input type="text"/>	<input type="text"/>
* City	* ZIP Code
<input type="text"/>	<input type="text"/>
* Office Phone Number	* Alternate Phone Number
<input type="text"/>	<input type="text"/>
Fax Number	* Email Address
<input type="text"/>	<input type="text"/>

▼ C : Entity Type / Eligibility Documentation

* Organization Entity Category

Available Options

American Indian Tribe or Tribal Organization	Selected Options
City, County, or Local Government Agency	Chamber of Commerce
Commercial Fishing, Industry Organization	
Community College or University	
Faith-Based Organization	
Indian Health Services Facility	

* Document Type

IRS Determination

* Upload an IRS Determination or Affirmation of organizations 501(c) or 501(d) status or any IRS correspondence that provides the federal tax identification number

Upload Files Or drop files

Upload Tax ID attachment

Arrows are used to move the Entity Category to desired side

Select which document type will be uploaded

STEP 2: PHYSICAL ENROLLMENT LOCATION

Disclose physical locations where in-person enrollment assistance will occur.

▼ A : Physical Enrollment Location

Click on the "Add" button to add a new Physical Enrollment Location

Add

Add Physical Location button activates a pop-up to enter information

Name of Location	City	ZIP Code	Actions
No Records Found.			

Add Physical Enrollment Location

▼ Location Physical Address

* Name of Location

* Street Address

* State

* City

* ZIP Code

* Location Contact Number

* Number of Anticipated Certified Enrollment Counselors

* Language Spoken

▼ Hours Of Operation

* Monday Opening Hour

* Monday Closing Hour

* Tuesday Opening Hour

* Tuesday Closing Hour

* Wednesday Opening Hour

* Wednesday Closing Hour

* Thursday Opening Hour

* Thursday Closing Hour

* Friday Opening Hour

* Friday Closing Hour

* Saturday Opening Hour

* Saturday Closing Hour

Physical Enrollment Location pop-up

STEP 3: PREVIOUS EXPERIENCE

Showcase past experiences and successes in providing similar services that demonstrate your organization's capability for effective program implementation.

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▼ A : Previous Applicant Experience 1

* Project Name Contract or Grant Amount, if applicable

* Contract Start Date * Contract End Date

* Name of Awarding Entity

* Goal Type

Available Options

- Education
- Enrollment

Selected Options

- Outreach

Goal Type

* Experience Description

Experience Attachments

Or drop files

Clicking the calendar icons will create a pop-up for you to select the dates

Arrows are used to move the Goal Type to the desired side

Upload Experience Attachments

STEP 4: OTHER STATE OR FEDERAL PROGRAM FUNDING

Disclose any additional funding sources related to health care reform or other programs and include details on the goal and service area.

▼ A : Other State or Federal Program Funding

* Is the applicant currently receiving other funding for Outreach, Education or Enrollment related to health care reform or other programs?

* Funding Source * Amount

* Contract Start Date * Contract End Date

* Enrollment and Renewal Assistance Goal

* Brief description of the activities of this funding including

* Additional Funding

Or drop files

Additional Funding-covered_california_logo.jpeg

If yes, fill out the following info. If no, continue onto step 5

Use the trash can to delete wrong files

Upload additional funding attachment

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STEP 5: ORGANIZATION GRANT PROPOSAL FOR CORE FUNDING

Select the grant amount and enter the projected number of individuals helped across all target populations while aligning with program objectives and funding requirements

▼ A : Grant Funding Level Request

The Covered California Navigator Program serves a strategically important role to reach, educate and enroll people from the state's diverse and vulnerable populations. Applicants must select the Grant Funding Level Amount the organization will be applying for.

1. Review the Navigator Program Grant Level Amount table below for the program core funding guide.

Each Grant Level Amount is assigned a Total Points Goal for the funding goals for the program outlined below. The Total Points Goal consists of three categories of minimum points required for each of them: Outreach Activity, CalHEERS Eligibility, and Effectuated Enrollment. Refer to the category definitions in the RFA Solicitation Announcement document.

Level No.	Grant Funding Level Amount	Total Points Goal	Outreach Activity Goal	CalHEERS Eligibility Goal	Effectuated Enrollment Goal
1	\$60,500	580	174	116	290
2	\$90,750	860	258	172	430
3	\$121,000	1,140	342	228	570
4	\$151,250	1,420	426	284	710
5	\$181,500	1,700	510	340	850
6	\$211,750	1,980	594	396	990
7	\$242,000	2,260	678	452	1,130
8	\$272,250	2,540	762	508	1,270
9	\$302,500	2,820	846	564	1,410
10	\$332,750	3,100	930	620	1,550
11	\$363,000	3,380	1,014	676	1,690
12	\$393,250	3,660	1,098	732	1,830
13	\$423,500	3,940	1,182	788	1,970
14	\$453,750	4,220	1,266	844	2,110
15	\$484,000	4,500	1,350	900	2,250
16	\$514,250	4,780	1,434	956	2,390
17	\$544,500	5,060	1,518	1,012	2,530
18	\$574,750	5,340	1,602	1,068	2,670
19	\$605,000	5,620	1,686	1,124	2,810

Review this table to determine the appropriate Grant Level Amount

2. Select the Grant Level Amount your organization would like to apply for. Upon selection, the Total Requested Grant Level Amount for Core Funding will display.

Select Grant Level Amount from list

* Total Requested Grant Level Amount for Core Funding

\$90,750

Level No.	Grant Funding Level Amount	Total Points Goal	Outreach Activity Goal	CalHEERS Eligibility Goal
2	\$90,750	860	258	172

Enter the projected number of individual reached across all target populations

3. Enter the projected Estimated Total Number of Individuals Reached/Assisted across all target populations.

* Total estimated number of individuals assisted by your organization through Navigator grant activities conducted.

The above metrics will be used in conjunction with the estimates for targeted populations in section 6, Targeted Populations and Strategy Plan to generate percentages of overall support. You will be asked to enter the individual target population size in a later application screen.

STEP 6: TARGETED POPULATIONS AND STRATEGY PLAN

Define specific populations to be served, enabling focused outreach efforts and resource allocation to address community needs effectively.

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▼ A : Targeted Populations and Strategy Plan

The Covered California Navigator Grant Program hopes to expand outreach to targeted communities that address diversity. Applicants must serve targeted communities and must demonstrate reach and influence in those community.

This part of the application is where your organization will describe the targeted populations it will focus on and serve through the Navigator Grant. Please refer to the provided Areas of Opportunities included in the RFA solicitation document for example populations that the program has identified as having unmet needs. This Areas of Opportunity list is not intended to be exhaustive.

Target populations are based on eight California geographic regions: Northern California, Bay Area, Central Coast, Central Valley, Los Angeles, Inland Empire, Orange County, and San Diego. Applicable counties will be available for each selected region.

Ethnicities, Languages, Household Income Level, Ages, and the Estimated Consumer Reach for each population will be correlated with the geographic region.

The summary table below will auto populate the entries demonstrating the information entered for each population. The information is displayed geographically.

Add Targeted Populations and Strategy Plan

Add Targeted Populations

Region Name	County Name	Ethnicity	Household Income Level	Age	Special Interest Group	Actions	
Bay Area	Alameda	African	American Sign Language (ASL) (All Ethnicities)	138%-149%	18-34 years of age	Educational Groups	

Add Targeted Populations activates a pop-up to enter relevant information

* California Region

Select an Option

* County

Available Options

Selected Options

* Ethnicity

Available Options

Selected Options

Part 1 of the target population information pop-up

Select region to display counties

Arrows are used to move the items to the desired side

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*** Spoken Language**

Available Options

- English (All)
- Farsi (Persian)
- Hindi (Hindus)
- Hmong (Hmong)
- Japanese (Japanese)
- Khmer (Cambodian)
- Korean (Korean)

Selected Options

*** Household Income: Federal Poverty Level**

Available Options

- 138%-149%
- 150%-199%
- 200%-249%
- 250%-299%
- 30
- 40

Selected Options

*** Age Group**

Available Options

- Under 18 years of age
- 18-34 years of age
- 35-64 years of age
- 65 years of age and over

Selected Options

*** Special Interest Group**

Available Options

- Civil Rights Group (LGBTQ+ rights group)
- Health Advocacy Groups
- Educational Groups
- Faith-Based group
- Rural Health group
- Self-Employed Groups

Selected Options

Arrows are used to move the items to the desired side

Part 2 of the target population information pop-up

*Projected Estimated Number of Individual Reach

*Narrative

Part 3 of the target population information pop-up

STEP 7: SUBCONTRACTOR

Provide details of subcontractors to ensure readiness for collaboration and accountability in program execution.

▼ A : Subcontractor

Do you use subcontractors in your organization applying for a collaborative application where you are a lead organization with subcontractors?

Yes

Please click on the download icon to download the letter of intent template. Click the "Add" button to provide Subcontractor details.

Add

Organization Full and Legal Name

Federal Employer ID Number

Job Title of Authorized Representative

Primary Office Address

State

City

ZIP Code

* Is the mailing address different than the office address? Select an Option

* Office Phone Number

Fax Number

* Email Address

* Website Address

* Is the Organization a current Certified Enrollment Entity (CEE)? Select an Option

Click the "Add" button to activate the subcontractor pop-up

Download letter of intent to sign and upload into the subcontractor pop-up

If using subcontractors, select yes from the dropdown menu and download the LOI template

Part 1 of the subcontractor information pop-up

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The screenshot shows two sections of a web form. The first section, 'Subcontractor Primary Contact Information', contains fields for: Primary Contact Person Full Name, Job Title, Physical Address, State, City, Office Phone Number, Fax Number, and Email Address. A yellow box highlights the 'City' field with the text 'Part 2 of the subcontractor information pop-up'. The second section, 'Subcontractor(s) Organization Eligibility Type', contains a dropdown for 'Organization Entity Category' with a list of options: American Indian Tribe or Tribal Organization, Chamber of Commerce, City, County, or Local Government Agency, Commercial Fishing Industry Organization, Community College or University, and Faith-Based Organization. A yellow box highlights the 'Selected Options' area with the text 'Arrows are used to move the items to the desired side'. Below this is a field for 'IRS Determination or Affirmation of organizations 501(c) or 501(d) status or Any IRS correspondence that provides the Federal Tax Identification Number' with an 'Upload Files' button. A yellow box highlights this button with the text 'Upload tax information document'. The third section, 'Letter Of Intent', contains an 'Upload Files' button. A yellow box highlights this button with the text 'Upload the LOI downloaded from the top of the section'.

STEP 8: COVER LETTER, QUALIFICATIONS, AND REFERENCES

Submit essential documents demonstrating organizational qualifications and alignment with program objectives and goals.

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▼ A : Cover Letter

* Cover Letter ⓘ

Upload Files Or drop files

Upload the cover letter your organization plans on providing to Covered California

▼ B : Qualifications

Please respond to each question using the text boxes provided below.

* 1. **Organizational Structure and Operations:** Provide a comprehensive description of your organization's structure, operations, and experience related to offering on-site, walk-in, and appointment-based in-person enrollment assistance. Include your organization's capacity and strategic plans to maintain a storefront or another accessible public location for consumer assistance. Also, include any provisions made for extending assistance beyond regular business hours.

* 2. **Accessibility and Collaborative Efforts:** Describe how your organization's established physical sites facilitate access and assistance for the targeted communities and populations you've identified to reach with this grant.

* 3. **Operational Readiness and Program Management:** Provide detailed insights into your organization's operational readiness to meet the performance goals for outreach activity, CalHEERS eligibility, and effectuated enrollment requirements during both Open Enrollment and Special Enrollment periods. Include a comprehensive description of your organization's program management experience, as well as your administrative and fiscal capacity to effectively manage a grant of this size and scope.

▼ C : References

* References ⓘ

Upload Files Or drop files

Upload the references your organization plans on providing to Covered California

STEP 9: PROPOSED PERSONNEL

Provide detailed information about your proposed team members, ensuring they possess the expertise and capacity needed for successful program implementation.



▼ A : Proposed Personnel

Please respond to each of the questions using the text boxes provided below. If you are not partnering with a subcontractor, enter N/A.

Lead Organization

1. Staffing Strategy: Describe your organization's overall strategy for staffing outreach and enrollment activities and explain why you believe this approach effectively supports meeting the grant performance goals and deliverables.

2. Current Staffing Capacity: Describe the Applicant's current staffing capacity to perform the services requested in this Grant Application and the hiring plans for additional staff if needed.

3. Cultural and Linguistic Considerations: How does the proposed organization's staffing for this grant program reflect the cultural, linguistic, and other characteristics/preferences of the targeted populations that your organization proposes to serve?

4. Biographical Statements: Provide brief biographical statements for the organization's grant project manager and senior staff members who will oversee the Covered California Navigator Grant Program.

Lead with Subcontractor(s)

***5. Partner Roles and Contributions:** If your organization is submitting an application as a collaborative (with a lead primary organization and subcontractors), describe the role of each partner organization in this project and the added value they bring to the proposed outreach, application assistance, and enrollment strategies.

If you are not using subcontractors, enter N/A in this section as it doesn't apply to your organization

***6. Subcontractor Staffing Capacity:** Describe the subcontractors involved in performing the services requested in this grant program to meet your targeted populations. Also describe any additional staff that may be needed and how they will be recruited.

***7. Potential Partners:** If your organization plans to collaborate as a lead organization but has not finalized the subcontractor selection, provide a description of the potential partners.



STEP 10: STRATEGIC WORKPLAN, PROJECT MANAGEMENT, AND QUALITY ASSURANCE

Outline your strategies for achieving program objectives, managing resources, and ensuring quality outcomes to demonstrate effective program management.

▼ A : Strategic Workplan

Please respond to each question using the text boxes provided below.

*1. **Enrollment Strategy:** Describe the organization's proposed approach and strategy for maximizing enrollments during the Open Enrollment and Special Enrollment periods.

*2. **Outreach and Event Planning:** Describe the organization's proposed plan of enrollment events and the outreach and education strategy that will drive enrollments. Describe the settings and venues where the Navigator Grantee's activities will take place and why these venues are appropriate for reaching the organization's proposed targeted populations.

*3. **Media and Advertising Strategy:** Describe your organization's proposed advertising strategies used to reach proposed targeted populations. Provide examples of paid media, earned media and, social media.

Fill out required fields

*4. **Operational Plan and Infrastructure:** Describe the organization's capacity and plans to have a storefront or other public location where consumer assistance will be provided outside of normal business hours. Include the hours of operation and address locations.

*5. **Existing Infrastructure and Relationships:** Describe the organization's existing structure and/or relationships that would facilitate its ability to address the needs of the proposed targeted population.

*6. **Customer Retention Strategy:** Describe the organization's proposed approach for assisting Covered California members with renewal enrollment applications and supporting retention efforts.

▼ B : Project Management

Please respond to each question using the text boxes provided below.

- *1. **Program Management Approach:** Describe your organization's approach to the grant project management and include the project management methodologies you use (e.g., Agile, Waterfall, PRINCE2, etc.) and how they will be applied to the Navigator Program grant requirements, performance goals, and deliverables. This should describe how the grant project(s) will be managed and monitored over time.

- *2. **Project Team Structure:** Detail the grant project team structure, including roles and responsibilities. Highlight the experience and qualifications of key team members and explain how they contribute to the Navigator Grant Program's requirements, performance goals, and deliverables.

- *3. **Risk Management:** Explain your organization's approach to risk management. This should include identification, assessment, and mitigation strategies for potential risks associated with the grant project.

- *4. **Change Management:** Describe your organization's or strategies due to community needs, policies, etc. **Fill out required fields** include changes in scope, personnel, budget, timeline, goals,

- *5. **Collaborative Management and Challenges:** If your organization is submitting an application as a collaborative (with a lead primary organization and subcontractors), provide information on how the lead organization plans to supervise the achievement of grant requirements, performance objectives, and deliverables. Identify and propose solutions on any predicted challenges related to managing the projected collaboration. If you are not partnering with a subcontractor, enter N/A.

▼ C : Quality Monitoring

Please respond to each question using the text boxes provided below.

- *1. **Quality Assurance Strategy:** Describe your organization's strategy for ensuring quality in the grant project outcomes. This could include quality standards, quality control activities, and quality improvement initiatives.

- *2. **Measurement and Evaluation:** Explain how you will measure and evaluate the grant project's success. Include the key performance indicators (KPIs) you will use, and how they align with the Navigator Grant Program grant requirements, performance goals, and deliverables.

- *3. **Feedback and Improvement:** Describe the feedback mechanisms you will use (such as customer feedback, stakeholder feedback, etc.) and how this feedback will be used to improve the grant project.

STEP 11: PROJECT COSTS

Disclose your budget details clearly to ensure responsible fund utilization and aid in evaluating cost-effectiveness.

Project Costs

Provide a high-level overview of the total project cost your organization proposed in this application to meet the grant deliverables. This includes direct costs (personnel, equipment, supplies, etc.) and indirect costs (administrative costs, overheads, etc.).

Break down each cost category into its component parts. For example, if you have a personnel cost, list out each role, their salaries, and the amount of time they will spend on the project. These costs are your best estimate, and will not be considered as reimbursable by Covered California

Personnel

This includes salaries for project staff. Specify each position, the number of people in each position, their time commitment to the project, and their salary rates.

* Estimated Personnel Cost

* Personnel Cost Description

Equipment

Detail all the necessary equipment for the project, their cost, and their expected lifespan.

* Estimated Equipment Cost

Fill out required fields

* Equipment Cost Description

Supplies

This includes office supplies, printing, postage, and any other miscellaneous items. Be sure to list out each item and its associated cost.

* Estimated Supplies Cost

* Supplies Cost Description

Other Direct Costs

This could include services like printing, advertising, space rental, etc.

* Estimated Other Direct Costs

* Other Direct Costs Description

Indirect Costs

If your organization has a federally negotiated indirect cost rate, you may include it here. Otherwise, you may include a de minimis rate of 10% of modified total direct costs (MTDC).

* Estimated Indirect Costs

* Indirect Costs Description

STEP 12 (OPTIONAL): SUPPLEMENTAL OUTREACH FUNDING

If needed, request additional funding for outreach activities to enhance community engagement and program impact.

* Does your organization wish to apply for a Supplemental Outreach Grant?

Yes

If your organization is applying for a supplemental outreach grant select yes for the dropdown menu. If not, proceed to the next step

Organization Information

This information will be pre-populated

Authorized Contact Person's Role:
Authorized Contact Person's Phone Number:

Supplement Grant Level Amount Request

1. Review the Grant Level Amount in the table below.
2. Apply for the Grant Level Amount between \$50,000 to \$200,000. Amount must be equal to or lower than your core grant funding level request.
3. Each funding level has minimum requirements associated to the number of Community Based Organizations (CBOs), Community Health Workers (CHWs), or similar workers.
4. Review the minimum Outreach Events and Consumer Referral goals that the grantee must meet.

Grant Level	Grant Amount	Minimum CBO Collaborative	Minimum Community Health	Minimum CHW Outreach & Education Events	Minimum CHW Consumer Referral Requirement Goal
1	\$50,000				500
2	\$100,000				1,000
3	\$150,000				1,500
4	\$200,000	2	8	48	2,000

Consult this table to determine your Total Requested Amount for Supplemental Outreach Funding

1. Select the Grant Level Amount your organization would like to apply for. Upon selection, the assigned total number of goals each category will display.

* Total Requested Grant Level Amount for Supplemental Outreach

\$50,000

Select Supplemental Outreach Funding amount by consulting the chart above

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Navigator Supplemental Funding Grant Amount Requested & Assigned Goals Selected

Grant Level	Grant Amount	Minimum Collaborative Contract	Minimum CHW Outreach Events Goal	Minimum CHW Consumer Referrals Requirement Goal
1	\$50,000	1	2	500

Auto-populates with selected supplemental grant request

1. Enter your organization's projected collaborative contract with community-based organizations to support this grant project's goals, objectives, and deliverables.
2. Enter your organization's projected number of Community Health Workers (CHWs) or similar workers needed to conduct the outreach and education events for this grant project's goals, objectives, and deliverables.
3. Enter your organization's projected estimated Total Number of Individual Consumers Reached and Referred to your organization from the contracted CBO and/or CHWs.

Outreach Strategy Plan

1. **Outreach and Impact Strategy:** Describe your organization's plan for using the grant supplement funds to contract with CBOs and CHW/R/Ps to conduct outreach efforts in targeted communities. Explain how you will influence the value of having of this partnership.

2. **Collaboration with Community-Based Organizations:** Identify the Community Based Organizations (CBOs) your organization already formally collaborates or plans to collaborate with for this grant. Select the "Add" button to list each organization's information such as their name, mission, and the nature of your respective relationships with each entity.

Add CBO Information

Select to activated the CBO pop-up

Organization Name	Primary Contact Person Full Name	Actions
No Records Found.		

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Partner Organization #1

* Organization Name	* Primary Contact Person Full Name
* Job Title of Primary Contact	* Physical Address
* City	* State
* ZIP Code	* Office Phone Number
* Alternate Phone Number	
* Email Address	

Narrative:

Organization's Mission

Nature of Relationship

Partner Organization Agreement

Attach Partner Org Agreement

3. Workforce and Qualifications: Describe h... each efforts. Please provide a brief description of their qualifications and experience.

4. Consumer Referral Plan: Describe your organization's plan for the referral process of consumer leads from the contracted CBOs and/or CHW/R/Ps to provide enrollment support. Identify how you will track the reporting and assistance provided to the lead.

Targeted Communities

1. Describe the targeted communities your organization aims to reach with this grant. Why are these communities targeted, and how will your outreach efforts address their specific needs and circumstances?

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▼ Outreach & Education Events and Referrals Goals

Covered California has established Key Performance Indicators (KPIs) for measuring the effectiveness of this supplemental grant through its partners in achieving outreach, education events, and consumer lead referral goals. Review some KPIs that may be used to determine the success of the supplemental grant:

- **Number of Outreach Events Conducted:** This KPI measures the total number of outreach and education events conducted by the CBOs and CHWs. It provides a clear picture of their efforts to engage with the community.
- **Number of Attendees at Outreach Events:** This KPI helps to measure the reach of the outreach efforts. It tracks the number of individuals who attended the outreach and education events.
- **Number of Consumer Leads Generated:** This KPI measures the number of potential consumers identified and referred by the CBOs and CHWs for further support and enrollment.
- **Conversion Rate:** This KPI calculates the percentage of consumer leads that result in enrollment in Covered California. A higher conversion rate indicates effective lead generation and referral.
- **Consumer Satisfaction:** This KPI gauges the satisfaction level of consumers. This could be measured through surveys or feedback forms.
- **Cultural and Linguistic Alignment:** This KPI assesses the ability of the CBOs and CHWs to effectively engage with diverse communities. This could be measured by the diversity of the communities reached and the range of languages in which services are provided.
- **Timeliness of Follow-ups:** This KPI measures the speed and efficiency with which the CBOs and CHWs follow up with consumer leads.

Fill out required fields

Respond to the following questions in this section to share how your organization's is going to meet the supplemental grant goals, objectives, and deliverables and maximize the Key Performance Indicators (KPIs) referenced above.

1. **Outreach Events:** How will your organization work with the CBO to organize and conduct outreach and education events in targeted communities? What strategies will your organization employ to maximize attendance?

2. **Lead Generation:** What methods will your organization require the contracted CBO use to identify and engage potential consumers? How will you track the referrals/leads received? How will your organization ensure these referrals/leads are converted into enrollments?

3. **Conversion Rate:** What strategies does your organization have in place to ensure the successful enrollment of the consumer leads you generate? How do you plan to track and improve your organization's conversion rates?

4. **Consumer Satisfaction:** How will you ensure a high level of satisfaction among the consumers your organization and your contracted CBOs and CHW/R/Ps serve? What mechanisms will you use to gather and respond to consumer feedback?

5. **Cultural and Linguistic Alignment:** How will you ensure your organization's contracted CBO and CHW/R/Ps' services are culturally and linguistically aligned with the communities you are targeting? How will you measure their impact? What will you do to address any service gaps you identify?

6. **Timeliness of Follow-ups:** How will your organization manage follow-ups with consumer leads to ensure that they are timely and effective? What systems do you have in place to track and manage these follow-ups?

▼ Demonstrated Ability

1. Provide examples of your organization's past experiences or successes that demonstrate its ability to reach and influence the targeted communities by working with CBOs and/or CHW/R/Ps.

STEP 13: REVIEW APPLICATION

Before final submission, review all provided information carefully to ensure accuracy and completeness for a comprehensive evaluation.

STEP 14: SUBMISSION

Confirm the accuracy of your submitted information and agree to program guidelines and terms to finalize the submission process.

After completing all the required steps, you will be able to submit your application. The last step (14) on the application is to submit your application to Covered California at the bottom of the page.

To complete the submission of your application, please do the following:

- 1. Confirm your organization's information is correct in the disclosure form and fill out the final text fields. Once the fields are complete, the "Submit Application to Covered California" button will change from grey to blue and can be selected.*
- 2. Submit your application using the "Submit Application to Covered California" button.*

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Instructions for Application Submission

Submission Deadline

- Please note that the deadline for application submission is 03/15/2024. Applications received after this time will not be considered.

To submit your application, please follow these steps:

- **Submit Your Application:** Once you are satisfied with your application, you can submit it by clicking on the "Submit Application" button. Please note that once your application is submitted, you will not be able to make any further changes to the application after the deadline date. Please refer to the RFA solicitation for more information on how to submit a new application before the deadline date.
- **Print a Copy of Your Submitted Application (Optional):** After you have submitted your application, you will have the option to print a copy of your submitted application.

1. Confirm all Organization Information is correct.

Covered California Navigator Program Application Submission Disclosure Form

Confirm Your Organization's information below is correct by checking yes or no for the first two row in the last column.

Fields	Information	Correct
Organization Name		* Select an Option
Organization Authorized Representative's Full Legal Name:		* Select an Option
Organization Applying Representative's Full Legal Name:	* <input type="text"/>	N/A
Organization Applying Representative's Job Title:	* <input type="text"/>	N/A
Application Submission Date/Today's Date	1/30/2024	N/A

By submitting this application and the accompanying documents and materials, I hereby agree and attest to the following:

1. **Authorized Signatory:** I confirm that I am authorized to submit this application on behalf of the applying organization.
2. **Understanding of Program Guidelines:** I confirm that I have read, understood, and agree to abide by the Covered California Navigator Program instructions, guidelines, questions, and requirements as stated in this application.
3. **Completeness of Application:** I confirm that all questions contained in the application have been answered to the best of my knowledge and ability. I also confirm that the following required documents are included as part of the application packet for submission: (List of required documents)
4. **Accuracy of Information:** I attest that, to the best of my knowledge and belief, the information included as part of this application is true, complete, and accurate. I understand that false statements could result in forfeiture of benefits and possible prosecution.

I understand that by clicking the 'Submit Application to Covered California' button, I am providing a legal effect as a handwritten signature. Thank you for your interest in the Covered California Navigator Program.

2. Submit Application to Covered California

Submit Application to Covered California

WITHDRAWING AN APPLICATION

Covered California's Navigator Enrollment Portal is equipped with a "Withdraw and Clone Application" functionality to enable organizations to easily edit a submitted application and make necessary changes before the deadline.

Note: Applications that are in "Draft" status cannot be withdrawn or cloned. If your application is in "Draft" status, you can continue to edit your application seamlessly until it is submitted.

To withdraw your application, please follow these steps:

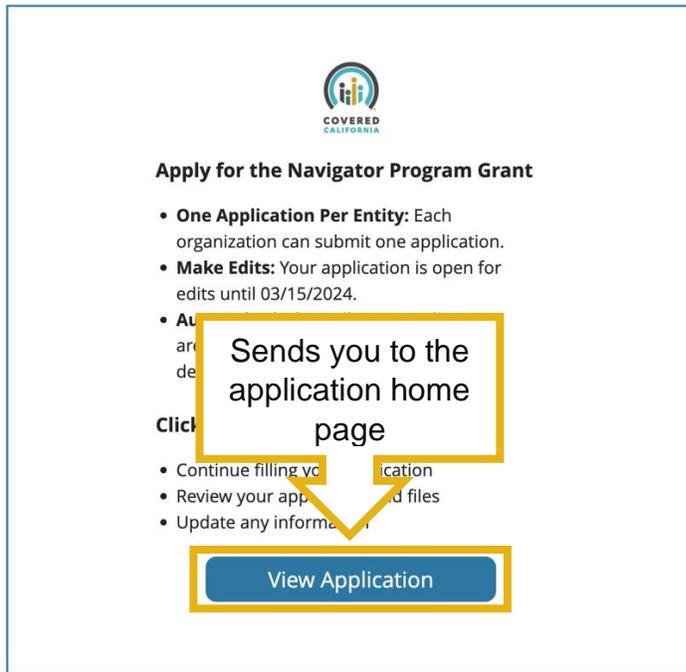
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Step 1: Select the application tab in the navigation bar above or the “Apply Now” button in the “Get Started” Section.

Step 2: After being redirected to the application page, select the “View Application” button.



Step 3: Once on the Application page, the documentation’s status will now show as “Submitted”.

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GMS Application A-0256

Lead Organization Test Authorized Representative test Status Submitted

Details Attachments Review Process

Submission Deadline

- Please note that the deadline for application submission is 03/15/2024. Applications received after this time will not be considered.

How to Submit Your Application

- Review Your Application:** Before submitting, we strongly recommend that you thoroughly review your application to ensure all information is complete and accurate. You can click on the "Preview Application" button. This will give you an opportunity to review all your responses and make any necessary edits.
- Print a Copy (Optional):** If you wish to keep a copy of your application for your records, you can print a copy after previewing. To do this, use the print function in your browser (or "Command+P" on a Mac).
- Submit Your Application:** Once you are satisfied with your application, you can submit it by clicking on the "Submit Application" button. Please note that once your application is submitted, you will not be able to make any further changes to the application after the deadline date. Please refer to the RFA solicitation announcement for instructions to withdraw a submitted application and submit a new application before the deadline date.
- Print a Copy of Your Submitted Application (Optional):** After you have submitted your application, you will have another opportunity to print a copy for your records.

How to Edit Your Application

- If Your Application Is Not Submitted:** Find the "Edit" button on the top right of the application preview page, that gives you access to update and add anything still required before submission.
- If Your Application Is Submitted:** If you have submitted an application that you need to edit, follow these steps. First locate the "Withdraw" button on the top right of the screen to remove the submission. Then, under the review process, find the small dropdown arrow on the right side of the row and select "clone application" to make a duplicate. You should receive confirmation that the application was withdrawn from the portal in your email. Now you can edit the current draft and make the required changes to the application.

Please ensure you have a stable internet connection before you begin the submission process. If you encounter any issues during submission, please contact us at communitypartners@covered.ca.gov. The program staff will be available to support during the business hours of Monday through Friday from 8 AM to 5 PM PST.

Step 4: To withdraw a submitted application, select the "Withdraw Application" button at the top right corner.

Step 5: Next, you will receive a notification pop-up to confirm that you would like to withdraw your application. Select "Confirm" to continue withdrawing your application.

Update Status

Please confirm if you want to change the status of the application A-0256 to Withdrawn.

Select confirm to update the application status

Confirm Cancel

Step 6: Once you confirm that you would like to withdraw your application, the status will change to "Withdrawn".

Navigator Program Grant Portal

RFA Quick Guide



GMS Application A-0256

Lead Organization: Test, Authorized Representative: test, Status: Withdrawn

Buttons: Edit, Withdraw Application

Details Attachments **Review Process**

GMS Application Name	Created Date	Status
A-0256	1/23/2024, 08:54 PM	Withdrawn
A-0149	12/29/2023, 01:32 PM	Withdrawn

Callout: Status has changed to "Withdrawn"

To repurpose a withdrawn application and make changes before the deadline, follow the steps in the “Cloning A Withdrawn Application” section.

CLONING A WITHDRAWN APPLICATION

1. Select the dropdown arrow on the right-hand side of the withdrawn application in the application list and click “Clone Application”.

GMS Application A-0256

Lead Organization: Test, Authorized Representative: test, Status: Withdrawn

Buttons: Edit, Withdraw Application

Details Attachments **Review Process**

GMS Application Name	Created Date	Status
A-0256	1/23/2024, 08:54 PM	Withdrawn
A-0149	12/29/2023, 01:32 PM	Withdrawn

Callout: Select the dropdown arrow

GMS Application Name	Created Date	Status
A-0256	1/23/2024, 08:54 PM	Withdrawn
A-0149	12/29/2023, 01:32 PM	Withdrawn

Callout: Choose “Clone Application” to activate a confirmation pop-up

2. Next, you will receive a notification pop-up to confirm that you would like to clone your application. Select “Clone” to continue.

Navigator Program Grant Portal

RFA Quick Guide



Clone Application

Please confirm if you want to clone A-0256 application.

Select "Clone" to confirm your action

Clone

- Once you have successfully cloned your application, a banner will notify you that your application has been cloned.

Once cloned, the top-left corner will be updated with the new application ID and the status will change back to "Draft". You can now edit the application normally and resubmit once it is complete.

The screenshot shows the application details page for application A-0312. The status is now "Draft". A callout box points to the "Status Draft" label with the text "Status has changed to 'Draft'". Another callout box points to the "Edit" button with the text "Now user can edit their application through the 'Edit' button". The page includes sections for "Submission Deadline", "How to Submit Your Application", and "How to Edit Your Application".