



Navigator Program 2024-27 Grant Application

RFA 2023-02 – Letter of Intent to Participate

Subcontract Application Information and Agreement

If you have more than one contractor, please complete this form 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 the Navigator Program 2024-27 Grant Application.

This form is REQUIRED if the Applicant is applying as a collaborative (lead organization with subcontractors).

Primary and Subcontractor Letter of Intent (LOI) to Participate

Subcontractor # _____											
Organization Full and Legal Name:											
Federal Employer ID Number:	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			-							
		-									
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 Certified Enrollment Entity (CEE) in the Certified Application Counselor Program?	<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please fill in the information below. Enter the 10-Digit CEE #: _____										
Please provide information for the Primary Contact for this Subcontractor											
Primary Contact Person:											
Title:											
Physical Address:											

<b>City:</b>	
<b>Zip:</b>	
<b>Office Phone Number:</b>	(       )
<b>Alternate Phone Number:</b>	(       )
<b>Fax Number:</b>	(       )
<b>Email Address:</b>	
<b>Website Address:</b>	

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

**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.

### Primary and Subcontractor Partnership Agreement

This Letter of Intent to Participate stands as evidence that the “Lead Organization” (*Insert applicant organization name*) and the “Subcontractor” (*Insert subcontractor organization*) 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 Program. If selected, both organizations will participate in the implementation of the Navigator Program, as proposed in the Application and all relevant attachments. Both organizations agree to the following:

1. *Lead Organization:* 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. Lead Organization shall also ensure that it complies with all requirements in the Navigator Agreement pertaining to Subcontractors, such as executing an agreement with Subcontractors, ensuring that Subcontractors go through Covered California’s background check process, and monitoring the Subcontractor for compliance with all privacy and security requirements.
2. *Subcontractor Organization:* 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. Subcontractor shall also comply with all applicable requirements in the Navigator Agreement, rules and regulations (including the Enrollment Assistance regulations found in Article 8 of Chapter 12 in the California Code of Regulations). Subcontractor will strictly follow all privacy and security requirements.
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 organizations:

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

We, the undersigned, as authorized representatives of (*Insert applicant organization*) and (*Insert subcontractor organization*), do hereby support the submission of this application and agree to the foregoing provisions.

\_\_\_\_\_  
*Authorized Signature from Lead*

\_\_\_\_\_  
*Authorized Signature from Subcontractor*

\_\_\_\_\_  
Print Name of Lead Signatory

\_\_\_\_\_  
Print Name of Subcontractor Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date