

**U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
Center for Consumer Information and Insurance Oversight**

**PPHF – 2013 - Cooperative Agreement to Support Navigators in Federally-
facilitated and State Partnership Exchanges**

Initial Announcement

Funding Opportunity Number: CA-NAV-13-001

CFDA: 93.750

Date: April 9, 2013

Applicable Dates:

Letter of Intent (Optional):	May 1, 2013
Electronic Cooperative Agreement Application Due Date:	June 7, 2013 by 1:00 p.m. Eastern Daylight Time
Anticipated Notice of Award:	August 15, 2013
Cooperative Agreement Period of Performance/Budget Period:	12 months after the date of award

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OVERVIEW INFORMATION

Agency Name: Department of Health and Human Services
Centers for Medicare and Medicaid Services
Center for Consumer Information and Insurance Oversight

Funding Opportunity Title: Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges

Announcement Type: New

Funding Opportunity Number: CA-NAV-13-001

Catalog of Federal Domestic Assistance (CFDA) Number: 93.750

Key Dates:

Date of Issue: April 9, 2013

Application Due Date: June 7, 2013

Anticipated Notice of Award: August 15, 2013

Period of Performance: 12 months after the date of award

Pre-Application Conference Calls: (See Section III. 6, Pre-Application Conference Calls for more information)

I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

This Funding Opportunity Announcement has been developed to enable recipients to operate as Exchange Navigators in States with a Federally-facilitated Exchange (FFE), as authorized under Section 1311(i) of the Affordable Care Act. Any State electing not to pursue a State-based Exchange for benefit year 2014 will have an FFE or a State Partnership Exchange in the case of a State collaborating with an FFE in a Consumer and/or Plan Management Partnership Exchange. To view a current list of States that will have an FFE or State Partnership Exchange in benefit year 2014 see Section VIII. 2, State Reference List.

2. Authority

This Cooperative Agreement is being issued by the Secretary of the U.S. Department of Health and Human Services pursuant to Sections 1311(i) and 1321(c)(1) of the Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the Healthcare and Education Reconciliation Act (P.L. 111-152). The two laws are collectively referred to as the Affordable Care Act. Section 1311(i) of the Affordable Care Act states that an Exchange “shall establish a program under

which it awards grants” to organizations which facilitate education about and enrollment in qualified health plans (QHPs) through Exchanges. These organizations will be known as “Navigators.” Section 1321(c)(1) of the Affordable Care Act provides that the Secretary of the U.S. Department of Health and Human Services (HHS) shall establish and operate an Exchange (termed in this funding announcement an FFE or State Partnership Exchange) within States where an State-based Exchange is not operating. All Exchanges must meet certain minimum standards, including the establishment of a program under which they award Navigator grants to entities to carry out the duties described in Section 1311(i)(3). This funding opportunity is thus provided for Navigators serving in FFE and State Partnership Exchange States.

3. Background

The Affordable Care Act includes a variety of provisions designed to promote accountability, affordability, quality, and accessibility in the health care system. The Affordable Care Act creates new competitive private health insurance marketplaces – called the Affordable Insurance Exchanges or “Exchanges” – that will provide millions of Americans and small businesses with access to affordable coverage. Exchanges will help individuals and small employers shop for, select, and enroll in qualified health plans. Exchanges will also assist eligible individuals to receive premium tax credits and cost sharing reductions or help individuals enroll in other Federal and state health care programs such as Medicaid and the Children’s Health Insurance Program (CHIP). By providing one-stop shopping, Exchanges will make purchasing health insurance easier and more understandable than in the past, and will put greater control and greater choice in the hands of eligible individuals and small businesses.

Section 1311(i) of the Affordable Care Act requires each Exchange to develop and implement Navigator grant programs. This funding opportunity announcement (FOA) is open to eligible entities and self-employed individuals (see Section 1311(i)(2) of the Affordable Care Act) applying to serve consumers in States with an FFE or State Partnership Exchange. As health reform implementation continues, consumers will need to understand new programs, take advantage of consumer protections, and navigate the health insurance system to find the most affordable coverage that meets their needs. Exchange Navigators are intended to assist consumers in those areas. The regulation implementing Affordable Care Act Section 1311(i), 45 C.F.R. § 155.210, requires that at least two types of entities serve as Navigators in each Exchange, and that at least one Navigator be a community and consumer-focused nonprofit. The regulation also requires that entities or individuals serving as Exchange Navigators must have expertise in eligibility and enrollment rules and procedures; the range of qualified health plan options and insurance affordability programs; the needs of underserved and vulnerable populations (such as rural populations and individuals with limited English proficiency); and privacy and security standards. Entities or individuals eligible to apply for this FOA must be capable of carrying out, at a minimum, certain required duties to include maintaining expertise in eligibility, enrollment, and program specifications; conducting public education activities to raise

awareness about Exchanges; facilitating selection of a QHP; providing information and services in a fair, accurate, and impartial manner; providing referrals to any applicable office of health insurance consumer assistance or ombudsman established under Section 2793 of the Public Health Service Act to address consumer grievances, complaints, or questions about their health plan, coverage, or a determination; and providing information in a manner that is culturally and linguistically appropriate to diverse communities and accessible to individuals with disabilities.

HHS recently issued a proposed rule that would establish training and conflict of interest standards, and standards relating to providing culturally and linguistically appropriate services and services that are meaningfully accessible to persons with disabilities, for all Navigators serving consumers in FFEs and State Partnership Exchanges. That rule, when finalized, would be binding on all recipients of grant funding under this FOA. It is available for public inspection at <http://www.gpo.gov/fdsys/pkg/FR-2013-04-05/pdf/2013-07951.pdf>. We encourage applicants to comment on the rule through the public comment process found at <http://www.regulations.gov/#!home>.

4. Program Requirements

The primary goal of the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges under this FOA is to provide awards to eligible entities or individuals to operate as Navigators as described in Section 1311(i) of the Affordable Care Act. Successful applicants are required to demonstrate that they will use cooperative agreement funds to perform all required Navigator duties as described in 45 C.F.R. § 155.210(e):

- Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange;
- Provide information and services in a fair, accurate, and impartial manner. Such information must acknowledge other health programs such as Medicaid and CHIP;
- Facilitate selection of a QHP;
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under Section 2793 of the PHS Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

In addition to the duties described above, awardees will be required to assist any consumer seeking assistance, even if that consumer is not a member of the community(ies) or group the applicant expects to serve, as outlined in their funded proposal. There may be some instances where a Navigator does not have the immediate capacity to help an individual. In such cases, the Navigator should make every effort to provide assistance in a timely manner, but could also refer consumers seeking assistance to other Exchange resources, such as the toll-free Exchange Call Center, or to another Navigator in the same Exchange who might have better capacity to serve that individual more effectively. Additionally, if a Navigator is approached by a consumer who lives in a State with an State-based Exchange, or in a State in which the Navigator does not serve, the Navigator must refer the consumer to a Navigator in the consumer's State.

Personnel in Navigator entities awarded cooperative agreements through this funding opportunity must complete up to 30 hours of an HHS-developed training program and pass an exam to ensure appropriate understanding of relevant Exchange-related information. Navigators will receive resources from HHS to complement the training program including a manual of standard operating procedures.

This solicitation provides detailed information on the cooperative agreement requirements related to these activities and instructions for application submission.

II. AWARD INFORMATION

1. Total Funding

This cooperative agreement funding opportunity is financed by 2013 Prevention and Public Health Funds (PPHF-2013). HHS will award up to \$54,000,000 to recipients.

2. Award Amount

Each applicant is eligible for only one, non-renewable, one-year cooperative agreement award. At least \$600,000 in funds will be available for each FFE/State Partnership Exchange service area (see Section VIII. 2, State Reference List). **At least** two types of applicants (See Section III. 1, Eligible Applicants) in each FFE/State Partnership Exchange service area will receive awards, including at least one community and consumer-focused nonprofit. Cooperative agreement award amounts will vary depending on the number of individuals the applicant plans to serve and the allowability of costs requested. An applicant may propose to serve populations in both FFE and State Partnership Exchange service areas through the submission of one application, by submitting separate Budget Narratives requesting funding for each service area it proposes to serve (See Section IV. C, Budget and Budget Narrative for additional information).

The award process will be separated into two tiers. During the first tier award selection process, applicants will be selected for an award using the criteria described in Section II. 7, Factors Impacting Application Selection and based on the funding initially apportioned (a minimum of \$600,000 per service area). During the second tier award selection process, all remaining monies unused by a FFE/State Partnership Exchange service area will be combined to award remaining eligible and qualified applications, irrespective of State, in tier two based on the aforementioned criteria outlined in Section II. 7, Factors Impacting Application Selection. All awards will be announced at one time whether selected during the first or second tier review.

Each FFE/State Partnership Exchange service area will receive an apportionment of funds in the amounts listed below. To obtain the portion (in percent) of the eligible uninsured in a given FFE/State Partnership Exchange, the total number of uninsured (under age 65) legal residents in each State with an FFE/State Partnership Exchange was divided by the total number of uninsured legal residents among all States with an FFE/State Partnership Exchange. The funding amount available was then apportioned according to each FFE/ State Partnership Exchange's portion of uninsured legal residents, with a minimum award of \$600,000 available per FFE/State Partnership Exchange service area. This created a percentage which was multiplied by the total amount of available Navigator cooperative agreement funding to generate the available funding threshold for each FFE/State Partnership Exchange service area. In cases where a FFE/State Partnership Exchange service area's apportionment was less than \$600,000, funding was rounded up to \$600,000 by proportionately reducing awards from FFE/State Partnership Exchange States with apportionments larger than \$600,000.

The amount of funding awarded to a successful applicant within an FFE/State Partnership Exchange service area will be based on the scope and breadth of the activities being proposed and the size of the population to be served. For example, if an applicant in Oklahoma proposes to serve a small community in a remote area in the panhandle, with the goal of reaching 1,100 consumers, then the budget request must reflect an amount that is reasonable and appropriate with the activity (or activities) being proposed. When making awards, HHS reserves the right to reduce the budget requested based on its review of the proposed population and budget submitted by the applicant.

Funding Apportionment, Per FFE/State Partnership Exchange Service Area

States with a FFE or State Partnership Exchange	Number of Uninsured (under age 65)*	Total Funding Apportioned to the FFE/State Partnership Exchange Service Area**
Alabama	642,738	\$1,071,682
Alaska	139,421	\$600,000
Arizona	947,880	\$1,580,466
Arkansas	478,034	\$797,059
Delaware	71,955	\$600,000
Florida	3,509,164	\$5,851,072
Georgia	1,698,883	\$2,832,665
Illinois	1,403,613	\$2,340,341
Indiana	909,633	\$1,516,694
Iowa	255,072	\$600,000
Kansas	326,885	\$600,000
Louisiana	794,805	\$1,325,233
Maine	144,959	\$600,000
Michigan	1,145,493	\$1,909,960
Mississippi	511,760	\$853,293
Missouri	799,257	\$1,332,657
Montana	185,904	\$600,000
Nebraska	195,713	\$600,000
New Hampshire	125,644	\$600,000

New Jersey	901,290	\$1,502,783
North Carolina	1,346,601	\$2,245,281
North Dakota	68,403	\$600,000
Ohio	1,354,868	\$2,259,065
Oklahoma	646,528	\$1,078,001
Pennsylvania	1,242,351	\$2,071,458
South Carolina	726,847	\$1,211,922
South Dakota	92,441	\$600,000
Tennessee	889,016	\$1,482,318
Texas	4,888,650	\$8,151,185
Utah	359,579	\$600,000
Virginia	844,752	\$1,408,514
West Virginia	285,930	\$600,000
Wisconsin	497,388	\$829,329
Wyoming	82,495	\$600,000

*Population data for the total number of non-elderly uninsured legal residents in each State are based on the Assistant Secretary for Planning and Evaluation (ASPE) tabulations from the CY 2011 American Community Survey (ACS) Public Use Microdata Sample (PUMS) adjusted to exclude estimated undocumented people.¹ The ACS PUMS files are available online at <http://www.census.gov>.

**The overall funding available for a FFE/State Partnership Exchange service area may increase if all funds are not expended in tier one review.

***Additional states may be included in this funding apportionment list at a later date.

¹ The adjustment methodology is based on imputations of immigrant legal status in ASPE's TRIM3 micro simulation model (<http://trim.urban.org/>). The imputations of immigrant legal status were used to estimate the probability that an uninsured noncitizen in the ACS PUMS data was a legal resident of the United States. These probabilities – varying by state, race/ethnicity, income, and age – were then used to reweight the ACS PUMS data and produce the adjusted tabulations.

3. Anticipated Award Date

The anticipated award date is August 15, 2013.

4. Period of Performance

The period of performance is up to 12 months, beginning on the date of award. The period of performance may end sooner than 12 months if the FFE or State Partnership Exchange is replaced by a State-based Exchange in the FFE/SPE service area before the end of the grant period.

5. Funding

The grantee's ability to draw down funds will be dependent on HHS's acceptance of the required quarterly Federal Financial Reports (FFR) and the grantee's compliance with the terms and conditions provided with the Notice of Award (NoA) for the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges.

6. Number of Awards

The total number of awards will depend upon the number of consumers each applicant proposes to serve. The total funding apportionment per each State with an FFE/State Partnership Exchange (see Section VIII. 2, State Reference List) is no less than \$600,000. At least two types of applicants in each FFE/State Partnership Exchange service area will receive awards, including at least one community and consumer-focused nonprofit. Any funds allocated to an FFE/State Partnership Exchange service area that HHS is unable to award after the first tier award selection process, will be combined and made available to all remaining eligible and qualified applicants for consideration during the second tier award selection process. Applicants proposing to serve multiple FFE/State Partnership Exchange service areas must submit only one application, but include a separate Budget Narrative for each FFE/State Partnership Exchange service area.

Small entities and individuals proposing to serve smaller, hard-to-reach, or underserved populations are encouraged to apply, particularly by partnering with other entities and/or individuals to form a consortium² which serves a larger total portion of the population. In the case of an application from more than one entity or individual (i.e., a consortium), applicants must designate a lead applicant to serve as the primary contact.

² A consortium for the purposes of this FOA refers to two or more self-employed individuals, two or more private or public organizations, or a combination of a self-employed individual(s) and private or public organization(s) that have identified a lead agency and demonstrate through their application a plan to establish an agreement, including but not limited to a contractual agreement, to work in partnership to fulfill all the requirements of this FOA.

All awards issued under this announcement are subject to the availability of funds. In the absence of funding, HHS is under no obligation to make awards under this announcement.

7. Factors Impacting Application Selection

The technical merit of applications will be determined by:

1. **Ranking of Application**

Applications will be reviewed by an objective review panel and will receive a “raw” score out of 100 points based on their ability to address the requirements of this FOA (See Section V. Application Review Information). The application will then be ranked through use of statistical techniques which negate to the extent possible any differences in scoring behaviors among different committees/panels.

2. **Scope of Proposed Activities**

It is possible that multiple high ranking applications focusing on the same community within a State will not all be funded. Proposals that will increase the span of populations served by Navigators will be given priority.

3. **Total Number and Type of Applications Funded within each State**

The regulation implementing Affordable Care Act Section 1311(i), 45 C.F.R. § 155.210, requires that at least two types of entities serve as Navigators in each Exchange, and that at least one Navigator be a community and consumer- focused nonprofit.

8. Type of Award

These awards will be structured as Cooperative Agreements. The Federal Grant and Cooperative Agreement Act of 1977, 31 U.S.C. 6301, defines the cooperative agreement as an alternative assistance instrument to be used in lieu of a grant whenever substantial Federal involvement with the recipient during performance is anticipated. The difference between grants and cooperative agreements is the degree of Federal programmatic involvement rather than the type of administrative requirements imposed. Therefore, statutes, regulations, policies, and the information contained in the HHS Grants Policy Statement that are applicable to grants also apply to cooperative agreements, unless the award itself provides otherwise.

HHS will work with each Navigator award recipient to evaluate its progress relative to its Navigator Work Plan and may condition funding based on progress and adherence to Federal guidance and Exchange requirements including training, conflict of interest and adherence to Culturally and Linguistically Appropriate Services (CLAS) standards. HHS will track grantee progress and provide technical assistance when needed.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

The intent of this FOA is to award cooperative agreements to eligible entities, individuals, and consortia to operate as Navigators. Eligible entities, individuals, and consortia must propose to assist consumers in States that will have a Federally-facilitated Exchange or State Partnership Exchange (See Section VIII. 2, State Reference List for applicable States).

This cooperative agreement funding opportunity is open to self-employed individuals and private and public entities. The regulation implementing Affordable Care Act Section 1311(i), 45 C.F.R. § 155.210, requires that at least two types of entities serve as Navigators in each Exchange, and that at least one Navigator be a community and consumer- focused nonprofit. Other entities may include, but are not limited to, trade, industry and professional associations; commercial fishing industry organizations; ranching and farming organizations; chambers of commerce; unions; resource partners of the Small Business Administration; licensed insurance agents and brokers; Indian Tribes, tribal organizations, and urban Indian organizations; State or local human services agencies; and other public or private entities. We also note that during their term as Navigators, individuals and entities are not permitted to receive any direct or indirect consideration from a health insurance issuer connected to the enrollment of individuals into QHPs or non-QHPs.

Current regulations, at 45 C.F.R. § 155.210(c)(1)(iii), also require that entities who wish to become Navigators must meet any applicable State licensing, certification, or other standards. HHS recently proposed an amendment to that regulation that would clarify that Navigators must meet such standards only if they do not prevent the application of the provisions of title I of the Affordable Care Act.

Each applicant is eligible for only one cooperative agreement award, which can cover multiple FFE/State Partnership Exchange service areas, if applicable.

Ineligible entities

- Health insurance issuers;
- Subsidiaries of health insurance issuers;
- Associations that include members of, or lobbies on behalf of, the insurance industry; or
- Recipients of any direct or indirect consideration from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP or non-QHP.

We also caution applicants that in the recently proposed rule on Navigator standards, HHS also proposed amendments to the regulation listing additional entities that will not be eligible for

Navigator grants. Under the proposal, entities or individuals that are stop loss insurance issuers, subsidiaries of stop loss insurance issuers, or that receive direct or indirect consideration from a stop loss insurance issuer connected to the enrollment of individuals into QHPs or non-QHPs, would not be eligible to receive a Navigator grant. If these amendments are finalized before grants are awarded under this announcement, such entities would not be eligible to receive an award.

All applicants (individuals, entities and all members making up a consortium) should submit a brief statement (one or two short paragraphs) within the Project Narrative attesting that they are not ineligible entities, including an employee with a relationship with health insurance issuers outlined above.

In addition, no state agency in a State where there is a Consumer Partnership Exchange may apply for a Navigator cooperative agreement under this FOA. We will evaluate on a case by case basis whether counties may apply in such States.

Eligibility Threshold Criteria

- Application deadline: Applications not received electronically through www.grants.gov by the application deadline will not be reviewed.
- Application requirements: Applications will be considered for funding only if the application meets the requirements as outlined in, Section III, Eligibility Information, and Section IV, Application and Submission Information.
- Page limit: The application Project Narrative must not exceed fifteen pages in length, the Work Plan and Timeline must not exceed three pages in length, and the Budget Narrative must not exceed three additional pages (for a total of up to 21 pages in length). The additional documentation, including Cover Sheet, Standard Forms, Cover Letter, and Project Abstract, is excluded from the page limitation. Type font must be 12. For more information, see Section IV. 2, Content and Form of Application Submission.

Applicants are strongly encouraged to use the review criteria information provided in Section V, Application Review Information, to help ensure that the proposal adequately addresses all the criteria that will be used in evaluating the proposals.

Employer Identification Number

To be eligible, an applicant must be a self-employed individual or public or private entity recognized by the State as a legal structure such as a proprietorship or corporation and designated as the applicant's primary physical address. All applicants, to include individuals who

are self-employed, must have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service.

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS number)

All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number in order to apply. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. To obtain a DUNS number, access the following website: www.dunandbradstreet.com or call 1-866-705-5711. See Section IV. 1, Address to Request Application Package, for more information on obtaining a DUNS number.

System for Award Management (SAM)

All applicants must register in the System for Award Management (SAM)* database in order to be able to submit an application (<https://www.sam.gov/>). In order to register, applicants must provide their DUNS and EIN numbers. Additional information about SAM is available at <https://www.sam.gov/portal/public/SAM/>. Applicants must successfully register with SAM prior to submitting an application or registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. See Section IV, Application and Submission Information, for more guidance on SAM registration. Primary awardees must maintain a current registration with the SAM database, and **may make subawards only to entities that have DUNS numbers**. Organizations must report executive compensation as part of the registration profile at <https://www.sam.gov/> by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170). See Section VI, Award Administration Information, for more information on FFATA. The Grants Management Specialist assigned to monitor the subaward and executive compensation reporting requirements is Iris Grady, who can be reached at divisionofgrantsmanagement@cms.hhs.gov.

*Applicants were previously required to register with the Central Contractor Registration. The CCR was a government-wide registry for organizations that sought to do business with the federal government. CCR collected, validated, stored, and disseminated data to support a variety of federal initiatives. This function is now fulfilled by SAM. SAM has integrated the CCR and will also incorporate 7 other Federal procurement systems into a new, streamlined system. If an applicant has an active record in CCR, there will be an active record in SAM. Nothing more is needed unless a change in the business circumstances requires updates to the Entity record(s) in order for the applicant to be paid, receive an award, or to renew the Entity prior to expiration in SAM. Please consult the SAM website listed above for additional information.

Continued Eligibility

Awardees must meet reporting and certification deadlines to be eligible throughout the project period. Information about reporting and certification will be provided with the Notice of Award for the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges.

2. Cost Sharing or Matching

Cost sharing or matching is not required as a condition of award.

3. Tribal Entities

Indian Tribes, tribal organizations, and urban Indian organizations are eligible to apply as specified in Section III. 1, Eligible Applicants.

4. Community-based Organizations

Community-focused nonprofit groups are eligible to apply as specified in Section III. 1, Eligible Applicants.

5. Letter of Intent to Apply

Applicants are strongly encouraged to submit a non-binding Letter of Intent to Apply by May 1, 2013. Receipt of such letters enables HHS to better plan for the application review process. The signed Letter of Intent to Apply must be submitted electronically in PDF format to navigatorgrants@cms.hhs.gov.

The Letter of Intent to Apply should include:

- Name of applicant(s) to include individuals, entities or consortiums
 - Yes – we intend to apply

6. Pre-Application Conference Calls

HHS will hold two pre-application conference calls for potential applicants. The conference calls will provide an overview of this project, budget guidance, review the instructions provided by this FOA and other available materials, and will include an opportunity for potential applicants to ask questions.

First call: Thursday, April 11, 2013 from 3:30 to 5:00 p.m. Eastern Daylight Time
Toll-free teleconference phone number: 877-267-1577; ID: 5119

Second call: Friday, April 19, 2013 from 3:30 to 5:00 p.m. Eastern Daylight Time

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

This FOA contains all the instructions to enable a potential applicant to apply. The application should be written primarily as a narrative with the addition of standard forms required by the Federal government for all grants and cooperative agreements.

Application Materials

Application materials will be available for download at <http://www.grants.gov>. Please note that HHS requires applications for all announcements to be submitted electronically through <http://www.grants.gov>. For assistance with <http://www.grants.gov>, contact support@grants.gov or 1-800-518-4726. At <http://www.grants.gov>, applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website. The FOA can also be viewed on the Centers for Medicare and Medicaid Services website at <http://www.cciio.cms.gov>.

Specific instructions for applications submitted via <http://www.grants.gov>:

- You may access the electronic application for this project at <http://www.grants.gov>. You must search the downloadable application page by the CFDA number 93.750.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. HHS strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time needed to complete the required registration steps.
- All applicants under this announcement must have an Employer Identification Number/Taxpayer Identification Number (EIN/TIN) to apply. **Please note, applicants should begin the process of obtaining an EIN/TIN as soon as possible after the announcement is posted to ensure this information is received in advance of application deadlines.**
- All applicants, as well as sub-recipients must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number at the time of application in order to be considered for a grant or cooperative agreement. A DUNS number is required whether an applicant is submitting a paper application (only applicable if a waiver is granted) or using the Government-wide electronic portal, <http://www.grants.gov>. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. To obtain a DUNS number, access the following

website: www.dunandbradstreet.com or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 8c on the Form SF-424, Application for Federal Assistance). The name and address in the application should be exactly as given for the DUNS number.

Applicants should obtain this DUNS number as soon as possible after the announcement is posted to ensure all registration steps are completed in time.

- The applicant must also register in the System for Award Management (SAM) database in order to be able to submit the application. Applicants are encouraged to register early, and must have their DUNS and EIN/TIN numbers in order to do so. Information about SAM is available at <https://www.sam.gov/portal/public/SAM/>. The SAM registration process is a separate process from submitting an application. **You should allow a minimum of five business days to complete SAM registration; however, in some cases, the registration process can take approximately two weeks or longer to be completed. Therefore, applicants should begin the SAM registration process as soon as possible after the announcement is posted to ensure that it does not impair your ability to meet required submission deadlines.**
- Authorized Organizational Representative: The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with grants.gov for a username and password. AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password at http://grants.gov/applicants/get_registered.jsp. AORs must wait one business day after successful registration in SAM before entering their profiles in Grants.gov. **Applicants should complete this process as soon as possible after successful registration in SAM to ensure this step is completed in time to apply before application deadlines.**
- When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz POC will receive an email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence.
- The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications.
- **Any files uploaded or attached to the Grants.Gov application must be PDF file format and must contain a valid file format extension in the filename. Even though Grants.gov allows applicants to attach any file formats as part of their application, CMS restricts this practice and only accepts PDF file formats. Any file submitted as part of the Grants.gov application that is not in a PDF file format, or contains password protection, will not be accepted for processing and will be excluded from the application during the review process. In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. The application**

must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced in size, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation. All documents that do not conform to the above specifications will be excluded from the application materials during the review process.

- After you electronically submit your application, you will receive an acknowledgement from <http://www.grants.gov> that contains a Grants.gov tracking number. HHS will retrieve your application package from Grants.gov. **Please note, applicants may incur a time delay before they receive acknowledgement that the application has been accepted by the Grants.gov system. Applicants should not wait until the application deadline to apply because notification by Grants.gov that the application is incomplete may not be received until close to or after the application deadline, eliminating the opportunity to correct errors and resubmit the application. Applications submitted after the deadline, as a result of errors on the part of the applicant, will not be accepted and/or granted a waiver.**
- After HHS retrieves your application package from Grants.gov, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by Grants.gov.

Each year organizations and entities registered to apply for Federal grants through <http://www.grants.gov> must renew their registration with the System for Award Management (SAM). You can register with SAM online; registration will take about 30 minutes to complete (<https://www.sam.gov/>). **Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying via Grants.gov. Similarly, failure to maintain an active SAM registration during the application review process can prevent HHS from issuing your agency an award under this program.**

Applications cannot be accepted through any email address. Full applications can only be accepted through <http://www.grants.gov>. Full applications cannot be received via paper mail, courier, or delivery service, unless a waiver is granted per the instructions below.

All grant applications must be submitted electronically and be received through <http://www.grants.gov> by 1:00 pm Eastern Daylight Time on the applicable due date.

All applications will receive an automatic time stamp upon submission and applicants will receive an email reply acknowledging the application's receipt.

The applicant must seek a waiver **at least** ten days prior to the application deadline if the applicant wishes to submit a paper application. Applicants that receive a waiver to submit paper application documents must follow the rules and timelines that are noted below.

In order to be considered for a waiver application, an applicant **must** have adhered to the timelines for obtaining a DUNS number, registering with the System for Award Management (SAM), registering as an Authorized Organizational Representative (AOR), obtaining an Employer Identification Number/Taxpayer Identification Number (EIN/TIN), completing Grants.gov registration, as well as requested timely assistance with technical problems. Applicants that do not adhere to timelines and/or do not demonstrate timely action with regards to these steps will not be considered for waivers based on the inability to receive this information in advance of application deadlines.

Please be aware of the following:

- Search for the application package in Grants.gov by entering the CFDA number 93.750.
- Paper applications are not the preferred method for submitting applications. However, if you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: www.grants.gov/customersupport or 1-800-518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).
- Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and a waiver from the agency must be obtained.
- If it is determined that a waiver is needed, you must submit a request in writing (emails are acceptable) to Michelle.Feagins@cms.hhs.gov with a clear justification for the need to deviate from our standard electronic submission process.
- If the waiver is approved, the application should be sent directly to the Division of Grants Management and received by the application due date.

To be considered timely, applications must be received on or before the published deadline date. However, a general extension of a published application deadline that affects all applicants or only those applicants in a defined geographical area may be authorized by circumstances that affect the public at large, such as natural disasters (such as floods or hurricanes) or disruptions of electronic (such as application receipt services) or other services, such as a prolonged blackout.

Grants.gov complies with Section 508 of the Rehabilitation Act of 1973. If an individual uses assistive technology and is unable to access any material on the site including forms contained with an application package, they can email the Grants.gov contact center at support@grants.gov or call 1-800-518-4726.

2. Content and Form of Application Submission

Form of Application Submission

Each application must include all contents described below, in the order indicated, and conform to the following specifications:

- Use 8.5” x 11” letter-size pages (one side only) with 1” margins (top, bottom, and sides). Other paper sizes will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5” x 11”.
- All pages of the project narrative must be paginated in a single sequence.
- Font size must be 12-point with an average character density no greater than 14 characters per inch.
- The narrative portions of the application must be DOUBLE-SPACED.
- The project abstract is restricted to a one-page summary which should be single-spaced.
- The application Project Narrative must not exceed fifteen pages in length, the Work Plan and Timeline must not exceed three pages in length, and the Budget Narrative must not exceed three additional pages (for a total of up to 21 pages in length). The additional documentation listed below, including Cover Sheet, Standard Forms, Cover Letter, and Project Abstract is excluded from the page limitation.

Overview of Cooperative Agreement Application Structure and Content

Standard Forms

The following standard forms must be completed with an electronic signature and enclosed as part of the application:

- SF-424: Official Application for Federal Assistance (see note below)
- SF-424A: Budget Information Non-Construction
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities
- Project Site Location Form(s)
- Project abstract summary

Note: On SF-424 “Application for Federal Assistance”:

- Item 15 “Descriptive Title of Applicant’s Project.” Please indicate in this section the name of this grant: **Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges.**
- Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these grants.

Cover Letter

A letter from the Applicant's Authorized Organizational Representative, indicating the eligible entity, individual or consortium (such as community or consumer-focused nonprofit group, resource partners of Small Business Administration, tribal organizations, self-employed individual), title of the project, the Principal Investigator/Project Director of the cooperative agreement with contact information, and, amount of funding requested. The letter should indicate the lead applicant and list any co-applicants in the case of a consortium.

This letter should be addressed to:

Michelle Feagins
Grants Management Officer
Centers for Medicare and Medicaid Services
Office of Acquisition and Grants Management
200 Independence Ave., S.W., Room 739H
Washington, DC 20201

Project Abstract (maximum of one page)

A one-page abstract should serve as a succinct description of the proposed project and must include the goals of the project, the total budget, population or group to be served including geographic area of residence, and a description of how the cooperative agreement will be used to fulfill Navigator duties as outlined in 45 C.F.R. § 155.210(e). The abstract is often distributed to provide information to the public and Congress and therefore should be clear, accurate, concise, and written without reference to other parts of the application. Personally identifying information should be excluded from the abstract.

A. Project Narrative (maximum of fifteen pages)

The project narrative must be no more than fifteen pages in length and is expected to address how the applicant will implement the cooperative agreement program, and ultimately, meet the objective of providing Navigator services as outlined in 45 C.F.R. § 155.210.

i) Type of entity and description of the community(ies) or group(s) the applicant expects to serve

Applicants must specify who will perform the cooperative agreement activities under this funding opportunity announcement (individual, entity, or consortium). In the case of an entity or consortium performing cooperative agreement activities, the applicant must describe the type of entity and provide a description of the organizational structure(s). Applicants must describe the community(ies) that they expect to serve, the State(s) in which this(ese) community(ies)

reside(s), the reason for expecting that they will serve primarily that community(ies), the number of people they expect to serve, and the percentage of the State's uninsured population the expected community(ies) account(s) for. For assistance in determining the number of people and percentage of the State's uninsured population, applicants are encouraged to refer to the American Community Survey data on the uninsured available at <http://www.cms.gov/Outreach-and-Education/Outreach/HIMarketplace/Census-Data-.html>.

ii) Scope of activities

Applicants must discuss how the applying entity, individual, or consortium proposes to operate as a Navigator(s), to include:

- A plan for carrying out, at a minimum, those duties described in Section I. 4, Program Requirements;
- A description of existing relationships, or how relationships could be readily established with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a QHP;
- A brief statement attesting that the applying entity, individual or any member of a consortium is not an ineligible entity, including an employee with a relationship with health insurance issuers, as outlined in Section III. 1, Eligible Applicants; and;
- A plan to perform the statutory and regulatory duties of a Navigator for the entire length of the cooperative agreement;
- A plan to remain free of conflicts of interest during the term of a Navigator;
- A plan to ensure staff and volunteers complete all required training,
- A plan to comply with data privacy and security standards and use computers, including laptops or tablets, in accordance with 45 C.F.R. § 155.260.

iii) Accomplishments

Applicants must include information regarding the individual, entity, or consortium's track record and accomplishments involving the activities outlined below. If the applicant is a consortium, information for each member should be included.

- Developing and maintaining relationships with key stakeholders including employers and employees, consumers (including uninsured and underinsured consumers), and self-employed individuals likely to be eligible for enrollment in a QHP;
- Assisting consumers, including those from vulnerable populations, with the process of obtaining health care eligibility determinations and obtaining health coverage;
- Conducting public education and outreach activities;

- Providing information and services to individuals with varying levels of education and financial and health literacy in a manner that is culturally and linguistically appropriate; and
- Working with individuals with limited English proficiency, individuals with disabilities, populations underserved in the current private health insurance market, and vulnerable populations.

iii) Expertise of personnel

Applicants must provide information on the total number of staff, including full-time, part-time, and volunteer staff, as well as a description of staff expertise with the private health insurance market, conducting public education and outreach activities, assisting consumers in obtaining health coverage determinations, finding available health insurance options (including public programs) and working with individuals with limited English proficiency, individuals with disabilities, the populations underserved in the current private health insurance market, and vulnerable populations. Applicants must also discuss personnel expertise demonstrating the ability to perform work that is culturally and linguistically appropriate and work that is accessible to individuals with disabilities.

B. Work Plan and Timeline (maximum of three pages)

A timeline is required for achievement of project goals and objectives consistent with those outlined in the project narrative. The work plan submitted with the application should document plans for use of the funds as well as associated timeframes, including time spent completing the HHS-provided training and examination prior to performing any Navigator-related functions. Applicants should identify by name and title the individual(s) responsible for accomplishing the goals of the project.

C. Budget and Budget Narrative (maximum of three pages)

Applicants should submit a budget with appropriate budget line items, as well as a narrative that identifies and describes the funding needed to accomplish the cooperative agreement's goals. For the budget recorded on form SF-424A, applicants should outline the total amount requested by line item category, as well as provide an overall total requested. The SF-424A must be fully completed. The Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF-424A, including a breakdown of costs for each activity/cost within the line item. The proportion of the requested funding designated for each activity should be clearly defined and justify the applicant's readiness to receive funding. This will include providing complete explanations and justifications for the proposed activities. Applicants must include specific salary rates if planning to use cooperative agreement funds to pay for salaries. The budget must separate out funding that is administered directly by the lead individual or entity from funding that will be subcontracted to others, including consortium partners. If the applicant

intends to serve multiple States, a separate Budget Narrative should be submitted for each State; however, only one SF-424A may be submitted and should include the total funds requested for each line item category, as well as an overall total cooperative agreement request.

As part of each application for funding, applicants must request funding only for activities not already funded/supported by prior funding. Awards made under this funding opportunity should not supplant any prior funding. Applicants must attest that they are not seeking Navigator grant funding for activities that are already funded under section 1311(a) of the Affordable Care Act.

The budget presentation must include the following:

- Estimated budget total

- Total estimated funding requirements for each of the following line items, and a breakdown for each line item:
 - Personnel;
 - Fringe benefits;
 - Contractual costs, including subcontract contracts;
 - Equipment (including personal computers, scanners for consumers to use in uploading consumer supporting documentation to accompany applications, wireless cards if necessary, and any materials necessary for staff to ensure no consumer Personally Identifiable Information (PII) is compromised while performing Navigator duties);
 - Supplies;
 - Travel (including costs associated with performing outreach and education and traveling to assist consumers in more remote regions of the State, if applicable); and
 - Other costs.
 - Indirect charges, in compliance with the Code of Federal Regulations (See Section VI. 2, Administrative and National Policy Requirements for a complete list of regulations and cost principles for this funding announcement). If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.
 - Provide budget notes for major expenditures and notes on personnel costs and major contractual costs.
 - Completion of the Budget Form 424A remains a requirement for consideration of your application. This estimated budget presentation is an important part of your proposal and will be reviewed carefully by HHS staff.

Completing the SF-424A:

All applicants must submit an SF-424A. To fill out the budget information requested on form SF-424A, review the general instructions provided for the SF-424A and follow the instructions outlined below.

Section A – Budget Summary

- Grant Program Function or Activity (column a) = Enter “Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges” in row 1.
- New or Revised Budget, Federal (column e) = Enter the Total Federal Budget Requested for the 1-year project period in rows 1 and 5.
- New or Revised Budget, Non-Federal (column f) = Enter Total Amount of any Non-Federal Funds Contributed (if applicable) in rows 1 and 5.
- New or Revised Budget, Total (column g) = Enter Total Budget Proposed in rows 1 and 5, reflecting the sum of the amount for the Federal and Non-Federal Totals.

Section B – Budget Categories

- Enter the total costs requested for each Object Class Category (Section B, number 6) for the 1-year project period.
- Column (1) = Enter Year 1 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 1 line items should be entered in column 1, row k (sum of row i and j).
- Column (5) = Enter total costs for the project period for each line item (rows a-h), direct total costs (row i), and indirect costs (row j). The total costs for all line items should be entered in row k (sum of row i and j). The total in column 5, row k should match the total provided in Section A – Budget Summary, New or Revised Budget, column g, row 5.

3. Submission Dates and Times

All cooperative agreement applications must be submitted electronically and be received through <http://www.grants.gov> by 1:00 p.m. Eastern Daylight Time on the respective due date.

Application due date – June 7, 2013

The anticipated announcement date for cooperative agreement awards will be August 15, 2013.

4. Intergovernmental Review

Applications for these cooperative agreements are not subject to review by States under Executive Order 12372 “Intergovernmental Review of Federal Programs” (45 CFR Part 100).

Please check box “C” on item 19 of the SF-424 (Application for Federal Assistance) as Review by States under Executive Order 12372 does not apply to these cooperative agreements.

5. Funding Restrictions

No cooperative agreement funds awarded under this solicitation may be used for any item listed under the Prohibited Uses of Grant Funds as detailed below:

The Department of Health and Human Services Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges awards may not be used for any of the following:

1. To cover the costs to provide direct health care services to individuals.
2. To match any other Federal funds.
3. To provide services, equipment, or support that are the legal responsibility of another party under Federal or State law (such as vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
4. To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
5. To cover any pre-award costs.
6. To carry out services that are the responsibility of the Exchange, such as eligibility determinations and transferring enrollment information for consumers to a QHP, or to carry out any functions already funded through federal Exchange Establishment grants under section 1311(a) of the Affordable Care Act.
7. To assist consumers residing in a State with a State-based Exchange (See Section VIII. 2, State Reference List) or in a State the Navigator does not serve. FFE/State Partnership Exchange Navigators may provide these consumers with basic information about Exchanges, but should refer them to Navigators, the Exchange Call Center, and other resources within the State where the consumer resides for more in-depth assistance.
8. To expend funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body. Grant recipients may lobby at their own expense if they can segregate federal funds from other financial resources used for that purpose.

V. APPLICATION REVIEW INFORMATION

In order to receive a cooperative agreement under this FOA, applicants must submit an application, in the required format, no later than the deadline date.

If an applicant does not submit all of the required documents and does not address each of the topics described below, the application will be disqualified.

As indicated in Section IV. 2, Content and Form of Application Submission, all applicants must submit the following:

1. Cover Sheet
2. Standard Forms
3. Cover Letter
4. Project Abstract
5. Project Narrative
6. Work Plan and Timeline
7. Budget and Budget Narrative(s)

1. Criteria

In order to receive a cooperative agreement award, an eligible entity, individual, or consortium must submit a proposal to operate as a Navigator. Successful applicants are required to demonstrate that they will use cooperative agreement funds to, at a minimum, carry out the statutory and regulatory duties of a Navigator for the entire length of the grant period, including: maintaining expertise in eligibility, enrollment, and program specifications; conducting public education activities to raise awareness about the Exchange; providing information and services in a fair, accurate, and impartial manner; facilitating selection of a QHP; providing referrals to any applicable office of health insurance consumer assistance or ombudsman established under Section 2793 of the Public Health Service Act to address consumer grievances, questions, or complaints about their health plan, coverage, or a determination; and providing information in a manner that is culturally and linguistically appropriate and accessible to individuals with disabilities.

The review criteria are as follows (based on 100 points):

Type of entity (individual, organization, or consortium) and description of the community(ies) or group(s) the applicant expects to serve) (20 points)

- Description and location of the applying entity
- Description of the community(ies) expected to be served and why the applicant expects to serve the(se) community(ies).
- Location of community(ies) expected to be served

Scope of activities (35 points)

The applicant's plan must demonstrate how the applicant will:

- Maintain and execute expertise in eligibility, enrollment, and program specifications
- Conduct public education activities to raise awareness about the Exchange
- Provide information and services in a fair, accurate, and impartial manner, acknowledging other health programs including Medicaid and CHIP
- Facilitate selection of a QHP
- Utilize existing and/or developing new relationships with employers and employees, consumers, or self-employed individuals likely to be eligible for enrollment in a QHP
- Perform the statutory and regulatory duties of a Navigator for the entire length of the cooperative agreement period
- Remain free of conflicts of interest during the term as a Navigator
- Ensure staff and volunteers complete all required training
- Reach specific populations within the community(ies) or group the applicant expects to serve, including individuals with limited English proficiency, populations underserved in the current health insurance market, consumers who would be served by Small Business Health Options Programs (SHOPs), and vulnerable populations
- Assist any consumer seeking assistance, including those who are not members of the community(ies) the Navigator expects to serve
- Make referrals to the appropriate State agency(ies) to assist enrollees with grievances, complaints, or questions about their health plan, coverage, or a determination related to their coverage
- Provide information and services in a manner that is culturally and linguistically appropriate to the needs of the community(ies) served by Exchanges, including individuals with limited English proficiency, and to ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act
- Comply with privacy and security standards and use computers, including laptops or tablets, in accordance with 45 C.F.R. § 155.260

Budget (15 points)

- Completeness of budget (to include SF-424A and Budget Narrative(s))
- Completeness/quality of explanations and justifications provided in Budget Narrative(s)
- Completion of a separate Budget Narrative for each State the applicant intends to serve
- Reasonableness of requesting funding according to tasks proposed

- Indication that computers, including laptops or tablets, will be used in accordance with 45 C.F.R. § 155.260 by each staff member handling consumer PII while performing Navigator duties
- Ensure that funding from this opportunity will not be used for activities already funded through section 1311(a) of the Affordable Care Act

Accomplishments (15 points)

Applicant’s track record and accomplishments in:

- Developing and maintaining relationships with key stakeholders within community(ies) or group(s) the applicant expects to serve including employers and employees, consumers (including uninsured and underinsured consumers) and/or self-employed individuals
- Assisting consumers, including those from vulnerable populations, in obtaining health care eligibility determinations and obtaining health insurance coverage
- Conducting public education and outreach activities
- Providing information and services to individuals with varying levels of education and financial and health literacy in a manner that is culturally and linguistically appropriate
- Working with individuals with limited English proficiency, individuals with disabilities, the populations underserved in the current health insurance market, and vulnerable populations

Expertise of personnel (15 points)

Staff Expertise in:

- Private health insurance market
- Conducting public education and outreach activities
- Program eligibility and enrollment
- Working with individuals with limited English proficiency, individuals with disabilities, populations underserved in the current health insurance market, and vulnerable populations

2. Review and Selection Process

A team consisting of qualified, unbiased experts will review all applications. The review process will include the following:

- Applications will be screened to determine eligibility for further review using the criteria detailed in Section III, Eligibility Information, of this solicitation.

- An evaluation rubric will be developed by HHS, which will consist of critical elements identified in Section V, Application Review Information, of this solicitation. This evaluation rubric will be used by qualified, unbiased experts in their review of all applications. An applicant may receive a score of up to 100 points.
- The results of the objective review of applications by qualified experts will be used to advise the approving HHS official. Final award decisions will be made by a HHS program official. In making these decisions, the HHS program official will take into consideration: the regulatory requirement that there be at least two types of Navigators in each Exchange and that one of these Navigators be a community and consumer-focused nonprofit; populations the applicant expects to serve (See Section II. 7, Factors Impacting Selection); ranking of the applicant based upon recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government and anticipated results; and the likelihood the proposed cost will result in the benefits expected.
- HHS reserves the right to conduct pre-award Budget Negotiations with potential awardees.
- Successful applicants will receive one cooperative agreement award.

3. Anticipated Award Date

The anticipated award date is August 15, 2013.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

Successful applicants will receive a Notice of Award (NoA) signed and dated by the HHS Grants Management Officer. The NoA is the document authorizing the grant award and will be sent by electronic mail to the awardee as listed on its SF-424. Any communication between HHS and applicants prior to issuance of the NoA is not an authorization to begin performance of a project.

Unsuccessful applicants will be notified by letter, sent electronically or through the U.S. Postal Service to the applicant organization as listed on its SF-424, within 30 days of the award date.

Federal Funding Accountability and Transparency Act (FFATA) Subaward Reporting Requirement: Awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-

tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at www.fsrs.gov).

2. Administrative and National Policy Requirements

The following standard requirements apply to applications and awards under this FOA:

- Specific administrative requirements, as outlined in 45 CFR Part 74 and 45 CFR Part 92, apply to this cooperative agreement opportunity.
- All awardees receiving awards under this cooperative agreement project must comply with all applicable Federal statutes relating to nondiscrimination, including, but not limited to:
 - a. Title VI of the Civil Rights Act of 1964,
 - b. Section 504 of the Rehabilitation Act of 1973,
 - c. The Age Discrimination Act of 1975, and
 - d. Title II, Subtitle A of the Americans with Disabilities Act of 1990.
- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant's original grant application or agreed upon subsequently with HHS, and may not be used for any prohibited uses.
- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project. All cooperative agreement budgets must include some funding to facilitate participation on the part of individuals who have a disability or long-term illness and their families.

Cooperative Agreements are administered in accordance with the following program requirements, regulations, policies, and cost principles:

- The criteria as outlined in this grant announcement and in Affordable Care Act Section 1311(i) and 45 CFR § 155.210.
- Administrative Regulations for Grants:
 - 45 CFR, Part 74, Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations.
 - 45 CFR, Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments.
- Grants Policy:
 - HHS Grants Policy Statement, Revised 01/07.
- Cost Principles:

- Title 2, Code of Federal Regulations: Grants and Agreements, Part 220 – Cost Principles for Educational Institutions (previously OMB Circular A-21)
- Title 2, Code of Federal Regulations: Grant and Agreements, Part 225— Cost Principles for State, Local, and Indian Tribal Governments (previously OMB Circular A-87).
- Title 2, Code of Federal Regulations: Grant and Agreements, Part 230— Cost Principles for Non-Profit Organizations (previously OMB Circular A-122).
- 48 CFR subpart 31.2—Contracts with Commercial Organizations
- Audit Requirements:
 - OMB Circular A-133, Audits of States, Local Governments, and Non-profit Organizations.

Indirect Costs

If requesting indirect costs, a currently effective Indirect Cost Rate Agreement will be required. Applicants are required to use the rate agreed to in the Indirect Cost Rate Agreement. However, if there is not an agreed-upon rate, the award (if the applicant is selected) may not include an amount for indirect costs unless the individual or organization has never established an indirect cost rate (usually a new recipient) and intends to establish one. In such cases, the award shall include a provisional amount equaling one-half of the amount of indirect costs requested by the applicant, up to a maximum of ten percent of direct salaries and wages (exclusive of fringe benefits). If the recipient fails to provide a proposal by the required date and time (See Section IV. 3, Submission Dates and Times), indirect costs paid in anticipation of establishment of a rate will be disallowed. See the Health and Human Services Grants Policy Statement at <http://www.hhs.gov/grantsnet/adminis/gpd/> for more information.

The provisions of 2 CFR Part 220 (previously OMB Circular A-21), 2 CFR Part 225 (previously OMB Circular A-87), 2 CFR Part 230 (previously OMB Circular A-122), and 48 CFR subpart 31.2 govern reimbursement of indirect costs under this solicitation.

3. Terms and Conditions

This solicitation is subject to the Department of Health and Human Services Grants Policy Statement (HHS GPS) at <http://www.hhs.gov/grantsnet/adminis/gpd/>. Standard and special terms of award will accompany the NoA. Potential applicants should be aware that special requirements could apply to cooperative agreement awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The general terms and conditions in the HHS GPS will apply as

indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA). Awardees must also agree to respond to requests that are necessary for the evaluation of national efforts and provide data on key elements of their own cooperative agreement activities.

Subaward Reporting and Executive Compensation: Awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by Section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at www.fsr.gov).

Once an award is made, the funds are posted in recipient accounts established in the Department of Health and Human Services, Division of Payment Management, Payment Management System (PMS). Grantees may then access their funds by using the PMS funds request process. Upon notification of award, recipients under this announcement will be able to draw down funds for approved start-up costs. The remaining funds will be reimbursable upon meeting required milestones. More details on the start-up costs and milestones will be outlined in the terms and conditions of award for each grantee.

HHS may terminate any CMS award for material noncompliance. Material noncompliance includes, but is not limited to, violation of the terms and conditions of the award; failure to perform award activities in a satisfactory manner; improper management or use of award funds; or fraud, waste, abuse mismanagement, or criminal activity.

All recipients must ensure that they avoid conflicts of interest in the award and administration of subaward contracts. As a result of award, recipients must adhere to the requirements outlined in the uniform administrative requirements. Applicants subject to 45 CFR Part 74 must comply with sections 74.42, Codes of conduct, and 74.43, Competition. Applicants subject to 45 CFR Part 92 must comply with section 92.36, Procurement standards.

4. Cooperative Agreement Terms and Conditions of Award

The following special terms of award are in addition to, and not in lieu of, otherwise applicable OMB administrative guidelines, OMB cost principles at 2 CFR Part 220 (previously OMB Circular A-21), Cost Principles for Educational Institutions , 2 CFR Part 225 (previously OMB Circular A-87), Cost Principles for State, Local, and Indian Tribal Governments, 2 CFR Part 230 (previously OMB Circular A-122), Cost Principles for Non-Profit Organizations, and 48 CFR

subpart 31.2—Contracts with Commercial Organizations, as well as HHS grant administration regulations at 45 CFR Parts 74 and 92 (Part 74 is applicable when higher education, hospitals, other nonprofit organizations, and commercial organizations are eligible to apply and Part 92 is applicable when State, local, and Tribal Governments are eligible to apply), and other HHS and PHS grant administration policies.

The administrative and funding instrument used for this program will be a Cooperative Agreement, an assistance mechanism in which substantial HHS programmatic involvement with the recipient is anticipated during the performance of the activities. Under each Cooperative Agreement, HHS' purpose is to support and stimulate the recipient's activities by involvement in, and otherwise working jointly with, the award recipient in a partnership role. To facilitate appropriate involvement during the period of this Cooperative Agreement, HHS and the recipient will be in contact at least once a month, and more frequently when appropriate.

Cooperative Agreement Roles and Responsibilities are as follows:

Department of Health and Human Services

HHS will have substantial involvement in program awards, as outlined below:

- Technical Assistance – HHS will host opportunities for training and/or networking, including conference calls and other vehicles.
- Collaboration – To facilitate compliance with the terms of the Cooperative Agreement and to support recipients more effectively, HHS will actively coordinate with other relevant Federal Agencies including but not limited to the Indian Health Service, the Internal Revenue Service, the Department of Homeland Security, the Administration for Children and Families, and the Social Security Administration.
- Program Evaluation – HHS will work with recipients to implement lessons learned to continuously improve this program and the nation-wide implementation of Exchange Navigator Programs.
- Project Officers and Monitoring – HHS will assign specific Project Officers to each Cooperative Agreement award to support and monitor recipients throughout the period of performance. HHS Grants Management Officers, Grants Management Specialists, and Project Officers will monitor, on a regular basis, progress of each recipient. This monitoring may be by phone, document review, on-site visit, other meeting and by other appropriate means, such as reviewing program progress reports and Federal Financial Reports (FFR or SF-425). This monitoring will be to determine compliance with programmatic and financial requirements.

Recipients

Recipients and assigned points of contact retain the primary responsibility and dominant role for planning, directing and executing the proposed project as outlined in the terms and conditions of

the Cooperative Agreement and with substantial HHS involvement. Recipients shall engage in the following activities:

- State and Exchange Requirements – comply with applicable state law and all applicable current and future requirements of the Exchange, including those issued through rulemaking and guidance specified and approved by the Secretary of HHS.
- Collaboration and Sharing – collaborate with the critical stakeholders listed in this funding opportunity and the HHS team, including the assigned Project Officer. Recipients serving consumers in a State that is collaborating with an FFE in a Consumer Assistance State Partnership Exchange (these recipients will be notified in the cooperative agreement terms and conditions provided with the NoA) are also required to collaborate with the State agency overseeing the day-to-day management of the Navigator program.
- Reporting – comply with all reporting requirements outlined in this funding opportunity and the terms and conditions of the Cooperative Agreement to ensure the timely release of funds.
- Program Evaluation – cooperate with HHS-directed national program evaluations.
- Participate in technical assistance venues as appropriate.
- Program Standards – comply with all applicable current and future Exchange and Exchange Navigator standards, as detailed in regulations, guidance, and the cooperative agreement terms and conditions provided with the NoA.

Intellectual Property

As a term and condition of a grant award, under 45 CFR Part 74.36 and 45 CFR Part 92.34, the Federal awarding agency will retain a royalty-free, nonexclusive, irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, for Federal Government purposes: (a) the copyright in any work developed under a grant, subgrant or contract under a grant or subgrant, and (b) any rights of copyright to which grantee, subgrantee, or a contractor purchases ownership with grant support.

5. Reporting

A. Progress Reports

Awardees must agree to cooperate with any Federal evaluation of the program and must provide required quarterly and final (at the end of the cooperative agreement period) reports in a form prescribed by CMS. Reports will be submitted electronically. These reports will outline how cooperative agreement funds were used, describe program progress, describe any barriers encountered including how any potential conflicts of interest were mitigated and process for handling non-compliant staff or volunteers, describe how the program ensured access to culturally and linguistically appropriate services, and detail measurable outcomes to include how many staff and volunteers completed required training and became certified as Navigators and how many consumers were served. CMS will provide the format for program reporting and the

technical assistance necessary to complete program reporting requirements. At each stage, CCIIO staff will evaluate reports and provide feedback to recipients.

The applicant will not include PII in any quarterly or final reports to HHS. In addition, the applicant must ensure compliance with the standards adopted by the FFE/State Partnership Exchange pursuant to 45 C.F.R. § 155.260 when providing Navigator services to consumers involving the use of PII. Additional details, including the due dates for the quarterly and final reports, will be provided in the NoA.

B. Financial Reports

The Federal Financial Report (FFR or Standard Form 425) has replaced the SF-269, SF-269A, SF-272, and SF-272A financial reporting forms. All grantees must utilize the FFR to report cash transaction data, expenditures, and any program income generated.

Grantees must report on a quarterly basis cash transaction data via the Payment Management System (PMS) using the FFR in lieu of completing a SF-272/SF-272A. The FFR, containing cash transaction data, is due within 30 days after the end of each quarter. The quarterly reporting due dates are as follows: 4/30, 7/30, 10/30, 1/30. A Quick Reference Guide for completing the FFR in PMS is at: www.dpm.psc.gov/grant_recipient/guides_forms/ffr_quick_reference.aspx.

Within 90 calendar days of the budget/project period end date, grantees must also report on the FFR their expenditures and any program income generated in lieu of completing a Financial Status Report (FSR) (SF-269/SF-269A). Expenditures and any program income generated should only be included on the final, hard-copy FFR. Additional information will be included in the standard terms and conditions of award.

C. Transparency Act Reporting Requirements

Awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by Section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at www.fsrs.gov).

D. Prevention and Public Health Fund (PPHF) Reporting

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and the time of disbursement of funds, the Federal award number, and CFDA number 93.750 for 2013 PPHF fund purposes, and amount of PPHF funds.

Recipient agrees to report on the following: This award requires the recipient to complete projects or activities which are funded under the 2013 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 – June 30 and July 1 – December 31; and email such reports (in 508 compliant format) to the HHS grants management official assigned to the grant or cooperative agreement no later than 20 calendar days after the end of each reporting period (i.e., July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the [sub] recipient).

E. Audit Requirements

Grantees must comply with the audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at www.whitehouse.gov/omb/circulars.

F. Payment Management Requirements

Grantees must submit a quarterly electronic SF-425 via the Payment Management System. The report identifies cash expenditures against the authorized funds for the cooperative agreement. Failure to submit the report may result in the inability to access cooperative agreement funds. The SF-425 Certification page should be faxed to the PMS contact at the fax number listed on the SF-425, or it may be submitted to:

Division of Payment Management
HHS/ASAM/PSC/FMS/DPM
PO Box 6021
Rockville, MD 20852
Telephone: 1-877-614-5533

VII. AGENCY CONTACTS

1. Programmatic Questions

For programmatic questions about the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges, please email:
navigatorgrants@cms.hhs.gov

2. Administrative Questions

For administrative questions about the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges, please contact:

Michelle Feagins
Grants Management Division
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Michelle.Feagins@cms.hhs.gov
1-301-492-4312

VIII. APPENDICES

1. APPLICATION CHECK-OFF LIST

REQUIRED CONTENTS

A complete proposal consists of the materials organized in the sequence below. Please ensure that the project narrative is page-numbered and the following forms are completed with an electronic signature and enclosed as part of the proposal:

- SF-424: Application for Federal Assistance
- SF-424A: Budget Information
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities
- Project Site Location Form
- Cover Letter
- Project Abstract
- Project Narrative
- Work Plan and Timeline
- Budget and Budget Narrative(s)

STATE REFERENCE LIST

The following States will have a Federally-facilitated Exchange or a State Partnership Exchange for benefit year 2014. Applicants may propose to serve consumers in any of the States listed below.³

Alabama
Alaska
Arizona
Arkansas
Delaware
Florida
Georgia
Illinois
Indiana
Iowa
Kansas
Louisiana
Maine
Michigan
Mississippi
Missouri
Montana
Nebraska
New Hampshire
New Jersey
North Carolina
North Dakota
Ohio
Oklahoma
Pennsylvania
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
West Virginia
Wisconsin
Wyoming

³ Additional states may be included in this funding apportionment list at a later date.