U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services

Medicare Access and CHIP Reauthorization Act (MACRA)

Funding Opportunity: Connecting Kids to Coverage

OUTREACH AND ENROLLMENT COOPERATIVE AGREEMENTS
Focused on Increasing Enrollment of American Indian/Alaska Native Children

Initial Announcement Cooperative Agreement

Funding Opportunity Number: CMS-1Z0-17-001
CFDA: 93.767

Date: November 14, 2016

Applicable Dates:

FOA Posting Date:	**November 14, 2016**
Letter of Intent to Apply Due Date:	**December 14, 2016**
Electronic Cooperative Agreement Application Due Date:	**January 17, 2017**
Anticipated Issuance of Notices of Award:	**May 17, 2017**
Anticipated Cooperative Agreement Period of Performance:	**24 Months from the Date of Award with 12 Month Budget Periods**

Table of Contents

For the purpose of this Funding Opportunity Announcement (FOA), except where explicitly noted, the term "grant" is interchangeable with the term "cooperative agreement" and the term "grantee" is interchangeable with the terms "awardee" or "recipient" of a cooperative agreement award.

I. EXECUTIVE SUMMARY

The Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreements grant program, as authorized under Section 2113 of the Social Security Act, as amended by Section 303 of the Medicare Access and CHIP Reauthorization Act (MACRA) Pub. L. 114- 10, provides funding opportunities to reduce the number of American Indian and Alaska Native (AI/AN) children who are eligible for Medicaid and the Children's Health Insurance Program (CHIP), but are not enrolled, and to improve retention of eligible AI/AN children who are currently enrolled. A recent analysis of 2014 American Community Survey data found that AI/AN children have the highest child uninsurance rates (13.9 percent). [1]

These grants will support innovative outreach strategies aimed at increasing the enrollment and retention of eligible AI/AN children in Medicaid and CHIP, emphasizing activities tailored to communities where AI/AN children and families reside and enlisting tribal and other community leaders and tribal health and social services programs that serve eligible AI/AN children and families. Engagement with the tribal community is important because many AI/AN families are sometimes reluctant to enroll in Medicaid and CHIP because they can receive health care directly from their local tribal hospitals and clinics. However, when AI/AN families enroll in Medicaid and CHIP, the entire tribal community benefits because the revenues from Medicaid and CHIP bring additional resources for other patients who are uninsured and allows their local hospital and clinic to hire more doctors and nurses.

These grants will also fund activities designed to help families understand new application procedures and health coverage opportunities in Medicaid and CHIP. All funded projects should incorporate both initial application and renewal assistance into their proposed activities. Based on past experiences of successful enrollment of AI/AN families, providing direct help, such as face to face assistance to families seeking to enroll their children in health coverage or linking families with groups or individuals in the community who are trained to provide such application assistance has proved effective. In addition, research shows enrolling parents in coverage makes it more likely that their children will enroll. Thus, activities that include reaching out to parents and grandparents in tribal communities to inform them of their own eligibility can be viewed as an important strategy for enrolling children, as well.

[1] Alker, Joan, and Alisa Chester. Children's Health Insurance Rates in 2014: ACA Results in Significant Improvements. Washington D.C.: Georgetown University Health Policy Institute Center for Children and Families, October, 2015.

Funding Opportunity Title:	**Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreements Focused on Increasing Enrollment of American Indian/Alaska Native Children (Round III)**
Announcement Type:	New
Funding Opportunity Number:	CMS-1Z0- xxx
Catalog of Federal Domestic	93.767
Letter of Intent to Apply Due Date:	December 14, 2016
Cooperative Agreement Application Due	January 17, 2017
Anticipated Notice of Award:	May 17, 2017
Performance Period:	24 months from the date of award with 12 month budget periods
Anticipated Total Available	$4,000,000
Estimated Number and Type of	10 -12 Cooperative Agreements
Estimated Award Amount:	$250,000 - $500,000
Estimated Award Date:	May 17, 2017
Eligible Applicants:	This grant opportunity is open to the following individual eligible entities or coalitions headed by eligible entities: • Indian Health Services Providers • Tribes and Tribal organizations operating a health program under the Indian Self-Determination and Education Assistance Act (ISDEAA) (P.L. 93- 638, as amended) • Urban Indian organizations receiving funding under the Indian Health Care Improvement Act (IHCIA) (P.L. 94-437, as amended)

II. FUNDING OPPORTUNITY DESCRIPTION

This solicitation seeks applications for **Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreements Focused on Increasing Enrollment of American Indian /Alaska Native Children (Round III).** Eligibility for this funding opportunity announcement (FOA) is limited to applicants who are either Indian health care providers or tribal entities as defined in the chart above. This is the third round of outreach and enrollment funding dedicated to increasing enrollment of the AI/AN children. This funding will be administered as a cooperative agreement to support innovative and effective outreach and enrollment strategies.

Grantees are required to participate in the Connecting Kids to Coverage National Campaign (the Campaign) and any other CMS training and technical assistance efforts designed to support awardee efforts and outcomes. The Campaign is funded under the Medicare Access and CHIP Reauthorization Act (MACRA) Pub. L. 114-10, and is led by the Center for Medicaid & CHIP Services (CMCS) and the CMS Office of Communications. The Campaign provides a full range of outreach and enrollment materials including customizable posters and flyers, as well as radio and TV public service announcements, videos featuring successful outreach strategies and outreach strategy guides that demonstrate effective ways to use these materials. Materials produced by the Campaign include recordings of past technical assistance webinars along with information about previous outreach and enrollment grantees. These materials are available at www.InsureKidsNow.gov.

The CMS Division of Tribal Affairs has additional outreach and education materials specifically designed for the AI/AN population. These culturally competent Tribal Affairs materials can be found at: https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education-Resources.html.

1. Purpose

MACRA, signed into law by President Obama on April 16, 2015, provides funding for the Children's Health Insurance Program (CHIP) through federal fiscal year (FFY) 2017. MACRA also provides $40 million for activities aimed at reducing the number of children who are eligible for Medicaid and CHIP, but are not enrolled and improving the retention of eligible children who are currently enrolled. Of the total $40 million in funding for grants and the national outreach and enrollment campaign, this FOA makes available a total of $4 million in grants to IHS providers, tribes and tribal organizations and Urban Indian organizations as specified in the description of applicant eligibility. These grants will support outreach strategies aimed at increasing the enrollment and retention of eligible AI/AN children in Medicaid and CHIP, emphasizing activities tailored to communities where AI/AN children and families reside and enlisting community leaders and programs that serve eligible children and families. These grants also will fund activities designed to help families understand new application procedures and health coverage opportunities in Medicaid and CHIP.

MACRA funding for outreach and enrollment grants builds upon successful strategies facilitated by previous grant funding initiatives under the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 (Pub. L. 111- 3) and the Patient Protection and Affordable

Care Act (ACA) of 2010 (Pub. L. 111-148). Under CHIPRA and the ACA, a total of approximately $126 million in grant funding has been awarded. The first $40 million, released in Cycle I, was awarded to 68 grantees in 42 states in September 2009. This was followed in April 2010 with awards amounting to $10 million in grants to 41 AI/AN grantees in 19 states. Cycle II grants were awarded in August 2011, with another $40 million going to 39 grantees in 23 states. Cycle III grants were awarded in July 2013, with $32 million awarded to 41 grantees in 22 states. In November 2014, grants totaling nearly $4 million were awarded to ten AI/AN grantees in seven states. Finally, in June 2016, under MACRA, we announced the award of 38 cooperative agreements in 27 states totaling just under $32 million. All of this funding assistance supports projects aimed at raising awareness about the availability of health insurance for eligible children under Medicaid and CHIP and facilitating their enrollment and retention in coverage.
CMS will work with a National Evaluation and Technical Assistance Contractor to support grantees in their work, promote collaborative learning for continual program improvement, monitor grantee progress and prepare a draft Report to Congress, as required by section 201 of the CHIPRA statute, analyzing all the grantee outreach and enrollment activities and outcomes across all award cycles. More information about previous grantees and the activities they were funded to conduct can be found at: http://www.insurekidsnow.gov/professionals/funding/history.html

2. Background

The nation has made substantial progress reducing the number of uninsured children and providing health coverage to all children who are eligible for Medicaid and CHIP, but who are not enrolled. The number of uninsured children in the United States is at the lowest level on record: in 2015, just 4.5 percent of children remained uninsured.[2] At the same time we continue to see a decline in the percentage of uninsured children, we have seen an increase in Medicaid and CHIP participation rates. A study by the Urban Institute, which has been tracking Medicaid and CHIP participation rates over time, found that nationally, participation rates have increased steadily. From 2013 to 2014, the national Medicaid and CHIP participation rate among eligible children rose by 2.3 percentage points, from 88.7 percent to 91.0 percent.[3] In addition, data from the CHIP Statistical Enrollment Data System show that in FFY 2015, 45,231,315 children were enrolled in Medicaid and CHIP—36,834,253 children in Medicaid and 8,397,531 children in CHIP. This represents an increase of more than 1.1 million children between FFY 2014 and FFY 2015 – a growth of 2.5 percent.[4] Gaps in coverage among subgroups of children such as adolescents, Hispanic and AI/AN children have also narrowed.

Researchers attribute many of these achievements to the recent coverage expansions and the ACA requirements to simplify eligibility rules and streamline application and renewal procedures. Since implementation of the ACA in 2010, states have made significant changes to their Medicaid and CHIP eligibility determination policies, procedures and systems. At the same time, more people have become eligible for health coverage under Medicaid, as well as for financial assistance to

[2] Cohen RA, Martinez ME, Zammitti EP. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2015. National Center for Health Statistics. May 2016. Available from: http://www.cdc.gov/nchs/nhis/ releases.htm.
[3] Kenney, Genevieve M., Jennifer Haley, Clare Pan, Victoria Lynch, and Matthew Buettgens. *Children's Coverage Climb Continues: Uninsurance and Medicaid/CHIP Eligibility and Participation Under the ACA.* Washington, D.C.: The Urban Institute, May 2016.
[4] The annual enrollment report can be found at: https://www.medicaid.gov/chip/reports-and-evaluations/reports-and-evaluations.html

help pay for premiums and other costs associated with coverage under qualified health plans (QHP) available through the Health Insurance Marketplaces. Intensive work is going on and great progress is being made to assure that application and enrollment systems are seamless among programs and that the consumer experience is first-rate. States have also worked to simplify the eligibility verification process. For example, a single streamlined application – for all insurance affordability programs including Medicaid, CHIP and enrollment in a QHP – is available online, over the phone, on paper, or can be submitted in-person. State Medicaid and CHIP agencies must rely on electronic data and if no data is available or the data is not consistent with the information on the application, then the state can request documentation. States are also working to improve the renewal process for Medicaid and CHIP enrollees. States are using a data-driven renewal process and if additional information is needed to renew eligibility, the state must send a pre-populated renewal form.

However, despite the recent gains in coverage and all the progress that has been made to simplify the eligibility, enrollment and renewal processes, more than 60 percent of the remaining 4.5 million uninsured children (2.8 million) are eligible for Medicaid or CHIP, but unenrolled. Coverage rates vary across all states, income groups, age groups, and subgroups of children, including members of racial and ethnic minority groups. Many of the states with the highest uninsured rates for children have Medicaid and CHIP participation rates that are below the national participation rate, and are also states likely to have large AI/AN populations. Recent evidence from the Georgetown University Health Policy Institute, Center for Children and Families not only found that AI/AN children have the highest uninsured rate, but they also found that AI/AN account for 2.3 percent of uninsured children, which is twice their share (1 percent) of the child population.[5] In short, the nation is moving forward to ensure that children have the health coverage they need, but there is still much work that needs to be done, particularly among populations where coverage disparities persist, such as AI/AN children.

The Connecting Kids to Coverage AI/AN grantees will play an important role in reducing the number of uninsured AI/AN children. A crucial component of this effort involves providing families and individuals applying for health insurance with reliable information and direct application assistance. Families and individuals continue to seek such help from organizations they know and trust, such as tribal organizations, IHS providers, urban Indian clinics, their local schools, and other familiar community-based organizations. Thus, the services of Connecting Kids to Coverage grantees remain fundamental to achieving the goal of reducing the number of children eligible for Medicaid and CHIP who are not enrolled and also helping children stay covered for as long as they are eligible.

Both Medicaid and CHIP are open for enrollment year-round. While the opportunity to obtain coverage under a QHP in the Marketplace is generally limited to a specific open-enrollment period, eligible AI/AN individuals can enroll in QHP coverage year-round. The Connecting Kids to Coverage AI/AN grantees will be emphasizing these messages tailored to the families in their communities.

[5] Alker, Joan, and Alisa Chester. *Children's Health Insurance Rates in 2014: ACA Results in Significant Improvements.* Washington D.C.: Georgetown University Health Policy Institute Center for Children and Families, October, 2015.

3. Program Requirements

Project activities

The cooperative agreement will fund activities aimed at educating families about the availability of free or low-cost health coverage under Medicaid and CHIP, identifying children likely to be eligible for these programs, and assisting families with the application and renewal process. Outreach must be targeted to settings where eligible AI/AN children may be easily identified and their families assisted with the application and renewal process. Applicants are encouraged to consider (See Appendix A for strategies):

- Engaging schools in outreach, enrollment assistance, and retention activities;
- Establishing community based partnerships; and
- Using outreach workers for one-on-one application and enrollment assistance in the health care clinic or in the field.

Grantees will be required to work with the Connecting Kids to Coverage National Campaign initiatives, as appropriate (described further below). For example, one campaign initiative designed to capitalize on key opportunities for outreach is the Back-to-School campaign. Another is the Oral Health Initiative to help ensure that children enrolled in Medicaid and CHIP have easy access to dental and oral health services.

The National Campaign outreach materials can be customized for local use. The Campaign will also host a robust series of training webinars to help guide grantees and others who will be conducting outreach and enrollment assistance activities locally. During these initiatives, grantees will have the flexibility to tailor activities to the needs of their communities and to incrementally improve upon their strategies throughout the cooperative agreement period. Also, the CMS Division of Tribal Affairs has additional resources including culturally appropriate outreach and education materials developed for AI/AN individuals of all ages. These Tribal Affairs materials can be customized for grantees and found at https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education-Resources.html.

Applicants should take these additional factors into consideration when designing proposals:

- Online Applications/Renewals - Incorporating the use of online applications and renewals into outreach and enrollment activities can make the application and renewal process more efficient and consumer-friendly, helping families to successfully get coverage for their children and for eligible children to retain coverage.
- Enrolling Parents/Families - While the emphasis of the Connecting Kids to Coverage Outreach and Enrollment – AI/AN Cooperative Agreement program (Round III) remains focused on enrolling eligible children in Medicaid and CHIP, research shows that when eligible parents get enrolled in health insurance, their children are more likely to get enrolled and receive necessary preventive care. Research also shows that children are likely to share the same insurance status as their parents—uninsured parents are likely to have uninsured children—and that expanding coverage for adults increases enrollment for their children. The ACA's expansion of Medicaid coverage to adults earning up to 133 percent of the federal poverty level (FPL) is associated with increased enrollment for

children who were previously eligible but not enrolled in Medicaid or CHIP.[6] Appropriate messaging and strategies that help enroll eligible parents in states that have expanded coverage to the new adult group can also facilitate the enrollment of eligible children. Given that 32 states and the District of Columbia have expanded their Medicaid programs to cover more low-income adults, more parents and other adults are eligible for Medicaid than ever before. This provides an important opportunity to take a two-generation approach, helping to enroll eligible parents as a means to getting more eligible children enrolled and improving the health and financial security of the family.

- Health Care Visits - Families often seek health insurance for their children at times when they are most attuned to obtaining health services for them, such as when they are sick or injured, need physical exams to enroll in school or summer programs, or need routine preventive care, including immunizations, vision and hearing tests, or asthma and allergy screenings. Organizations and institutions that provide these services – such as Indian Health Service hospitals, urban, tribal and rural health clinics, departments of health, and schools – are in a good position to conduct outreach and help families get their eligible children enrolled. They may also be more likely to have the infrastructure to sustain and track progress of outreach and enrollment efforts. Applicants that are not one of these types of organizations or institutions may wish to consider partnering with one or more of these entities.
- Incorporating Outreach and Enrollment into Routine Activities – Incorporating health coverage outreach and enrollment assistance into the routine activities of programs administered by tribal agencies or operated by tribes or tribal organizations such as Women Infants and Children Food and Nutrition Services (WIC), Head Start, child care programs, Low Income Home Energy Assistance Program, Special Diabetes Program for Indians (SDPI), Tribal Health Promotion/Disease Protection programs, Domestic Violence initiatives or other public programs are excellent places to conduct outreach and facilitate enrollment assistance because they also serve uninsured AI/AN children and families. Proposals may include efforts to identify children and parents eligible for Medicaid and CHIP using information from other benefit programs or to facilitate health coverage enrollment by building on intake procedures of other programs. Proposals may include activities to help enroll children in Medicaid and CHIP when their families are seeking these other health services at tribal clinics.

Data and Reporting Requirements

Each grantee will be need to track their outreach activities, the level of participation as well as assistance provided. Grantees are required to verify from either state enrollment systems, health care providers or other alternative data methods whether those that were assisted actually enrolled in Medicaid or CHIP. CMS will provide a standard web based reporting template for the grantees to submit data on a semi-annual basis in order to monitor their progress. Grantees are expected to monitor the impact of their strategies and identify areas that need improvement or mid-course corrections. The minimum data elements that grantees will be responsible for collecting and reporting are listed below. Applicants are also encouraged to identify and use any additional

[6] Alker, Joan, and Alisa Chester. *Children's Health Insurance Rates in 2014: ACA Results in Significant Improvements.* Washington D.C.: Georgetown University Health Policy Institute Center for Children and Families, October, 2015.

metrics to self-evaluate their performance. The reports and any additional findings will provide important information for CMS and the National Technical Assistance and Evaluation Contractor.

The required minimum data elements that all grantees must collect include:

- Number of children assisted in applying for health coverage
- Number of children enrolled in Medicaid and CHIP as a direct result of the project
- Number of children assisted in renewing Medicaid or CHIP
- Number of children retained in Medicaid and CHIP as a direct result of the project

If the applicant proposes to enroll eligible parents in health coverage, the following data is required:

- Number of parents assisted in applying for health coverage
- Number of parents enrolled in Medicaid/CHIP as a direct result of the project
- Number of parents assisted in renewing health coverage
- Number of parents retained in Medicaid/CHIP as a direct result of the project

To the extent possible, the best way to validate project enrollment outcomes is to obtain enrollment data from the state or county Medicaid and/or CHIP agency. This would typically require the establishment of a Memorandum of Understanding (MOU) or other data-sharing agreement with the state or county Medicaid/CHIP agencies. Non-state applicants must secure an MOU or other data-sharing agreement with the state or county Medicaid/CHIP agencies within 90 days after the cooperative agreement is awarded. However, it may not always be possible to obtain data from these sources. Therefore, proposals must describe alternative methods for collecting and reporting accurate enrollment data. All non-state applicants who cannot secure a MOU or data-sharing agreement must provide an alternate plan for collecting accurate enrollment data.

III. AWARD INFORMATION

1. Total Funding

The total amount of federal funds available is anticipated to be $4,000,000. Please also refer to Section I. *Executive Summary* for the total funding.

2. Award Amount

The amount of each cooperative agreement award made to eligible applicants may range from $250,000 to $500,000. Please also refer to Section I. *Executive Summary* for the award amount.

3. Anticipated Award Dates

The anticipated award date may vary depending on agency circumstances but is projected to be up to four months after the application deadline to allow for adequate application review and grantee selection. Please also refer to the *Executive Summary* for the anticipated award date.

4. The Period of Performance

The project period of performance for each Cooperative Agreement awarded will be two years from the date of award. There will be two one-year budget periods for the period of performance from 5/17/2017 to 5/16/2019. Please refer to the *Executive Summary* for the length of the period of performance.

5. Number of Awards

CMS has no way to know the actual number of applicants and quality of award submission at this time. However; based on previous grant experience we anticipate awarding between 10-12 cooperative agreements. Please also refer to the *Executive Summary* for the number of awards.

6. 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.

IV. ELIGIBILITY INFORMATION

1. Eligible Applicants

This cooperative agreement opportunity is open to the following individual eligible entities or coalitions headed by eligible entities:

- Indian Health Services Providers;
- Tribes and Tribal organizations operating a health program under the Indian Self-Determination and Education Assistance Act (ISDEAA) (P.L. 93- 638, as amended); and
- Urban Indian organizations receiving funding under the Indian Health Care Improvement Act (IHCIA) (P.L. 94-437, as amended).

Proposals from coalitions must identify the coalition organizations, the roles and responsibilities of each member organization and the strength of each group in this partnership. Proposals must designate a lead agency/organization for this grant. The application proposals from coalitions will be considered on their merits in the same manner as individual applicant proposals.
In addition, proposals from coalitions must include either:

- Letter of Commitment from the director (or other responsible person) of each organization participating in the coalition. The letter should confirm the organization's participation in the coalition and the role it will play.

OR

- One Statement of Collaborative Effort (SCE) which lists each partner organization, the role each will play and the signature of the director of each organization (or other responsible person).

Where applicable, Letters of Commitment or the SCE should provide information about past joint endeavors.

Former and current Connecting Kids to Coverage Grantees from (Cycle I, II, III or IV) or (Round I or Round II) AI/AN grantees submitting proposals under this FOA (AI/AN Round III) must be or have been grantees in good standing, meaning they must be meeting or have met all reporting requirements and other contractual obligations under their grants.

Applicants that had Cycle I, Cycle II, Cycle III, IV or AI/AN grants may apply for a Connecting Kids to Coverage (AI/AN Round III) cooperative agreement if their proposal meets one of the following: 1) new and distinct activities: a Cycle I, Cycle II, Cycle III or AI/AN grantee may submit a proposal for activities that are new and distinct from those previously funded under the Cycle I, Cycle II, Cycle III or AI/AN grant, OR 2) continuation of successful activities: a Cycle I, Cycle II, Cycle III or AI/AN grantee that wishes to continue activities it is currently conducting, or conducted during a previous cycle, may submit a proposal for a AI/AN Round III grant, but must present data demonstrating that the activities it wishes to continue have proven successful in enrolling and/or retaining eligible children in Medicaid and CHIP and warrants further funding.

Applicants awarded grants will be required to demonstrate how they will verify the Medicaid and CHIP enrollment status of children and families assisted (See Section II. *Funding Opportunity Description* 3. Data Reporting Requirements) so they can accurately report these outcomes to CMS.

Threshold Criteria

- Application deadline: Applications must be submitted electronically through www.grants.gov by the application deadline or they will not be reviewed.
- Applications will be considered for funding only if the application meets all requirements as outlined in Sections IV. *Eligibility Information*, and V. *Application Information*.

Applicants are strongly encouraged to use the review criteria information provided in Section VI. *Application Review Information*, Section V. *Application Information*, and *Appendix* C, *Application and Submission Information*, to ensure that the application proposal adequately addresses all the criteria.

2. Cost Sharing/Matching and Maintenance of Outreach Funding

Awardees are not required to provide a matching contribution. However, any outside funding that will be contributed to the outreach and enrollment effort by other entities must be mentioned in Section I. *Application Review Information* 1. Criteria in the Budget Narrative.

3. Single Application Requirement

An eligible organization may only be considered as the lead entity for one application proposal submission for this grant announcement. However, an eligible entity organization may be included as a partner in other collaborative application proposals. Multiple entities working together as a collaborative shall submit just one application. The MACRA Connecting Kids to Coverage AI/AN Round III cooperative agreement will be awarded to a single eligible organization or to an eligible organization serving as the lead entity for a collaborative of eligible organizations.

If an eligible entity submits more than one application, only the latest eligible application submitted will be accepted for review. No others will be accepted. All awardees must attest that no federal funds provided under this award are used to provide technical assistance or other services that are duplicative of funds and services authorized under other initiatives. The awardee may also be requested by CMS to provide evidence of well-documented internal controls to ensure that resources are used in the most efficient manner and that activities are not duplicative efforts/funding for the same activity.

4. CMS/Awardee Collaboration

Grantees will agree to fulfill all cooperative agreement requirements, including requirements to collaborate with CMS. They must agree to:

a. Participate in key grantee training activities as identified by CMS;
b. Participate in the Connecting Kids to Coverage National Campaign outreach initiatives as applicable;
c. Submit, in a timely manner, semi-annual reports to include all required data elements utilizing the progress reporting tool provided by CMS (see Section II. *Funding Opportunity Description* 3. Data Reporting Requirements);
d. Submit timely, accurate Financial Status Reports (SF-425);
e. Participate on conference calls, with CMS or its contractors, to provide updates on enrollment and renewal data, implementation status and other updates as required by CMS;
f. Work collaboratively with CMS to identify successful strategies and share information about cooperative agreement activities;
g. Share best practices and lessons learned with other grantees via peer-to-peer learning opportunities provided by CMS;
h. Cooperate fully with the independent evaluation of the cooperative agreement program conducted by the CMS evaluator; and
i. Cooperate fully with CMS and all CMS contractors associated with this cooperative agreement.

V. APPLICATION INFORMATION

1. Application Package

This solicitation serves as the cooperative agreement application package and contains all the instructions that a potential applicant requires to apply for funding. 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.

Applicants are required by the Department of Health and Human Services (HHS) to submit their applications in the form of a complete electronic application package, including all required forms, to 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. You must search the downloadable application page by the CFDA number shown on the cover page of this announcement.

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 lead time needed to complete the required registration steps. Please note that like any other system, Grants.gov may be down temporarily for system maintenance efforts. For further assistance with Grants.gov, please check the website, contact Support@Grants.gov or call (800) 518- 4726.

Content and Format of Application

Please note that applications that fail to follow the strict requirements outlined below regarding formatting, font size, and page limitations will be deemed ineligible and their applications will not be considered for review. The application must include all contents described below and must not exceed 28 pages.

Please note that some items must be double-spaced and other items may be single-spaced. Proposals that do not adhere to the strict page limitation will be rejected and will not be reviewed.

Each application must include all contents described below, in the order indicated by Grants.gov, 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 and budget narratives must be paginated in a single sequence.
- Font size must be at least 12-point with an average of 14 characters per inch (CPI).
- The Project Narrative will be double-spaced.
- The Budget Narrative may be single-spaced and should follow the justifications and table formats provided in Appendix B, *Sample Budget and Narrative Justifications.*
- Tables included within any portion of the application should have a font size of at least 12-point with a 14 CPI and may be single spaced. Tables can be formatted in either portrait or landscape page layout. Tables within the narrative sections are counted towards the

applicable page limits.

- The project abstract requirement is restricted to a one-page summary and is included in standard form that is part of the application kit on Grants.gov (see further explanation below). The project abstract may be single- spaced.
- The additional required documentation including; Standard Forms (listed below), and Cover Letter are **excluded** from the page limitation requirements.

504 Compliance

Award recipients, as recipients of federal financial assistance (FFA) from Health and Human Services (HHS), must administer their programs in compliance with federal civil rights laws. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. It is HHS' duty to ensure access to quality, culturally competent care, including long- term services and supports, for vulnerable populations.

HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. In addition, recipients of FFA have specific legal obligations for serving qualified individuals with disabilities by providing information in alternate formats.

Several sources of guidance provided below:

- http://www.hhs.gov/civil-rights/for-providers/index.html
- http://www.hhs.gov/ocr/civilrights/resources/laws/summaryguidance.html
- http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53
- http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html
- http://www.hhs.gov/civil-rights/for-providers/index.html
- HHSAR 352.270-1
- http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html or call 1-800-368-1019 or TDD 1-800-537-7697.

Overview of Cooperative Agreement Application Structure and Content

Standard Mandatory Forms

The following standard forms are found in the Grants Application Package at www.Grants.gov and must be completed with an electronic signature and submitted as part of the proposal:

1. Project Abstract Summary
2. SF-424: Official Application for Federal Assistance (see notes below)
3. SF-424A: Budget Information Non-Construction
4. SF-424B: Assurances-Non-Construction Programs
5. SF-LLL: Disclosure of Lobbying Activities.
6. Project Site Location Form

Note: On SF-424 "Application for Federal Assistance":

- On Item 15 "Descriptive Title of Applicant's Project", state the specific cooperative agreement opportunity for which you are applying: Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreements Focused on Increasing Enrollment of American Indian/Alaska Native Children.
- Check "No" to item 19c, as Review by State Executive Order 12372 does not apply to this cooperative agreement funding opportunity.

On SF-LLL "Disclosure of Lobbying Activities"

- *All applicants must submit this document. If your entity does not engage in lobbying, please insert "Non-Applicable" on the document and include the required Authorized Organizational Representative (AOR) name, contact information, and signature.* Please note that the application kit available online in Grants.gov is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. The specific funding opportunity announcement will provide final, binding guidance. This form is required as part of your application package and must be submitted for your application to be considered eligible for review.

On the Project Site Location Form

- *All applicants must submit this document.* Please note that the application kit available online in Grants.gov is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. The specific funding opportunity announcement will provide final, binding guidance. This form is required as part of your application package and must be submitted for your application to be considered eligible for review.

Project Abstract Summary

A one-page abstract may be single spaced and should serve as a succinct description of the proposed project. The abstract should include the goals of the project, the total budget, and targeted enrollment and retention goals for children and parents (when applicable). The abstract is often distributed to provide information to the public and Congress, so please write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Personal identifying information should be excluded from the abstract. In the Grants Application Package that can be found at www.Grants.gov, select the Project Abstract Summary and complete the form.

Project Narrative Requirement

In the Grants Application Package that can be found at www.Grants.gov, select the Project Narrative Attachment Form and "Add Mandatory Project Narrative File".

Budget Narrative Requirement

For this cooperative agreement application, it's mandatory that applicants submit **two one year** budgets and corresponding justification narratives. **Please Note: The Budget Narrative may be single-spaced and should follow the justifications and table formats provided in Appendix B.** *Sample Budget and Narrative Justifications.* This Appendix provides detailed instructions and

examples of how the information in the budget narrative should be presented. Detailed explanations must be provided for each activity as well as full computations. Applicants must also clearly link each activity to the main goal of this funding opportunity announcement which is focused on increasing application assistance and retention strategies for eligible uninsured American Indian/Alaska Native children and families.

Overhead and administrative costs must be reasonable. Detailed costs and breakdown for each SF 424A line item are as follows:

1. Personnel (itemized)
2. Fringe benefit costs
3. Travel and training cost
4. Equipment
5. Supplies
6. Contractual
7. Construction (unallowable)
8. Other
9. Indirect Cost
10. Totals

The Budget Narrative Justification Form can be found in the Grants Application Package and the "Add Mandatory Budget Narrative". Completion of standard form SF-424A "Budget Information for Non-Construction Programs" is also required and is an important part of the proposal and will be reviewed carefully by HHS staff.

For detailed application content, format and submission instruction, please also refer to Appendix C. *Application and Submission Information*.

2. Submission Dates and Times

Applicants are encouraged to submit a non-binding Letter of Intent to Apply (See Appendix F). The letter of intent enables CMS to better plan for the application review process. Letters of Intent to Apply should be submitted by email to CMS at CMS_TA@grantreview.org on 12/14/2017 by 3:00 p.m. Eastern (Baltimore) time.

All grant applications must be submitted electronically through www.Grants.gov and are due on January 17, 2017. Applications received through www.grants.gov until 3:00 p.m. ET on January 17, 2017 will be considered "on time." All applications will receive an automatic time stamp upon submission and applicants will receive an automatic e-mail reply acknowledging the application's receipt.

Applications that do not meet the above criteria for submission through www.grants.gov will be considered late. Late applications will not be reviewed.

3. Funding Restrictions

Indirect Costs

If requesting indirect costs, an Indirect Cost Rate Agreement will be required. For more information about determination of Indirect Cost Rate Agreements please go to: https://rates.psc.gov/fms/dca/negotiations.html

Direct Services

Cooperative Agreement funds may not be used to provide individuals with services that are already funded through Medicare, Medicaid, and/or CHIP. These services do not include expenses budgeted for provider and/or consumer task force member participation in conferences, provision of technical assistance, or attendance at technical assistance conferences sponsored by CMS or its national technical assistance providers for the benefit of awardees.

Reimbursement of Pre-Award Costs

No cooperative agreement funds awarded under this solicitation may be used to reimburse pre-award costs.

Prohibited Uses of Cooperative Agreement Funds

- To match any other Federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under Federal or State law (e.g., 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
- To supplant existing State, local, or private funding of infrastructure or services, such as staff salaries, etc.
- To be used by local entities to satisfy State matching requirements.
- Award dollars cannot be used for specific components, devices, equipment, or personnel that are not integrated into the entire service delivery model proposal.

VI. APPLICATION REVIEW INFORMATION

1. Criteria

a. Project Narrative (70 points, total of i - iv below)

i. Description of Need (10 points)

Describe the target population and provide data on the number and/or rate of uninsured children, as well as estimates of the number and/or percent of eligible children who are not enrolled in Medicaid and CHIP. We understand that the 2014 American Community Survey data found that AI/AN children have the highest

child uninsurance rates (13.9 percent), but please provide any additional data you may have available. If such data do not exist, provide other demographic data that can support the target population's need for health coverage. Supportive data may include poverty data, school lunchparticipation data, and other data, as appropriate. Identify barriers to enrollment and retention of target population.

ii. Statement of Project Goals (10 points)

Based on the description of need narrative, specify the measurable project goals. These can be either qualitative and/or quantitative goals including:

- the number of uninsured children that will be enrolled in Medicaid and CHIP as a result of the project
- the number of eligible children that will be retained in Medicaid and CHIP as a result of the project
- if applicable, the number of uninsured parents that will be enrolled in an insurance affordability program as a direct result of the project
- if applicable, the number of eligible parents who will retain insurance affordability program as a direct result of the project

iii. Capacity to Implement the Project (10 points)

Describe the applicant's capacity to implement the proposed project. Include information about the applicant's level of knowledge about Medicaid and CHIP eligibility and enrollment procedures, as well as information about the applicant's past experience conducting health coverage outreach and enrollment assistance activities. (Information about the applicant's experience conducting outreach and enrollment assistance activities for other public benefit programs is also helpful). Describe the applicant's readiness to implement the project if the proposal is successful mentioning whether current staff will dedicate a percentage of their efforts towards the project or whether new staff will need to be recruited.

iv. Outreach and Enrollment Plan (40 points)

Describe the year round strategies that will be used to help enroll and retain eligible children in Medicaid and CHIP. Describe specific efforts your project will undertake to make the most of Back-to-School time. (Note that the Tribal Affairs and Connecting Kids to Coverage National Campaign materials may be tailored for grantee use.)

Discuss the settings in which outreach and enrollment assistance activities will take place, emphasizing why chosen settings are believed to be places where activity will be most productive for the target population.

Describe how application and renewal assistance will be delivered directly to families and the strategies that will be used to track and report on the number of children and parents the project assists and the outcome of those interactions.

Demonstrate the ability to modify and refine outreach, enrollment assistance, and renewal strategies based on an ongoing self-assessment of the effectiveness of those strategies.

Discuss how the applicant will sustain the proposed efforts beyond the grant period using additional funding or in-kind support from sources other than the federal government, or through the adoption of ongoing systemic changes in the process or system for applying for or renewing coverage. While not a requirement, planning for ways outreach and enrollment assistance activities can become part of the routine work of community organizations and institutions enhances the project's value.

b. Data Collection and Reporting Plan (20 points)

Describe how required data (discussed in Section II. 3. Data and Reporting Requirements) will be collected. Also applicants should describe any additional data/metrics the project will collect and report (beyond those required under the FOA), why the data is useful and how it will be reported.

Reminder: Applicants that can secure a Memorandum of Understanding (MOU) or other data-sharing agreement with the state or county agencies will have until 90 days after the cooperative agreement is awarded to produce the agreement. Applicants unable to obtain an MOU or other data-sharing agreement must provide an alternative plan for collecting and reporting accurate enrollment data.

c. Work Plan and Timeline (15 points)

The work plan section of the application should document the activities, reasonable milestones and timeframes, especially those described in the Outreach and Enrollment and Staffing plans that are likely to lead to achievement of the stated project goal. The description of each milestone should identify the individuals and materials necessary.

d. Budget and Budget Narrative (15 points)

Applicants must provide a budget with appropriate budget line items and a narrative that describes the funding needed to accomplish the goals of the grant. For the budget recorded on form SF-424A, provide a breakdown of the aggregate numbers detailing their allocation to each major set of activities. The proposed budget for the program should distinguish the proportion of grant funding designated for each grant activity. The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners.

Applicants or collaboratives with state agency membership must provide assurance that the state share of funds expended for outreach and enrollment activities under the state child health plan shall not be less than the state share of such funds expended in the fiscal year proceeding the first fiscal year for which the grant is awarded.

- BE SURE TO COMPLETE A SEPARATE BUDGET AND NARRATIVE JUSTIFICATION FOR EACH 12 MONTH BUDGET PERIOD.

e. Evaluation (15 points)

Describe how the project will be evaluated in order to continually learn what strategies are working and which need to be discontinued or modified to achieve program goals? Discuss what data metrics the organization will be used to monitor program performance. Discuss how changes in the proposed plan will be implemented as necessary.

f. Staffing Plan (15 points)

Describe how the project will be staffed, whether the applicant proposes to use current program staff, hire new staff or both. Include the number of staff that will work on this project, their skills, credentials and how the staff will be deployed.

Include brief job descriptions for key personnel including:

1. Project Director or Authorized Official who has been designated the power to sign administrative and financial commitments on behalf of the project recipient organization; and
2. Project Lead or Assistant Director who is the day to day contact with CMS regarding project status.

Provide a statement of the percentage of time that each person will be working on this project and the percentage of time that is spent on other duties outside of the cooperative agreement activities.

2. Review and Selection Process

CMS will employ a multi-phase review process. The panels will proceed as follows:

a. Phase I:

Applications will be screened for completeness and compliance with application requirements and certifications found in Section V. In addition, proposals will be reviewed to determine eligibility using the criteria detailed in Section IV (Eligibility Information) of this solicitation. Applications that are received late or fail to meet the initial eligibility requirements as detailed in this solicitation or do not submit the required forms by the stated deadline will not be reviewed or eligible to participate in the next phase.

b. Phase II:

The remaining eligible applications will be reviewed by a panel of experts, the exact number and composition of which will be determined by CMS depending on the volume and complexity of applications received. This panel may include private sector subject matter experts, researchers, and federal policy staff who are not part of the cognizant program office. The review panels will establish an overall numeric score for each application.

In addition to the criteria listed, applicants should consider the following:

- goals for the project are clearly stated and appear achievable;
- description of need is compelling and is based on data that is clearly cited;
- whether proposed metrics will adequately allow for project monitoring and measuring project success;
- the level of organizational capacity to accomplish the goals of the grant;
- their plan for collecting and reporting verified state enrollment data is a clear and achievable; and
- the prospects for sustaining the project are clearly stated.

c. Phase III:

An internal CMS review team will use the scores and comments from Phase II to inform its final recommendations to the CMS approving official. The final recommendations are then forwarded to Office of Acquisitions and Grants Management (OAGM) who conducts a program integrity screening of the applicant, its affiliates, or any other relevant individuals or entities. The screening will determine if prior investigations, CMS administrative actions, or other analyses indicate whether or not the proposed entities present a high risk for fraud and abuse under the award.

Applications determined to be ineligible, incomplete, and/or nonresponsive based on the initial screening may be eliminated from further review. However, the CMS/OAGM/Grant Management Office (GMO), in sole discretion, may continue the review process for an ineligible application if it is in the best interest of the government to meet the objectives of the program.

Factors other than merit that may be used in selecting applications for award. CMS may assure that cooperative agreement awardees represent diversity in project approaches based on key factors, such as:

- Use of strategies most likely to achieve success;
- Level of need in area project will operate; and
- Balanced geographic distribution of grants awards.

CMS may distribute funds (as detailed in the "Award Information" section of this solicitation) based upon the number and quality of applications received. CMS will not fund activities that are duplicative of efforts funded through its other grant programs (including Navigator Grants) or other federal resources.

Based on this review, CMS will determine which applicants will receive grant awards and the dollar amount of each award. Successful applicants will receive a Notice of Award (NoA) for the cooperative agreement from CMS through GrantSolutions based on the adequacy of their final application proposal.

3. Anticipated Award Date

The anticipated award date is 05/17/2017.

VII. AWARD ADMINISTRATION INFORMATION

CMS may distribute cooperative agreement funds based upon the number and quality of applications received for each cooperative agreement opportunity. CMS will not fund activities that are duplicative of efforts funded through its other grant programs or other federal resources.

1. Award Notices

Successful applicants will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer that will set forth the amount of the approved budget for the first year of award and other pertinent information including the Terms and Conditions (explained further below).

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, either 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.

2. Administrative and National Policy Requirements

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

- Specific grant administrative requirements, as outlined in 45 CFR Part 75, 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.
- The criteria as outlined in this grant announcement.

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

- Administrative Regulations for Grants:
- Title 45, Code of Federal Regulations, Part 75, HHS' codification of 2 CFR Part 200, with agency-specific amendments.
- Title 48, Code of Federal Regulations, subpart 31.2 - Cost Principles for Contracts with Commercial Organizations.
- Grants Policy:
  - HHS Grants Policy Statement, Revised 01/07.
- Cost Principles:
  - 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) – effective December 26, 2014 http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75
  - Audit Requirements:
  - 45 CFR Part 75 Code of Federal Regulations: Uniform Administrative Requirements, Subpart F- Audit Requirements, Sections 75.500 - 75.521 (previously OMB Circular A-133).

Indirect Costs

If applicant is requesting indirect costs, they are required to use a current negotiated indirect cost rate. Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII to 45 CFR Part 75 (Uniform Guidance) – States and Local Governments and Indian Tribe Indirect Cost Proposals, and would like to request one, may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely. As described in §75.403 Factors affecting allow ability of costs, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both.

If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.

The provisions of 45 CFR Part 75, Direct and Indirect (F &A) Costs §75.412 to 75.415 and Special Considerations for States, Local Governments and Indian Tribes, §75.416 to §75.417 govern reimbursement of indirect costs under this solicitation

If the recipient fails to provide a proposal, **indicating a current negotiated indirect cost rate,** indirect costs paid in anticipation of establishment of a rate will be disallowed.

See the Health and Human Services Grants Policy Statement
http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf
for more information.

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/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf. 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. Standard and program specific 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. HHS regulations (45 CFR Part 75) supersede information on administrative requirements, cost principles, and audit requirements for grants and cooperative agreements included in the current HHS Grants Policy Statement where differences are identified. 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.

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 avoid conflicts of interest in the award and administration of contracts. Recipients should comply with 45 CFR Part 75, Procurement Standards as outlined in §75.317 to 75.326.

In the event a Recipient or one of its sub-Recipients enters into proceedings relating to bankruptcy, whether voluntary or involuntary, the Recipient agrees to provide written notice of the bankruptcy to CMS.

This written notice shall be furnished within five (5) days of the initiation of the proceedings relating to bankruptcy filing and sent to the CMS Grants Management Specialist and Project Officer.

This notice shall include the date on which the bankruptcy petition was filed, the identity of the court in which the bankruptcy petition was filed, a copy of any and all of the legal pleadings, and a listing of Government grant and cooperative agreement numbers and grant offices for all Government grants and cooperative agreements against which final payment has not been made.

4. Cooperative Agreement Terms and Conditions of Award

The administrative and funding instrument used for Connecting Kids to Coverage Outreach and Enrollment Grant 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:

U.S. 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 continually monitor, evaluate and implement lessons learned from their outreach and enrollment strategies.
- 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 help 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:

- 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 the HHS-directed national program evaluation contractor who will analyze and summarize program evaluation results and draft a final program Report to Congress.
- Participate in technical assistance venues as appropriate.
- Program Standards – comply with all Connecting Kids to Coverage Outreach and Enrollment Grant requirements, applicable current and future standards, as detailed in regulations, guidance, and the cooperative agreement terms and conditions provided with the NoA.

Intellectual Property

The non-Federal entity may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a Federal award. The Federal awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

Recipients under this solicitation must comply with the provisions of 45 CFR §75.315, Intangible property, and 45 CFR §75.322, Intangible property and copyrights.

5. Grantee Communication

Grantees are expected to communicate with their CMS Project Officer by phone and/or email as needed and beneficial for proper project administration. After the award, CMS will reach out to all awardees to introduce the key contacts especially the CMS Project Officer. All successful applicants under this announcement must comply with the following reporting and review activities:

Progress Reports

Awardees must agree to cooperate with any Federal evaluation of Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreements Focused on Increasing Enrollment of American Indian/Alaska Native Children. Awardees must provide semi-annual, and final (at the end of the cooperative agreement period) reports, as required, in the form prescribed by HHS, as well as any additional reports as required. Reports will be submitted electronically. The first report is estimated to be due January, 31, 2018.

Federal Financial Report (FFR)

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.

Awardees 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.
In addition to submitting the quarterly FFR to PMS, Grantees must also provide the FFR to CMS, on a semi-annual basis, which includes, in addition to the PMS information, their expenditures and any program income generated. Expenditures and any program income generated should only be included on the semi-annually submitted FFR, as well as the final FFR. The final FFR is due within 90 calendar days of the project period end date. The last semi- annual FFR serves as the final FFR.

Additional information on financial reporting will be provided in the terms and conditions of award.

Federal Funding Accountability and Transparency Act Reporting Requirements

New 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 Pub. L. 110–252 and implemented by 2 CFR Part 170. Grant and Cooperative Agreement recipients must report information for each first-tier sub-award of $25,000 or more in Federal funds and executive total compensation for the recipient's and sub-recipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at https://www.fsrs.gov/).

Payment Management Requirements

Awardees 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.

For assistance in setting up your PMS account, please contact the following:

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

VIII. AGENCY CONTACTS

1. Programmatic Content

CMS will provide technical assistance to potential applicants through a variety of mechanisms. Please check our website at https://www.insurekidsnow.gov/initiatives/connecting-kids/funding/index.html frequently during the application period. CMS will post the date and contact information for a potential applicant teleconference on the website. In addition, CMS will post frequently asked questions and the corresponding answers on the IKN website throughout the application period as well as provide updates regarding when applicants can expect award notifications.

2. Programmatic and Administrative Questions

Programmatic and Administrative questions about the Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreement FOA Focused on Increasing Enrollment of American Indian/Alaska Native Children may be directed to: CMS_TA@grantreview.org.

IX. APPENDICES

APPENDIX A: Outreach Activities to Consider

1. **School-Based Outreach: Engaging schools in outreach, enrollment assistance and retention activities.** Schools are widely accepted as an important setting for conducting children's health coverage outreach and enrollment assistance activities. Proposals may include efforts to develop and enhance systems to facilitate the identification of potentially eligible children (for example, through free and reduced-price school meals programs, data on emergency contact cards, or school registration cards) and offer families application assistance. Proposals also may include efforts to engage principals, school athletic directors and coaches, school nurses, school-based health clinics, and school social workers and counselors in outreach and enrollment activities. Efforts may also reach out to assist eligible parents in obtaining health coverage, given that research shows that covering parents helps to get eligible children enrolled and makes it more likely that these children will get needed preventive care. Also working through extracurricular programs, parent-teacher associations, targeting middle and high schools health classes to improve health insurance literacy among teens.

2. **Community Based Partnerships for Application Assistance: Establishing and developing application assistance resources to provide high quality, reliable Medicaid/CHIP application and renewal services in local communities.** Substantial efforts to simplify Medicaid and CHIP eligibility rules and enrollment procedures have helped to boost the enrollment of eligible children and adults in Medicaid and CHIP. The broad use of online applications and reliance on electronic data sources to verify eligibility minimize the need for applicants and beneficiaries to submit paper documentation. Many families still need help navigating the process through direct in person application assistance. Providing a diverse, coordinated group of assisters available especially for individuals who face low English proficiency and/or accessibility challenges (i.e. disabled) also need in person enrollment assistance from trusted community members. Connecting Kids to Coverage (AI/AN Round III) funding can be used to create application assistance resources or networks of application assistance within community-based organizations, community action agencies, local health departments, community health centers, schools, or other appropriate venues. Grants can be used to build upon existing networks and enhance the knowledge, expertise and reach of application assistors. Application assistance centers may also provide ombudsman services to help consumers troubleshoot problems as they arise and help them understand and respond, if necessary, to eligibility decisions. Grantees must assure that organizations and individuals providing application assistance under the grant comply with any state or federal rules related to training, reporting and monitoring, and that they obtain any appropriate certification.

3. **Using outreach workers for providing one-on-one application and enrollment assistance at the clinic and in the field.** Indian health care providers that have direct access to a state's Medicaid eligibility portal or have an eligibility or outreach worker onsite may be able to enroll patients on the spot. Access to state portals for eligibility information results in effective outreach and enrollment, because using online applications and accessing state portals to see a person's Medicaid status streamlines and expedites the

application process. Outreach workers with portal access can help prospective, re-enrolling, or renewing beneficiaries more easily navigate the application and renewal process. Outreach workers can connect individuals to other support services they may be eligible for beyond Medicaid or CHIP. This type of service in AI/AN communities can help forge trusting relationships between beneficiaries and organizations. For those IHS and Tribal programs located in states with real-time eligibility, an effective outreach strategy in remote Tribal communities may be for enrollment assisters and navigators to use mobile hotspots to assist families with applying for or renewing coverage in real time.

APPENDIX B: Sample Budget and Narrative Justifications

Detailed Budget and Expenditure Plan

All applicants must submit a Form SF-424A and upload the Budget Narrative and Budget Attachment Form. 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. The Budget Narrative must include a yearly breakdown of costs for the entire project period. Specifically, the Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF-424A by year, including a breakdown of costs for each activity/cost within the line item. The Budget Narrative should reflect the organization's readiness to receive funding, providing complete explanations and justifications for the proposed cooperative agreement activities. The budget must separate out funding that is administered directly by the awardee from any funding that will be subcontracted.

For this cooperative agreement the application must include separate budgets for each year. Project proposals should include leveraging other funding resources, including private payers, foundations, and internal funding. Overhead and administrative costs must be reasonable, with a strong focus on operational implementation. Budget and Expenditure Plans should include the cost of data collection, performance monitoring, and project expenditure reporting.

Form SF-424A Instructions

<u>Section A – Budget Summary</u>

- *Grant Program Function or Activity* (column a) = Enter "MACRA Connecting Kids to Coverage Outreach and Enrollment of AI/AN Children" in row 1.
- *New or Revised Budget, Federal* (column e) = Enter the Total Federal Budget Requested for the 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.

<u>Section B – Budget Categories</u>

- Enter the total costs requested for each Object Class Category (Section B, number 6) for each year of the 2-year project period.
- Column (1) = Enter the heading for this column as Year 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 (2) = Enter the heading for this column as Year 2 (as applicable). Enter Year 2 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 2 line items should be entered in column 2, row k (sum of row i and j).
- Column (3) = Enter total costs for both years of 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 for the two years should be entered in row k (sum of row i and j). The total in column 3, row k should match the total provided in Section A – Budget Summary, New or Revised Budget, column g, row 5.

Allowable Costs

Allowable costs include (but are not limited to):

- Contractors
- Staff participation and travel to workshops and other learning and diffusion opportunities. All travel must include information as to who is traveling, where, flight or mileage, per diem, hotel, etc. Information as to how the travel is necessary to achieve the goals of the program must be included.
- Data collection

Detailed costs and breakdown for each SF-424A line item:

a. **Personnel:**

AN EMPLOYEE OF THE APPLYING AGENCY WHOSE WORK IS TIED TO THE APPLICATION
TABLE 1: FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Program Director	John Doe	$150,000	10%	$15,000
Project Coordinator	To be selected	$50,000	100%	$50,000
			TOTAL	$65,000

NARRATIVE JUSTIFICATION: Enter a description of the Personnel funds requested and how their use will support the purpose and goals of this proposal. Be sure to describe the role, responsibilities and unique qualifications of each position. For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested.

Note: Consistent with Section 203 of the Consolidated Appropriations Act, 2012 (P.L.112-74) none of the funds appropriated in this law shall be used to pay the salary of an individual through a grant or other extramural mechanism, at a rate in excess of Executive Level II ($185,100/year).

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF-424A for year 1):
$65,000

b. **Fringe Benefits**

Fringe benefits may include contributions for social security, employee insurance, pension plans, etc. Only those benefits not included in an organization's indirect cost pool may be shown as direct costs. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. List all components of fringe benefit rates.

TABLE 2: FEDERAL REQUEST

Component	Rate	Wage	Cost
Workers Compensation	2.5%	$65,000	$1,625
Insurance	10.5%	$65,000	$6,825
		TOTAL	$8,450

NARRATIVE JUSTIFICATION: Enter a description of the Fringe funds requested, how the rate was determined, and how their use will support the purpose and goals of this proposal.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF-424A): **$8,450**

c. **Travel:**

Explain need for all travel. The lowest available commercial fares for coach or equivalent accommodations must be used. Do not exceed GSA rates.

- Elaborate and justify the necessity of the travel/training/conference.
- For each occurrence, please provide the following: a copy of the agenda/training syllabus
  - Identify which staff will be traveling
  - How will this travel/conference/training impact the implementation of the program? Is it necessary to implement the award?
  - Travel costs (mileage, flight, hotel, per diem), etc.
- What evaluation mechanism will be used to determine the impact of this training/conference on the outcomes of the award? If approved, a conference summary is required 30 days after the meeting date. A summary should respond to the following questions:
  - As a result of this training/conference, the following impact was made on our project:
  - We anticipate these changes will affect our outcomes in the following ways (describe anticipated changes in the following areas):
  - The annual report should include follow-up information as to whether or not these changes were realized.

TABLE 3: FEDERAL REQUEST

Purpose of	Location	Item	Rate	Cost
Outreach Events	Neighboring areas of XXX	357 Mileage	$.056 x 2 persons	$400
Training (name)	Chicago, IL	Airfare	$200/flight x 2 persons	$400
		Hotel	$140/night x 2 persons x 3 nights	$840
		Per Diem (meals)	$49/day x 2 persons x 4 days	$392
			TOTAL	$2,032

NARRATIVE JUSTIFICATION: Describe the purpose of travel and how costs were determined. See below CMS travel/conference guidelines.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A): **$2,032**

d. **Equipment:**

Permanent equipment is defined as nonexpendable personal property having a useful life of more than one year and an acquisition cost of $5,000 or more. If applicant agency defines "equipment" at lower rate, then follow the applying agency's policy.

TABLE 4: FEDERAL REQUEST

Item(s)	Rate	Cost
None		0
	TOTAL	

NARRATIVE JUSTIFICATION: Enter a description of the Equipment and how its purchase will support the purpose and goals of this proposal.

FEDERAL REQUEST (enter in Section B column 1 line 6d of form SF-424A): **$0**

e. **Supplies:** Materials costing less than $5,000 per unit and often having one-time use.

TABLE 5: FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	$50/mo. x 12 mo.	$600
Postage	$50/mo. x 12 mo.	$600
Laptop Computer	$500 x 2	$1000
Printer	$300	$300
Cell Phones	$100 x 2	$200

Item(s)	Rate	Cost
Copies	8000 copies x .10/copy	$800
Computer update (if needed)		$477
	TOTAL	$3,977

NARRATIVE JUSTIFICATION: Enter a description of the Supplies requested and how their purchase will support the purpose and goals of this proposal. For all electronic and computing devices (laptops, tablets, cell phones, etc.) under the $5,000 threshold, a control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property. This control system should include any information necessary to properly identify and locate the item. For example: serial # and physical location of laptops and tablets. Please list staff assignments and percent of effort for laptops, IPad, cell phones, etc.

FEDERAL REQUEST (enter in Section B column 1 line 6e of form SF-424A): **$3,977**

f. **Consultant/Contractual Costs:**

The costs of project activities to be undertaken by a third-party contractor should be included in this category as a single line item charge. Cooperative Agreement recipients must submit to HHS the required information establishing a third-party contract to perform program activities, a complete itemization of the costs should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization. A consultant is a non-employee who provides advice and expertise in a specific program area. Hiring a consultant requires submission of consultant information to HHS.

Required Reporting Information for Consultant Hiring

This category is appropriate when hiring an individual who gives professional advice or provides services (e.g. training, expert consultant, etc.) for a fee and who is not an employee of the grantee organization. Submit the following required information for consultants:

- Name of Consultant: Identify the name of the consultant and describe his or her qualifications.
- Organizational Affiliation: Identify the organization affiliation of the consultant, if applicable.
- Nature of Services to be Rendered: Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to HHS.
- Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.
- Number of Days of Consultation: Specify the total number of days of consultation.
- Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per diem, and supplies.

- Justification of expected rates: Provide a justification for the rate, including examples of typical market rates for this service in your area.
- Method of Accountability: Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

Required Information for Contract Approval

All recipients must submit to HHS the following required information for establishing a third-party contract to perform project activities.

1. Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.
4. Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks to be performed by the contractor as related to the accomplishment of program objectives. Deliverables should be clearly defined.
5. Method of Accountability: How will the contractor be monitored? Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. Copies of the actual contracts should not be sent to HHS, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

TABLE 6: FEDERAL REQUEST

Name		**Cost**
1. To be selected	Environmental Strategy Consultation Rate is $150/day for 40 days = $6,000 Travel 175 miles	$6,100
2. To be selected	Media 1.5 minute Public Service Announcement (PSA)	$3,000
3. To be selected	Evaluation Report	$4,000

Name		Cost
4. To be selected	Training for Staff members: Trainers: rate is $300/day for 4 days = $1,200 Materials: approx. $5/person X 25 people = $125 Room Rental = $75 Travel for Trainers = Flight $300/person X 2 people = $600	$2,400
5. To be selected	Data Analysis	$2,000
6. To be selected	Responsible Server Training Trainer: rate	$500
7. To be selected	Television advertising to run ads 5x/week x $50/ad X 52	$13,000
	TOTAL	$31,000

NARRATIVE JUSTIFICATION: Explain the need for each agreement and how their use will support the purpose and goals of this proposal. For those contracts already arranged, please provide the proposed categorical budgets.

For those subcontracts that have not been arranged, please provide the expected Statement of Work, Period of Performance and how the proposed costs were estimated and the type of contract (bid, sole source, etc.)

FEDERAL REQUEST (enter in Section B column 1 line 6f of form SF-424A): **$31,000**

g. **Other:** Expenses not covered in any of the previous budget categories

TABLE 7: FEDERAL REQUEST

Item	Rate	Cost
8. Rent	$500/mo. x 12 mo.	$6,000
9. Telephone	$100/mo. x 12 mo.	$1,200
10. Student	$1/survey x 3000	$3,000
11. Brochures	.80/brochure X 1500 brochures	$1,200
12. Web Service	$100/mo. x 12 mo.	$1,200
	TOTAL	$12,600

NARRATIVE JUSTIFICATION: Explain the need for each item and how their use will support the purpose and goals of this proposal. Be sure to break down costs into cost/unit: i.e. cost/square foot and explain the use of each item requested.

FEDERAL REQUEST (enter in Section B column 1 line 6h of form SF-424A): **$12,600**

h. **Total Direct Charges: Sum of Total Direct Costs**

FEDERAL REQUEST (enter in Section B column 1 line 6i of form SF-424A)

i. **Indirect Charges:** To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the Cognizant Federal agency unless the organization has never established one (see 45 CFR Part 75 §.414 for more information). If a rate has been issued, a copy of the most recent indirect cost rate agreement must be provided with the application.

Sample Budget

The rate is_____% and is computed on the following direct cost base of $_____.

Personnel $_____
Fringe $_____
Travel $_____
Supplies $_____
Other $_____

Total $_____ x___% = Total Indirect Costs

If the applicant organization has never received an indirect cost rate (except for State, Local Government, and Indian Tribes), the applicant may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC). If the applicant has never received an indirect cost rate and wants to exceed the de minimis rate, then costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs. These costs should be outlined in the "other" costs category and fully described and itemized as other direct costs.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

j. **TOTALS: Sum of Total Direct Costs and Indirect Costs for Year 1**

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A)

Program Income

Application must indicate whether program income is anticipated. If program income is anticipated, use the format below to reflect the amount and sources(s).

Budget Period:
Anticipated Amount:
Sources:

APPENDIX C: Application and Submission Information

Employer Identification Number

All applicants must have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service. All applicants under this announcement must have an EIN/TIN to apply. Please note that 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.

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. A DUNS number must be provided in order to submit an application through the Government-wide electronic portal, www.Grants.gov. The DUNS number is a nine-digit identification number that uniquely identifies business entities. To obtain a DUNS number, access the following website: http://fedgov.dnb.com/webform/displayHomePage.do 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 organization name and address entered in block 8a and 8e 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.

System for Award Management (SAM)

All applicants must register in the System for Award Management (SAM)* database (https://www.sam.gov/portal/public/SAM/) in order to be able to submit an application at http://www.grants.gov. In order to register, applicants must provide their DUNS and EIN numbers. Organizations and entities registered to apply for Federal grants through Grants.gov must be registered with SAM. In addition, each year organizations and entities must renew their registration with SAM. 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. 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. Applicants must successfully register with SAM prior to submitting an application or registering in the Federal Funding Accountability and Transparency Act Sub award Reporting System (FSRS) as a prime awardee user; awardees may make sub awards only to entities that have DUNS numbers.

Organizations must report executive compensation as part of the registration profile at https://www.sam.gov/portal/public/SAM/ 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). The Grants Management Specialist assigned to monitor the sub-award 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 had an active record in CCR prior to the rollout of SAM, an active record would be available in SAM. However, more than a year has passed since the rollout of SAM, so entities must ensure its registration with CCR (through SAM) is still active prior to applying under this funding opportunity. An active registration in SAM is the responsibility of the applicant. Please consult the SAM website listed above for additional information.

Cost Sharing or Matching

Applicants that are able to secure commitments for matching funds from other sources are highly encouraged.

Continued Eligibility

CMS will announce awards for a 2-year project period but reserve the right to reduce the award in the second year for poor performance. To be considered in good performance, awardees must meet reporting and certification deadlines as specified in the grant notice of award terms and conditions to be eligible throughout the initial 12-month budget period and to remain eligible for a non-competing continuation award for subsequent budget periods. In addition, grantees would need to demonstrate strong performance during the previous funding cycle(s) before additional year funding is awarded. It is also possible that in subsequent funding cycles, grantees could receive decreased funding or their grant could be terminated due to poor performance.

Letter of Intent to Apply

Please note that applicants are encouraged to submit a non-binding Letter of Intent by 12/14/2016. Receipt of such letters enables HHS to better plan for the application review process. The LOI to apply may be submitted electronically in any of the following formats: PDF, word doc, or the body of an email to CMS_TA@grantreview.org.

Application Information

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 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.

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

- Search the downloadable application page by the CFDA number on the first page of the FOA.
- 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.
- The applicant must be registered 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.
- 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 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.**
- 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.

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.

All grant applications must be submitted electronically and be received through http://www.grants.gov by 3:00 pm EST on the applicable due date. **Applications not successfully submitted to Grants.gov by the due date and time will not be eligible for review.** All applications will receive an automatic time stamp upon submission and applicants will receive an email reply acknowledging the application's receipt.

Please be aware of the following:

1. Search for the application package in Grants.gov by entering the CFDA number. This number is shown on the cover page of this announcement.
2. If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: http://www.grants.gov/web/grants/home.html and then access the Support drop down menu where there are several ways to contact Customer Support to address questions 24 hours a day, 7 days a week (except on Federal holidays and system maintenance periods).
3. 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.

To be considered timely, applications must be received by the published deadline date. However, a general extension of a published application deadline that affects all applicants or only those in a defined geographical area may be authorized by circumstances that affect the public at large, such as natural disasters (e.g., floods or hurricanes) or disruptions of electronic (e.g., application receipt services) or other services, such as a prolonged blackout. This statement does not apply to an individual entity having internet service problems. In order for there to be any consideration there must be an effect on the public at large.

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.

APPENDIX D: Application Check-Off List Required Contents

Required Contents

A complete proposal consists of the materials organized in the sequence below. Please ensure that the project and budget narratives are page-numbered and the forms are completed with an electronic signature and enclosed as part of the proposal. **Everything listed below must be submitted through Grants.gov, and follow the formatting requirements in section V of the FOA, or your application will not be reviewed.**

For specific requirements and instructions on application package, forms, formatting, please see:

Section V, *Application Information*
Appendix C, *Application and Submission Information*
Appendix B, *Sample Budget and Narrative Justifications*

Forms:

- ☐ SF 424: Application for Federal Assistance
- ☐ SF-424A: Budget Information
- ☐ SF-424B: Assurances-Non-Construction Programs
- ☐ SF-LLL: Disclosure of Lobbying Activities
- ☐ Project Abstract Summary Application Kit
- ☐ Project Narrative Attachment Form
- ☐ Budget Narrative Attachment Form

APPENDIX E: Definitions of Frequently Used Terms

American Indian/Alaska Native (AI/AN)

1. A member of a Federally-recognized Indian tribe, band, or group;
2. An Eskimo or Aleut or other Alaska Native enrolled by the Secretary of the Interior pursuant to the Alaska Native Claims Settlement Act, 43 U.S.C. 1601 et seq.; or,
3. A person who is considered by the Secretary of the Interior to be an Indian for any purpose.

Child - an individual up to age 21 for Medicaid and an individual up to age 19 in CHIP.

Children's Health Insurance Program (CHIP) - program established and administered by a state, jointly funded with the federal government, to provide child health assistance to uninsured, low-income children through a separate child health program, a Medicaid expansion program, or a combination program as authorized under title XXI of the Social Security Act.

Coalition - an alliance of distinct persons, parties or entities for common action.

Community health worker - an individual who promotes health or nutrition within the community in which the individual resides by:

1. serving as a liaison between communities and health care agencies;
2. providing guidance and social assistance to community residents;
3. enhancing community residents' ability to effectively communicate with health care providers;
4. providing culturally and linguistically appropriate health or nutrition education;
5. advocating for individual and community health or nutrition needs; and,
6. providing referral and follow-up services.

Cooperative Agreement – Government financial assistance that provides support to the recipient in order to accomplish a public purpose. The cooperative agreement differs from a grant in that in addition to the financial assistance the government is significantly more involved in the program purpose most often through the provision of technical assistance to in order to achieve the stated purpose of the cooperative agreement.

Federal fiscal year (FFY) - starts on the first day of October each year and ends on the last day of the following September.

Grant/Grantee -- For the purpose of this FOA, except where explicitly noted, the term “grant” is interchangeable with the term “cooperative agreement” and the term “grantee” is interchangeable with the terms “awardee” or “recipient” of a cooperative agreement award

Indian, Indian tribe, tribal organization, and urban Indian organization – as defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

Medicaid program - means the program established under title XIX of the Social Security Act (42 U.S.C. 139aa et seq.)

Memorandum of Understanding (MOU) - an instrument used when organizations/agencies enter into a joint project in which they each contribute their own resources; in which the scope of work is very broad and not specific to any one project; or in which there is no exchange of goods or services between the participating agencies.

Provider - an individual who provides health services to a health care consumer within the scope of practice for which the individual is licensed or certified to practice as governed by State law. An entity, such as a hospital or a pharmacy, which is duly-licensed pursuant to State law, is also characterized or classified as a provider.

School-based health center –

(A) In general. The term "school-based health center" means a health clinic that—
   a. is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization;
   b. is organized through school, community, and health provider relationships;
   c. is administered by a sponsoring facility;
   d. provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and
   e. satisfies such other requirements as a State may establish for the operation of such a clinic.

(B) Sponsoring facility. For purposes of subparagraph (A) (iii), the term "sponsoring facility" includes any of the following:
   a. hospital.
   b. public health department.
   c. community health center.
   d. nonprofit health care agency.
   e. school or school system.
   f. program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.

Separate child health insurance program - means a program under which a State receives Federal funding from its title XXI allotment to provide child health assistance through obtaining coverage that meets the requirements of Section 2103 of the Act and 42 CFR. §457.402.

State - means all states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands.

Teen - means an individual from the age of 13 through the age of 19 years old.

APPENDIX F: Letter of Intent to Apply

The letter of intent to apply is strongly encouraged, and should be submitted via e-mail to CMS_TA@grantreview.org with Letter of Intent to Apply in the subject line and the following items in the body of the email:

1. State: _____

2. Applicant Agency/Organization: _____

3. Contact Name and Title: _____

4. Address: _____

5. Phone: _____

6. Fax: _____

7. E-mail address: _____

APPENDIX G: 504 Compliance

CMS and its grantees are responsible for complying with federal laws regarding accessibility as noted in the Award Administration Information/Administration and National Policy Requirements Section.

The grantee may receive a request from a beneficiary or member of the public for materials in accessible formats. All successful applicants under this announcement must comply with the following reporting and review activities regarding accessible format requests:

Accessibility Requirements:

1. Public Notification: If you have a public facing website, you shall post a message no later than **30** business days after award that notifies your customers of their right to receive an accessible format. Sample language may be found at: http://www.medicare.gov/aboutus/nondiscrimination/nondiscrimination-notice.html. Your notice shall be crafted applicable to your program.

2. Processing Requests Made by Individuals with Disabilities:

    a. Documents:
        i. When receiving a request for information in an alternate format (e.g., Braille, Large print, etc.) from a beneficiary or member of the public, you must:
            1. Consider/evaluate the request according to civil rights laws.
            2. Acknowledge receipt of the request and explain your process within **2** business days.
            3. Establish a mechanism to provide the request.
        ii. If you are unable to fulfill an accessible format request, CMS may work with you in an effort to provide the accessible format. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
            1. The e-mail title shall read "Grantee (Organization) Alternate Format Document Request."
            2. The body of the e–mail shall include:
                a. Requester's name, phone number, e-mail, and mailing address.
                b. The type of accessible format requested, e.g., audio recording on compact disc (CD), written document in Braille, written document in large print, document in a format that is read by qualified readers, etc.
                c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
                d. The document that needs to be put into an accessible format shall be attached to the e-mail.
                e. CMS may respond to the request and provide the information directly to the requester.

iii. The Grantee shall maintain record of all alternate format requests received including the requestor's name, contact information, date of request, document requested, format requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

b. Services

i. When receiving request for an accessibility service (e.g., sign language interpreter) from a beneficiary or member of the public, you must:
   1. Consider/evaluate the request according to civil rights laws.
   2. Acknowledge receipt of the request and explain your process within **2** business days.
   3. Establish a mechanism to provide the request.

ii. If you are unable to fulfill an accessible service request, CMS may work with you in an effort to provide the accessible service. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
   1. The e-mail title shall read "Grantee (Organization) Accessible Service Request."
   2. The body of the e–mail shall include:
      a. Requester's name, phone number, e-mail, and mailing address.
      b. The type of service requested (e.g., sign language interpreter and the type of sign language needed).
      c. The date, time, address and duration of the needed service.
      d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
      e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
      f. Any applicable documents shall be attached to the e-mail.
      g. CMS will respond to the request and respond directly to the requester.

iii. The Grantee shall maintain record of all accessible service requests received including the requestor's name, contact information, date of request, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

3. Processing Requests Made by Individuals with Limited English Proficiency (LEP):

a. Documents:

i. When receiving a request for information in a language other than English from a beneficiary or member of the public, you must:
   1. Consider/evaluate the request according to civil rights laws.
   2. Acknowledge receipt of the request and explain your process within **2** business days.
   3. Establish a mechanism to provide the request as applicable.

ii. If you are unable to fulfill an alternate language format request, CMS may work with you in an effort to provide the alternate language format as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
    1. The e-mail title shall read "Grantee (Organization) Alternate Language Document Request."
    2. The body of the e–mail shall include:
        a. Requester's name, phone number, e-mail, and mailing address.
        b. The language requested.
        c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
        d. The document that needs to be translated shall be attached to the e-mail.
        e. CMS may respond to the request and provide the information directly to the requester.

iii. The Grantee shall maintain record of all alternate language requests received including the requestor's name, contact information, date of request, document requested, language requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

b. Services

i. When receiving request for an alternate language service (e.g., oral language interpreter) from a beneficiary or member of the public, you must:
    1. Consider/evaluate the request according to civil rights laws.
    2. Acknowledge receipt of the request and explain your process within **2** business days.
    3. Establish a mechanism to provide the request as applicable.

ii. If you are unable to fulfill an alternate language service request, CMS may work with you in an effort to provide the alternate language service as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
    1. The e-mail title shall read "Grantee (Organization) Accessible Service Request."
    2. The body of the e–mail shall include:
        a. Requester's name, phone number, e-mail, and mailing address.
        b. The language requested.
        c. The date, time, address and duration of the needed service.
        d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
        e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
        f. Any applicable documents shall be attached to the e-mail.
        g. CMS will respond to the request and respond directly to the requester.

iii. The Grantee shall maintain record of all alternate language service requests received including the requestor's name, contact information, date of request, language requested, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

Please contact the CMS Office of Equal Opportunity and Civil Rights for more information about accessibility reporting obligations at AltFormatRequest@cms.hhs.gov.